| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11910374 | 10/07/2015 |
| NAME OF PROVIDER OR SUPPLIER<br>**WINDSOR COURT** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**3700 N. FLAGLER DR**<br>**WEST PALM BEACH, FL 33406** | |

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 Initial Comments**

On 8, 2015 a complaint investigation, CCR #2015007206, was conducted at Windsor Court. The facility had deficiencies found at the time of the visit.

**0152 Physical Plant - Safe Living Environ/Other**

Based on observations, interviews and record review, the facility failed to provide a safe living environment free of hazards. This is evident of the facility failure to take steps to ensure a bee hive located in close proximity to resident living and common areas was promptly removed.

The findings include:

Review of the facility's pest control vendor ' s contracts and monthly service reports was conducted with the facility's Manager present. The facility's general pest control vendor's service report dated included in the section titled General Comments included, "... also bee hive in wall in back buildings to large gave number to [facility Manager] husband ' s tech for bee removal". On at 1:45 PM, the facility Manager was asked about the bee hive and stated the Administrator handles that and I would need to speak with him about that.

In a telephone interview conducted at 2:05 PM, the Administrator stated he was aware of the service report and the bee hive. He stated it was located near Cottage #3, and he had been trying to get someone to move the bees rather than kill them. He further stated the hive was not located on his property but acknowledged he did not contact any person or authority to report the bee hive.

On at 2:10 PM, unsuccessful attempts were made to observe the bee hive as the location was not accessible from the facility's property and there was no ladder available to view the hive from the property. Attempts to observe the hive from neighboring properties resulted in only one of three property owners being present to request permission to attempt to observe the bee hive. The one that was available to allow access did not allow for an observation of the hive as it was obscured by vegetation present at the time of observation.

During interviews conducted on at 2:10 PM with the two residents who reside in Cottage #3 revealed the following information. They were aware of the bee hive; they both stated it had been there for some time. Resident #1 showed this writer and Employee C, the facility's Care Supervisor, a hole about 3 inches in diameter stuffed with paper towels in the corner his ; he stated bees came in all the time and he told staff about it but nothing has been done to correct it. Both he and his , Resident #2, stated if the paper towels were removed, bees would come in the . Review

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SUMMARY STATEMENT OF DEFICIENCIES
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of both residents ' clinical records revealed both residents were alert and oriented and had no histories of , , or hallucinations.

During an interview conducted at 10:01 AM, the pest control vendor Service Technician that reported the bee hive on confirmed there was an active bee hive in close proximity to the building. He advised the Administrator and gave him a referral for bee removal on .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Windsor Court
3700 N. Flagler Dr
West Palm Beach, FL 33406

**RE: CCR #2015007206**

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2015 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than 31, 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMd/dso
Enclosure
XG90

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