STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910760	05/06/2016
NAME OF PROVIDER OR SUPPLIER **WINDSOR HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **411 HAMILTON CRESCENT** **CLEARWATER, FL 33756**	

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

0000 Initial Comments

Assisted Living Facility

A complaint investigation (CCR#2016004951) was conducted at Windor House on . Windsor House had a deficiency at the time of the investigation.

0152 Phvsical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to provide a safe living environment and free from pests.

Findings include:

During a tour of the facility on at 10:15 am. The following physical plant and pest issues were observed:
Personal items on the back of the toilet in a shared were not labeled with resident name.
Bedbugs on body pillow and on the wall behind the bed.
Bed #1 mattress cover had stains and dirt on it.
Personal items in the windowsill of a shared labeled with the resident names.
Broken blinds in the window
Mold in the shower and on the shower door
Bedbugs observed on both resident beds. Odor in the soon as you walk in. Personal items in a shared labeled with the resident names.
Air conditioner vent falling out of the ceiling, bed bugs observed on both resident beds.

Interviews were conducted on between 12:11 PM and 12:30 PM with 7 residents, 5 of 7 (#1, #3, #4, #6, #7) residents interviewed stated they did have bedbugs in their .

On at 11:13 am an interview was conducted with the administrator. The administrator stated they did in fact still have bedbugs, but he has hired a new company to get rid of them.

On at 10:36 am an interview was conducted with staff A. Staff A stated they did still have bedbugs and they have been cleaning everything to help get rid of them.

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

CLASS III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Windsor House
411 Hamilton Crescent
Clearwater, FL 33756

RE: CCR #2016004951

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative(s) 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 , 2016.** 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

for Reid Caufman
Field Office Manager

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
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PRC/clt
Enclosure: State (5000-3547) Form
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