RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Windsor At Ocala
2650 Se 18th Avenue
Ocala, FL 34471

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative(s) of this office.

Enclosed 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 this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
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AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967675	05/05/2016
NAME OF PROVIDER OR SUPPLIER **WINDSOR AT OCALA**	STREET ADDRESS, CITY, STATE, ZIP CODE **2650 SE 18TH AVENUE** **OCALA, FL 34471**	

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

0000 Initial Comments

On through a biennial re-licensure with limited nursing services (LNS) survey was conducted at Windsor At Ocala Assisted Living Facility. Deficient practice was identified during the survey.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to have complete and accurate Resident Health Assessments for 2 of 2 resident records reviewed (Resident #5 and #13).

Findings:

1. A review of the medical record for Resident #5 revealed a Resident Health Assessment (AHCA Form 1823) dated / with omitted information. The review revealed on Page 1, Section 1 there was no information stated for the following: /behavioral status, Nursing/treatment/ service requirements, and Special precautions. Further review revealed on Page 2, Section 1A, Activities of Daily Living, Resident #5 required assistance for Ambulation, Bathing, Toileting and Transferring and required supervision for Dressing, but there was not an explanation of the extent of assistance or supervision the resident required. Additionally, on Page 2, Section 1C, #5 which reads does the individual 'require 24-hour nursing or care?' was blank. On Page 3, Section 2A Self Care Tasks, Resident #5 requires assistance with preparing meals, shopping, handling personal affairs and handling financial affairs, but there was not an explanation of the extent of assistance the resident required. On Page 4 there was no listing of medications with the directions for use and there was no attached listing of medications noted with the Resident Health Assessment. At the bottom of Page 4, the medical certification was incomplete as the address of the examiner was blank as well as the title of the examiner.

An interview was conducted with the Health Care Coordinator on at 2:50 PM. She confirmed the Resident Health Assessment (AHCA Form 1823) was incomplete for Resident #5.

2. A review of the medical record for Resident #13 revealed a Resident Health Assessment (AHCA Form 1823) dated with omitted information. The review revealed on Page 1, Section 1 there was no information stated for Special Precautions. Further review revealed on Page 2, Section 1A, Activities of Daily Living, Resident #13 required supervision for Bathing, but there was not an explanation of the extent of supervision the resident required. Additionally, on Page 3, Section 2A Self Care Tasks, Resident #13 requires assistance with preparing meals, shopping, handling personal affairs and handling financial affairs, but there was not an explanation of the extent of assistance the resident

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required.

An interview was conducted with the Health Care Coordinator on at 2:50 PM. She confirmed the Resident Health Assessment (AHCA Form 1823) was incomplete for Resident #13.

Class III

0010 Admissions - Continued Residencv

Based on record review and interview, the facility failed to obtain a Resident Health Assessment (AHCA Form 1823) following a significant change, and the facility failed to obtain an Interdisciplinary Care Plan specifying the care provided by Hospice and the facility for 1 of 2 resident records reviewed (Resident #5).

Findings:

1. A review of the medical record for Resident #5 revealed a date of admission to Hospice effective

A review of the medical record revealed a Resident Health Assessment (AHCA Form 1823) dated / . There was no evidence of a new Resident Health Assessment (AHCA Form 1823) completed for Resident #5's significant change, admission to hospice.

An interview was conducted with the Health Care Coordinator on at 2:50 PM. She confirmed the resident was admitted under the care of hospice and a new Resident Health Assessment was not in the medical record following Resident #5's significant change in health care status.

2.) A review of the medical record for Resident #5 revealed an admission to Hospice effective

A review of the medical record for Resident #5 revealed an Interdisciplinary Care Plan provided by hospice but it did not identify the services being provided by the facility staff.

An interview was conducted with the Health Care Coordinator on at 2:50 PM. She confirmed the Interdisciplinary Care Plan did not identify what services the facility staff provides for Resident #5.

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Class III

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to obtain evidence of an annual Examination for 1 of 3 staff records reviewed (Staff B).

Findings:

A record review of the personnel file for Staff B revealed an annual examination dated . No more recent Screening was observed in Staff B's employee record.

An interview was conducted with the Administrator on at 2:30 PM. She confirmed the facility is out of compliance with Staff B for the Testing.

Class III