STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910374	10/31/2016
NAME OF PROVIDER OR SUPPLIER **WINDSOR COURT**	STREET ADDRESS, CITY, STATE, ZIP CODE **3700 N. FLAGLER DR** **WEST PALM BEACH, FL 33406**	

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

0000 Initial Comments

An unannounced Complaint Investigation (CCR #2016009767) was conducted on 28th and 31st, 2016 at Windsor Court (License #5943). The facility had deficiencies identified at the time of the visit.

0030 Resident Care - Rights & Facility Procedures

Based on record review and an interview, the facility failed to ensure a resident's family was notified of the resident's discharge from the facility, affecting 1 out of 1 sampled residents (Resident #4).

The findings included:

On , the records for Resident #4 were reviewed. The discharge log documented that the resident "moved" on / . There was no documentation to show the location where the resident moved or the reason for his transfer on the discharge log.

During interview with Staff E at 1:00 PM, she confirmed that the resident moved out of this facility to another ALF (Assisted Living Facility) on / . Request for documentation to show the circumstances under which the resident moved, the reason why and any notices that may have been given to the resident to relocate were requested at this time. The facility provided additonal documenation for review.

Resident #4's family member listed on his demographic sheet as the "next of kin" was interviewed at 1:35 PM on . She stated she did not know the resident was moved. Another family member listed on the resident's demographic sheet as the resident's POA (Power of Attorney) was interviewed at 1:54 PM on . She also stated the facility had not notified her of the resident's move. She stated she did not know that the resident had moved until the resident's psychiatrist called her after he had moved.

Resident #4 was interviewed on / at 10:00 AM. He stated that he "had no choice" when he was moved to the ALF he lives in now. He stated he had not received any notification or documentation related to his discharge and relocation.

Class III

0077 Staffing Standards - Administrators

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

Based on an interview and record review, the facility failed to ensure a qualified Manager was designated for the operation of the Administrator's second facility.

The findings included:

On / at 2:15 PM, Staff F stated during interview that she was currently the Manager designated for this ALF (assisted living facility). Review of confidential records revealed this Manager had been designated to this position in 2016. The Manager stated she had not yet passed the CORE competency test as required for ALF Managers within 90 days of her designation.

Class III

0160 Records - Facility

Based on record review and an interview, the facility failed to maintain an accurate and complete Admission & Discharge log, affecting 1 out of 1 sampled residents (Resident #4).

The findings included:

On , the records for Resident #4 were reviewed. The discharge log documented that the resident "moved" on / . There was no documentation to show the location where the resident moved or the reason for his transfer on the discharge log.

During interview with Staff E at 1:00 PM, she confirmed that the resident moved out of this facility to another ALF (Assisted Living Facility) on / . Request for documentation to show the circumstances under which the resident moved, the reason why and any notices that may have been given to the resident to relocate were requested at this time. The facility provided no additonal documenation for review.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

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

RE: CCR #2016009767

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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 , 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.

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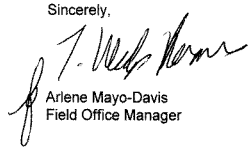
Thank you for the assistance provided to the representative. Should you have any questions please call this office at 561 381-5840.

Sincerely,



Arlene Mayo-Davis
Field Office Manager

AMD/
Enclosure
XG90