STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910753	12/28/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR PLACE RETIREMENT HOME	1850 NE 26TH STREET WILTON MANORS, FL 33305

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

0000 - Initial Comments

An unannounced Relicensure survey with Limited Mental Health (LMH) was conducted on and at Windsor Place Retirement Home (License #7345). The facility had deficiencies at the time of the visit.

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview. The facility failed to maintain an accurate and updated Medication Observation Record for 2 of 2 sampled residents (Resident# 11 and Resident#12).

The findings included:

a) On at approximately 11:10AM, The 2016 MOR fro Resident #11 was reviewed and listed 0.5mg Tablets, Take 1 tab orally Three times a day at 8AM, 12PM, and 8PM. The MOR revealed no signature. Staff A was interviewed and stated the medication was given but was not signed. Interview with Resident#11, she confirmed she received her 8AM medications.

b) On at approximately 11:20AM , the MOR for Resident#12 was reviewed and listed TS 0.1mg Patch, Apply Once Per Week (Monday-). The MOR revealed no signature. Interview with Staff A, she stated the patch was changed but she forgot to sign. Interview with Resident#12, he confirmed his patch was changed on Monday.

These findings were discussed with the Manager on at approximately 12:00PM. The manager acknowledged the unsigned MOR's of Resident#11 and Resident#12.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to ensure that for a facility with a licensed capacity of 17 or more residents, time sheets were maintained for all staff. As evidenced by the facility's failure to maintain time sheets, for 5 of 6 staff records reviewed (Staff A,B,D,E and F) .

The Findings Include:

A review of the staffing schedule for - / revealed that Staff B was on the schedule for / for 6 AM-6 PM and Staff D was on the schedule for for 8 AM-5 PM. In an observation conducted on from 9:30 AM-3:00 PM, Staff B nor Staff D were observed within the facility.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910753	12/28/2016
NAME OF PROVIDER OR SUPPLIER **WINDSOR PLACE RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1850 NE 26TH STREET WILTON MANORS, FL 33305**	

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

In an interview conducted on 12/28/16 at 11:00 AM with the Staff F/the Manager, she stated that Staff B called in sick today and that Staff D was out shopping in a neighboring city. At this point the time sheets were requested for all staff members, and Staff F stated that time sheets are not maintained for Staff A, B, D, E or F. She further stated that she was unaware of the regulation that time sheets were required for all staff.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to ensure that all direct care staff members who are not core trained received the required in-service training's within 30 days of employment, for 2 out of 6 sampled employees' records reviewed (Staff A and Staff B)

The Findings Include:

A personnel record review conducted on revealed the following:

1) Staff A/ direct care aide with a hire date of I/ lacked documentation indicating the employees received the required in-service training within 30 days of hire covering :
a) Resident elopement response policies and procedures.

2) Staff B (direct care staff member) with a hire date of , lacked documentation indicating the employee received the required in-service training's within 30 days of hire covering :
a) Resident rights in an assisted living facility.
b) Recognizing and reporting resident , neglect and .
c) Reporting major and adverse incidents.
d) Facility emergency procedures including chain of command and staff roles to emergency evacuation.
e) Resident elopement response policies and procedures.

A review of the facility's staffing schedule for - I/ revealed that Staff A works Monday-Friday from 7 AM- 11:00 PM , Staff B works Tuesday- Sunday from 6 AM- 6 PM.

In an interview conducted on at 1:14 PM, with the Administrator and the Manager, they reviewed the files and acknowledged the findings.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910753	12/28/2016
NAME OF PROVIDER OR SUPPLIER **WINDSOR PLACE RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1850 NE 26TH STREET WILTON MANORS, FL 33305**	

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

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, it was determined that the facility failed to ensure that all staff members had received 1 hour of training on the facility's policy and procedures regarding ( ), for 1 out of 6 sampled staff records reviewed (Staff B).

The findings include:

A personnel record review conducted on / revealed that Staff B, with a hire date of lacked documentation indicating completion of 1 hour of training in the facility's policy and procedures regarding within 30 days of employment.

A review of the facility's staffing schedule for - / revealed that Staff B works Tuesday-Sunday from 6 AM- 6 PM.

In an interview conducted on at 1:14 PM, with the Administrator and the Manager, they reviewed the file and acknowledged the findings.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, record review, and interview the assisted living facility failed to ensure the facility's dietician approved menu was followed at all times. As evidenced by not serving or substituting items of comparable nutritional value for menu items.

The findings include:

A review conducted on at 12:00 PM ,of the facility's posted dietician approved lunch menu for / revealed the menu to be tossed salad/dressing (4 oz),Baked chicken (3 oz) , seasoned rice (4 oz.) squash(4 oz.) gelatin with fruit (4 oz),dinner roll with 2 teaspoon of margarine. In an observation conducted on at 12:00 PM the lunch served to the residents was a tossed salad with dressing, roasted chicken, rice with beans, and fruit . The facility failed to serve a vegetable and a roll with margarine or an an appropriate alternative.

During an interview conducted on at 12:32 PM with Staff G/ Cook , she stated that there was not a vegetable served today, that when they serve rice with beans they do not serve, a vegetable.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910753	12/28/2016
NAME OF PROVIDER OR SUPPLIER **WINDSOR PLACE RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1850 NE 26TH STREET WILTON MANORS, FL 33305**	

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

During an interview conducted on 12/27/16 at 12:45 PM with the Administrator and the Manager, they confirmed the findings .

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview, the facility failed to maintain a accurate and updated Admissions and Discharge Log for 1 of 1 sampled residents (Resident#13).

The Findings Includes:

a) Review of the facilities Admission and Discharge Log revealed Resident #13 was not listed in the log. In an interview conducted on at 11:23 with the manager, Admission and Discharge Log was reviewed. The manager confirmed findings that Resident#13 is not on the log.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

b) Based on record review and interview, the facility failed to obtain a written informed consent, for a resident that needs assistance with self-administration of medications, when unlicensed staff will be providing assistance with self-administration of medication, for 1 of 2 (Resident #1) resident records reviewed.

The findings include:

A review of Resident #1's record revealed that the record lacked a written informed consent, for a resident that needs assistance with self-administration of medications, when unlicensed staff will be providing assistance with self-administration of medication.

In an interview conducted on / at 2:15 PM with Staff F/ Manager she reviewed the file as well as the thinned file and confirmed the findings. She stated she would address it with the resident and have him sign a new informed consent today.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910753	12/28/2016
NAME OF PROVIDER OR SUPPLIER **WINDSOR PLACE RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1850 NE 26TH STREET WILTON MANORS, FL 33305**	

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

Class III

L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC

Based on record review and interview, the facility with a limited mental health license failed to ensure that an up-to-date admission and discharge log was maintained, each mental health resident's community living support plan and the agreement with the mental health care services provider was obtained within 30 days of admission or updated annually, for 2 of 2 (Resident #1 and #13) resident records reviewed.

The findings include:

a) A review conducted on of the facility's Admission and Discharge log failed to list or identify Resident #13, as a limited mental health resident. A review of Resident #13's record revealed that she was admitted to the facility on , her placement assessment was completed on , upon discharge from the state hospital, further review revealed the file lacked a community living support plan and agreement within 30 days of admission to the facility or within 30 days after receiving the appropriate placement assessment, as required

b) A review of Resident #1's record revealed that he was admitted to the facility on his most current community living support plan and agreement was completed on ,and had not been updated annually as required.

During an interview conducted with the Manager on / at 2:28 PM, she reviewed the records of Resident #1 and Resident #13 and acknowledged the findings.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review, and interview, the facility failed to ensure that all staff that have direct contact with mental health residents in a licensed limited mental health facility received specialized training in working with individuals with mental health diagnoses within 6 months of employment in a limited mental

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910753	12/28/2016
NAME OF PROVIDER OR SUPPLIER **WINDSOR PLACE RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1850 NE 26TH STREET** **WILTON MANORS, FL 33305**	

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

health facility for 3 of 6 staff records reviewed (Staff B, C and D).

The findings include:

A review of the staff schedule for the month of - / revealed that Staff B works Tuesday-Sunday from 6 AM- 6 PM, Staff C works Tuesday- Saturday 11 PM-7 AM, Staff D works Monday-Saturday 8 AM-5 PM.

A review of Staff B's personnel record revealed that her date of hire was ; Staff C's personnel record revealed that her date of hire was , Staff D's personnel record revealed that his date of hire was . Further review of the files revealed that all three lacked documentation of completion of the required specialized training in working with individuals with mental health diagnoses.

In an interview conducted on / at 1:14 PM, with the Administrator and the Manager, they stated that all 3 staff members have direct contact with the mental health residents , they reviewed the files and acknowledged the findings.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910753	12/28/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR PLACE RETIREMENT HOME	**1850 NE 26TH STREET WILTON MANORS, FL 33305**

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on interview and record review, the facility failed to ensure that all staff employment status was maintained and reported to the clearinghouse.

The findings included:

On at 12:00 PM, the facility staffing schedule was requested and reviewed. The schedule showed a list of 15 staff members. Further review revealed that all staff have worked at the facility for more than 10 days.
On at 12:10 PM, the Agency for Health Care Administration Background Screening clearinghouse roster was reviewed and it did not list any employees for the facility. During an interview with the Manager at 1:00 PM on , she stated she was not aware that employees had to be added to the clearinghouse roster, therefore she has not maintained the clearinghouse roster. The Manager acknowledged the findings.

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
Windsor Place Retirement Home
1850 Ne 26th Street
Wilton Manors, FL 33305

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 , 2017.** 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/
Enclosure

XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com