RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Windermere Memory Care Inc
7901 Kipling St
Pensacola, FL 32514

RE: CCR #2017000175

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on , 2017 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 surveyor. Should you have any questions please call me at 850-412-4540.

Sincerely,

for Donah Heiberg, M.S.W.
Field Office Manager

DH/kb Enclosure

XG90

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone:850-412-4540; Fax:(850) 922-
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969020	01/10/2017
NAME OF PROVIDER OR SUPPLIER **WINDERMERE MEMORY CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7901 KIPLING ST** **PENSACOLA, FL 32514**	

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

0000 - Initial Comments

An unannounced complaint survey (CCR# 2017000175) was conducted at Windermere Memory Care Inc. on 10, 2017. Deficient practice was found at the time of the survey.

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on staff interview and facility record review, the facility failed to complete an adverse incident for 1 of 4 residents (#2) who sustained 3 in one week resulting in continued hospitalization after the third ...l.

The Findings are:

Record review revealed Resident #2 had 3 between /// and /. On /// at 9:30 pm, Resident #2 was found on the floor on her back. She denied hitting head, and no injuries were found. On /// 11:00 am, the staff heard yelling down hallway. The resident was found on floor with a knot above her eye. She also had a small cut on her nose. She was complaining of back pain. She was sent out to the hospital. She returned the same day. The administrator says she had on her left side and large hematoma on her left arm. The last was on /// at 12:05 am when resident #2 was found on the floor laying on her back. There was on her arm and from upper eye. She was sent to the hospital and remains hospitalized as of /// .

The Administrator was interviewed on /// about 2 pm. She says that residents go to every fifteen minute checks after instead of every 30 minute checks which is the standard of practice in the facility. There is no documentation of this in the paper chart or the computerized record. She says it is placed on a board in the office but not put on the chart. When asked if any other measures were put into place, she replied, "No." She was asked if an adverse incident was completed and she said no.

Class III