

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/31/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910760	(X3) DATE SURVEY COMPLETED 10/16/2018
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

On 10/16/2018, a complaint Survey (CCR#2018011063) was conducted at Windsor House. At the time of the survey, the facility had deficiencies.

(License# 5606)

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview the facility failed to honor the resident's rights for a safe, clean and decent living environment, free from pests and in compliance with local department of health requirements.

Findings included:

During a tour of the facility conducted on 10/16/2018 at 8:34am beginning on the second floor, the following was observed: the first resident's room was dirty, the sink was dirty and the shower was dirty. The hallway carpets were dirty with hair and paper trash. The hallway air conditioning vent had no cover on it and the filter was full of dust.

The second resident's room had dirt on the door and the toilet was dirty, sink and shower were both dirty. The hallway had dirt and dust on the box spring mattress, the hallway had a foul odor, trash was on the floor and the window blinds were broken.

The third resident's room has no blinds on the little windows, carpet was dirty, trash was on the floor and a television was sitting in the middle of the room. The dining room was dirty.

The hallway (off the dining room) floor was dirty, the walls and doors were dirty also.

In the bathroom the floor was dirty, the toilet was dirty, the toilet was dirty and there was a brown substance in the shower.

In the hallway the carpet was dirty and there were many miscellaneous items piled up in the corners of the hallway. The trash can was dirty, the trash can was full and the exhaust vent had no cover and was dirty.

The sun porch had debris piled up on the left side and was filled with exercise equipment. The courtyard had old walkers, bed rails and other debris piled up against the fence.

(Photographic Evidence Obtained)

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/31/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910760	(X3) DATE SURVEY COMPLETED 10/16/2018
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)		
During a tour of _____ on _____ at 9:36am with a local Department of Health Inspector (DOH), bed bugs were discovered on the back of bed #1's headboard. The DOH inspector confirmed the presence of bed bugs. (Photographic Evidence Obtained) During a record review of the DOH inspection report dated _____, the report reveals that bed bugs were discovered in _____ on the back of bed #1's headboard. (Photographic Evidence Obtained) During an interview conducted on _____ at 10:26am, the Administrator acknowledged and confirmed that bed bugs were discovered in _____. The Administrator stated "(Department of Health) told me we have bed bugs in 2." During a continued interview conducted on _____ at 10:28am, the Administrator acknowledged the lack of cleanliness of the facility and needed repairs. The Administrator stated "We're trying to hire a new housekeeper ." Class III		