

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967675	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/27/2020
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NAME OF PROVIDER OR SUPPLIER WINDSOR AT OCALA	STREET ADDRESS, CITY, STATE, ZIP CODE 2650 SE 18TH AVENUE OCALA, FL 34471
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced relicensure survey with emergency power plan and limited nursing services monitoring, a COVID-19 focused control survey, and an investigation, complaint number 2020016892, were conducted on _____ - 27, 2020 at Windsor of Ocala. Deficiencies were identified.	A 000		
AN277	59A-36.022(2) FAC LNS - Resident Care Standards (2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing services license must meet the admission and continued residency criteria specified in rule 59A-36.006, F.A.C. (b) In accordance with rule 59A-36.010, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care provider's order, a copy of which must be maintained in the resident's file. (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who must be available to provide such services as needed by residents. The facility's employed or _____ nurse must coordinate with third party nursing services providers to ensure resident care is provided in a safe and consistent manner. The facility must maintain documentation of the qualifications of nurses providing limited nursing services in the facility's personnel files. (e) The facility must ensure that nursing services	AN277		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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AN277	<p>Continued From page 1</p> <p>are conducted and supervised in accordance with chapter 464, F.S., and the prevailing standard of practice in the nursing community.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have a health care provider's order in the resident record for limited nursing services, LNS, for 2 of 3 records sampled. Residents #s 8 and 9.</p> <p>Findings:</p> <p>Record review showed no physician's order for limited nursing services for Resident #8 and Resident #9.</p> <p>On at 10:00 AM an interview was conducted with the Clinical Director/Registered Nurse. She confirmed there were no physician's order for limited nursing services for Resident #8 and Resident #9.</p> <p>On at 12:00 PM an interview was conducted with the Administrator. She confirmed there were no physician's orders for limited nursing services for Resident #8 and Resident #9.</p> <p>A review of the facility policy, titled Limited Nursing Services, effective , read, "Purpose: To allow resident to receive necessary nursing services while continuing to resident in their community thus effectively aging in place. Procedure: Obtain a detailed physician order to include services to be delivered, frequency and duration, person responsible, enter resident onto the LNS log with a start date."</p> <p>Class III</p>	AN277		

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