

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966496	(X3) DATE SURVEY COMPLETED 01/17/2017
NAME OF PROVIDER OR SUPPLIER WINDSOR OF LAKEWOOD RANCH (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 8220 NATURES WAY BRADENTON, FL 34202	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

On [redacted], 2017 a biennial re-licensure survey with limited nursing services (LNS) was conducted at Windsor of Lakewood Ranch assisted living facility (Lic# 10707). Deficient practice was identified during the surveys.

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation, interview, and record review, the facility failed to ensure that one (labeled "second floor ") of four medication carts was locked and inaccessible to residents and visitors.

Findings Included:

On [redacted] / [redacted], at 10:14 a.m., an unlocked medication cart was observed in the medication [redacted] the 1st floor, near the Health Care Coordinator 's (HCC) office. The door of the [redacted] opened with no staff present in the area. The Medication cart was labeled " SECOND FLOOR. " Further investigation confirmed that the medication cart was unlocked and contained medications belonging to residents at the facility.

During interview with Staff A, on [redacted] / [redacted] at 10:21 a.m., Staff A confirmed the medication car was unlocked and stated that she forgot to lock the medication cart, while she was assisting a resident.

During interview with the Health Care Coordinator (HCC), on [redacted] / [redacted] at 01:33 p.m., she confirmed that medication carts should not be unlocked and unattended.

Class III



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Windsor Of Lakewood Ranch (The)
8220 Natures Way
Bradenton, FL 34202

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with limited nursing services (LNS) that was conducted on , 2017 by representative(s) 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.shtm> 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(s). Should you have any questions please call **Teresa Ryan**, RNC at (727) 552-2000.

Sincerely,


PR Patricia Reid Cauffman
Field Office Manager

PRC/cit
Enclosure: State (5000-3547) Form

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