

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105882	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2026
NAME OF PROVIDER OR SUPPLIER Winkler Court		STREET ADDRESS, CITY, STATE, ZIP CODE 3250 Winkler Avenue Extension Fort Myers, FL 33916	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, resident representative and staff interview the facility failed to ensure all refunds due the resident representative were refunded within 30 days of discharge for 1(Resident #1) of 1 resident as required.The findings included:Review of the facility policy and procedure titled, Refunds with a revised date of [DATE] revealed, Refunds will be issued within the timeframe required by federal and or state law.Review of the clinical record revealed Resident #1 was admitted on [DATE] and expired at the facility on [DATE].On [DATE] at 10:03 a.m., in a telephone interview Resident #1's spouse said the facility owed her a refund in the amount of \$1546.00 and she has not received it yet. She said, They keep giving me excuses.On [DATE] at 11:11 a.m., in an interview the Business Office Manager (BOM) said she has been in constant communication with Resident #1's spouse and a refund was issued. The BOM said Resident #1 was Medicaid pending. The resident representative was responsible to pay \$1500.00 which would be refunded once Medicaid was approved. The BOM said Resident #1 owed no money to the facility for his stay when Medicaid took over on [DATE]. The refunds do not come from the facility but from the Corporate's offices. She said they have had a lot of turnover in the Corporate Office and each time someone new started, the process restarted. The BOM manager said the refund has been issued but not within the required timeframe.Review of the facility provided invoice dated [DATE] for Resident #1 revealed a voucher paid amount of \$1,546.00. The payment status was Paid.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation, record review, resident and staff interviews, the facility failed to ensure medications were administered in accordance with professional standards of practice for 1 (Resident #12) of 3 sampled residents by leaving prescribed medications at the bedside without ensuring ingestion. This practice has the potential to result in medication errors, including missed doses, and incorrect administration. The findings included: Review of the facility provided policy and procedure titled, Medication Administration General Guidelines (2007) revealed, Medications are administered as prescribed in accordance with . good nursing principles and practices . Procedures: . 4. Medications are to be administered at the time they are prepared. 5. The person who prepares the dose for administration is the person who administers the dose. 20. The resident is always observed after administration to ensure that the dose was completely ingested .On 3/5/26 at 9:12 a.m., during an interview with Resident #12, a medication cup with seven pills was observed on the resident's bedside table. A large pink pill was observed on the bedside table. When asked about the medications, Resident #12 picked up the medication cup and said, They gave them to me. I guess I'm supposed to take them, but she just handed them to me and walked out. The nurse was not in the resident's room at the time of the observation. Photographic evidence obtained. On 3/5/26 at 9:20 a.m., Registered Nurse (RN) Staff A was observed at a medication cart in the hallway. In an interview, RN Staff A verified she administered medications to Resident #12. The observation of the unattended pills on the resident's bedside table was shared with RN Staff A. RN Staff A replied, Oh no. I watched her take the whole cup, she swallowed them down. On 3/5/26 at approximately 9:23 a.m., Resident #12's room was observed with RN Staff A. The medication cup with the seven pills and the pink pill remained on the resident's bedside table. RN Staff A loudly told Resident #12, Why did you not take them?. RN Staff A verified she gave the medications to Resident #12 and did not ensure the resident ingested the medications before leaving the room. She said, I know it was wrong.</p>		