Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911767	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GULF COAST VILLAGE ASSISTED LI	1333 SANTA BARBARA BLVD CAPE CORAL, FL 33991

(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 These are the results of Complaint survey CCR# 2012012565 conducted at Gulf Coast Village Assisted Living on . The complaint contained one allegation which was substantiated without citation; however, there was one unrelated deficiency deficiency identified at the time of the survey.	A 000		
AZ827	408.812, FS Unlicensed Activity (1) A person or entity may not offer or advertise services that require licensure as defined by this part, authorizing statutes, or applicable rules to the public without obtaining a valid license from the agency. A licenseholder may not advertise or hold out to the public that he or she holds a license for other than that for which he or she actually holds the license. (2) The operation or maintenance of an unlicensed provider or the performance of any services that require licensure without proper licensure is a violation of this part and authorizing statutes. Unlicensed activity constitutes harm that materially affects the health, safety, and welfare of clients. The agency or any state attorney may, in addition to other remedies provided in this part, bring an action for an injunction to restrain such violation, or to enjoin the future operation or maintenance of the unlicensed provider or the performance of any services in violation of this part and authorizing statutes, until compliance with this part, authorizing statutes, and agency rules has been demonstrated to the satisfaction of the agency. (3) It is unlawful for any person or entity to own, operate, or maintain an unlicensed provider. If	AZ827		

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AZ827	Continued From page 1 after receiving notification from the agency, such person or entity fails to cease operation and apply for a license under this part and authorizing statutes, the person or entity shall be subject to penalties as prescribed by authorizing statutes and applicable rules. Each day of continued operation is a separate offense. (4) Any person or entity that fails to cease operation after agency notification may be fined $1,000 for each day of noncompliance. (5) When a controlling interest or licensee has an interest in more than one provider and fails to license a provider rendering services that require licensure, the agency may revoke all licenses and impose actions under s. 408.814 and a fine of $1,000 per day, unless otherwise specified by authorizing statutes, against each licensee until such time as the appropriate license is obtained for the unlicensed operation. (6) In addition to granting injunctive relief pursuant to subsection (2), if the agency determines that a person or entity is operating or maintaining a provider without obtaining a license and determines that a condition exists that poses a threat to the health, safety, or welfare of a client of the provider, the person or entity is subject to the same actions and fines imposed against a licensee as specified in this part, authorizing statutes, and agency rules. (7) Any person aware of the operation of an unlicensed provider must report that provider to the agency. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to obtain the proper	AZ827		

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AZ827	Continued From page 2 specialty license before administering to 3 (Residents #1, #2, and #3) residents in the Harbor unit (memory care unit). The findings include: A tour of the facility's Harbor unit was conducted on at 9:35 a.m. A visit was made to Resident #4's approximately 9:48 a.m. Observations of Resident #4's and tank and an concentrator. At 9:50 a.m. observations of Resident #5's a machine, an tank and an concentrator. At approximately 9:53 a.m. Resident #6 was observed in her in her bed. Resident #6 had a nasal cannula in her nose which was connected to the concentrator. The concentrator was on at the time of observations. A was also observed sitting on Resident #6's dresser. An interview was conducted with Staff A, an LPN, at 10:14 a.m. She admitted the LPN staff assists Residents #4, #5, and #6 with their Staff A stated, "Resident #1's is PRN (as needed) and the [facility's nurses] take care of that." Staff A claimed responsibility for taking care of Resident #4's along with the nurses from Hospice. When asked about Resident #6, Staff A stated, "I check it first thing in the morning the tubing gets changed by the 11:00 a.m.-7:00 p.m. [shift]." Staff A was asked if Residents #4, #5, and #6, (residents who are also receiving care from Hospice) could manage their own equipment. She replied, "The Hospice resident no, not at this point." On records for Residents #4, #5, and #6 were reviewed. A review of Resident #4's records	AZ827		

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AZ827	Continued From page 3 revealed orders a medical doctor's orders (dated for 2 liters of PRN. A review of Resident #5's record revealed an order (dated for 2 liters of as needed for Resident #6 revealed an order (dated for (for once a day for 3 days and 2 liters of per minute via nasal cannula check saturations every shift and as needed. Class III Correction Date:	AZ827		

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Gulf Coast Village Assisted Living
1333 Santa Barbara Blvd
Cape Coral, Florida 33991

Dear Administrator:

Re: CCR #2012012565

This letter reports the findings of a complaint survey that was conducted on , 2012 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct the deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , 2012 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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(s). Should you have any questions please call this office at 239-335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

HW:ss
Enclosure: State (3020) Form
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

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2295 Victoria Avenue,
Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372