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
	AL11911992	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GULF WINDS	2745 VENICE AVENUE EAST VENICE, FL 34292

(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 a Change of Ownership (CHOW) survey conducted on , at Gulf Winds, an Assisted Living Facility.	A 000		
A 025	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services.	A 025		

Agency for Health Care Administration

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A 025	Continued From page 1	A 025		

This Statute or Rule is not met as evidenced by:
Based on a review of resident records and interview with staff, the facility failed to ensure 1 (Resident #1) of 2 residents had supervision and intervention related to weight loss, and there were no written record related to , and physician and family contact related to resident status.

The findings include:

1. Resident #1 was admitted to the facility on . At the current time, the resident is a Hospice patient and has been since .

A review of the Hospice team care plan dated was performed. This care plan included clinical update/progress notes from Hospice nurses about the resident, going back to In the progress note dated , there were statements indicating the resident's weight at admission was 160 pounds. The progress note of , continues noting the resident's weight using a knee height caliper equation was 128.18 pounds. This was a a change of 32 pounds since admission. Also, the resident is now requiring assistance with meals.

The Hospice progress note indicate the outcomes they are focusing on are "assisting the patient with his meals with the initiation of Hospice volunteer at lunch time."

Observation of the resident on during lunch revealed the resident had no assistance with eating from either a Hospice volunteer nor from facility staff. The resident was observed using a spoon to eat potato soup; however, the resident was spilling a large percentage of the soup down the clothing protector the resident was

Agency for Health Care Administration

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A 025	Continued From page 2 wearing. The Hospice progress notes stated the resident was "consistently losing weight." His current weight is 125.46, using the knee height caliper equation. He has a 2.5 pound weight loss during this recertification period and a total loss of nearly 35 pounds since admission. The progress note indicated, "The outcomes we are focusing on continue to be nutrition due to his fair to poor appetite. He continues to feed himself, but needs more prompting by staff to eat." On , the progress noted indicated the resident weighed 122 pounds. On , the Hospice nurse noted the "patient no longer leaves his meals and fatigues easily; attempt to feed himself. He is unable to complete this task and staff completes his feeding." The nurse noted the resident's weight was now 118 pounds. While reviewing the resident's record, it was noted there was no facility weight record for Resident #1. When questioned, on at 1:30 p.m.,the assistant administrator stated they had never kept a weight record for this resident. They assumed since Hospice was doing it they did not have to. She was aware the resident has lost some weight but was unaware of the total amount the resident had lost. She was unaware the resident continues to lose weight and she could not describe any interventions the facility had tried to maintain the resident's weight. Further review of the record for Resident #1 revealed no written documentation of any issues or changes in the resident's condition. During continued interview with the assistant administrator, she stated the facility has never kept notes of any type in the record. They keep an ongoing log where the staff communicates to	A 025		

Agency for Health Care Administration

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A 025	Continued From page 3 each other and also documents resident occurrences. These notes are multi-resident and do not demonstrate communication between the staff and the resident's family or physician. For example Resident #1 went to the hospital on ..... after a ... with ..... The resident returned home after the examination, but there was no documentation about the incident in the resident record. There was no documentation indicating the family or physician had been notified. There was also a note in the communication book indicating on , Resident #1 was placed on the toilet and scratched himself "so hard" that the resident's leg had to be cleansed and dressed. Again, there was no documentation in the resident's record about this happening. Class II	A 025		
A 028	58A-5.0182(4) FAC Resident Care - Activities of Daily Living (4) ACTIVITIES OF DAILY LIVING. Facilities shall offer supervision of or assistance with activities of daily living as needed by each resident. Residents shall be encouraged to be as independent as possible in performing ADLs. This Statute or Rule is not met as evidenced by: Based on observation, staff interviews, and resident records reviewed, the facility failed to provide assistance for 3 (Residents #1, #2, and #9) of 4 residents during the lunch meal. The findings include: 1. Observation at 12:00 p.m. showed Residents #2 and #9 eating their lunch in the dining	A 028		

Agency for Health Care Administration

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A 028	Continued From page 4 There were several other residents eating their lunch in the dining [redacted] two staff. They were served a lunch meat sandwich, cucumber and tomato salad, and a bowl of soup. For dessert they were served a cup cake. Resident #2 had one bite of her sandwich. She ate no soup and salad. When she was given her cup cake, she took one bite and crumbled the rest of the cup cake. The crumbs were on the floor, on the table, and on her lap. At no time during the meal and dessert did a staff assist her in eating her lunch. A review of Resident #2's health assessment dated [redacted] showed she requires assistance with eating. She has a diagnosis of "severe [redacted] Observation of Resident #9 showed she was trying to eat her sandwich with a spoon. She was able to get a few small pieces of her sandwich to eat. When she scooped her spoon in the soup she would not get a spoon full of soup but would lick the soup of the spoon that was on it. She ate no salad. She also tried to eat her cup cake with her spoon. She was able to get one small bite of her cup cake. Staff did not assist her in eating her lunch and dessert. A review of her health assessment dated [redacted] showed she requires assistance with eating. She has a diagnosis of [redacted] An interview was conducted with the administrative assistant at 1:20 p.m. She stated Resident #9 was acting different today at lunch. She usually eats better and more independent. She stated she would look into this. She stated she will ensure staff provides assistance to all residents when they need it. 2. A review of the record for Resident #1 noted in the Hospice documentation repeated progress	A 028		

Agency for Health Care Administration

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A 028	Continued From page 5 notes dated and revealed the resident was declining in ability to eat independently and required assistance with meals. Observation on during the lunch meal, revealed Resident #1 eating lunch in his . . . . . Continued observation noted the resident eating soup with a spoon. The resident had much difficulty manipulating the spoon and spilled most of the soup liquid onto the clothing protector the resident was wearing. There was no staff present to offer assistance with the meal. Class III	A 028		
A 030	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area	A 030		

Agency for Health Care Administration

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A 030	Continued From page 6	A 030		

accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456.
(d) The statewide toll-free telephone number of the Florida . . . . . Hotline " 1(800)9€ . or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents.
(e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s . . . . . and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements.
(f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law.
(g) The facility shall provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones,

Agency for Health Care Administration

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A 030	Continued From page 7	A 030		

there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside.
(h) Pursuant to Section 429.41, F.S., the use of physical . . . . . shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical . . .

429.28 Resident bill of rights.-
(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:
(a) Live in a safe and decent living environment, free from . . . and neglect.
(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.
(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other

Agency for Health Care Administration

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A 030	Continued From page 8	A 030		

similar situations.
(e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Access to adequate and appropriate health care consistent with established and recognized standards within the community.
(k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good

Agency for Health Care Administration

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A 030	Continued From page 9	A 030		

cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.

This Statute or Rule is not met as evidenced by:
Based on resident records reviewed, observation, and staff interview, the facility failed to ensure each resident's rights to medical care within community standards and to be free of . . . . . Further, the facility failed to ensure resident . . . . . are for the sole use of the resident. This is evidenced by failure to obtain physician orders for 2 (Residents #1 and #3) of 4 residents for having half side rails on their beds.

The findings include:

1. Observation on . . . at 9:30 a.m. showed Resident #3 having half side rails on his bed. A review of his record showed there were no doctor's orders for these side rails.

An interview was conducted with the assistant administrator at 1:20 p.m. She looked through Resident #3's chart and stated she does not have a physician's order for these side rails.

Agency for Health Care Administration

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A 030	Continued From page 10 2. Observation during the initial tour of the facility on [redacted] at 9:30 a.m. revealed Resident #1 to have a hospital bed with 1/2 rails. Review of the resident record revealed there was no documentation of a physician's order for the 1/2 rails. 3. Florida building code: 434.4.4.5: All resident [redacted] shall be for the exclusive use of residents. Live-in staff and their family members shall be provided with sleeping space separate from the sleeping and congregate space required for residents. During the tour on [redacted] at approximately 10 a.m. [redacted], which was empty, was observed to have been slept in. Interview on [redacted] with the medication technician stated he sleeps in this [redacted] night. The schedule revealed this staff member works 21 hours a day. On the days he is scheduled, he sleeps there at night.	A 030		
A 052	58A-5.0185(3) FAC Medication - Assistance with Self-Admin (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) For facilities which provide assistance with self-administered medication, either: a nurse; or an unlicensed staff member, who is at least [redacted], trained to assist with self-administered medication in accordance with Rule 58A-5.0191, F.A.C., and able to demonstrate to the administrator the ability to accurately read and interpret a prescription label, must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S.	A 052		

Agency for Health Care Administration

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A 052	Continued From page 11 (b) Assistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), F.S. In order to facilitate assistance with self-administration, staff may prepare and make available such items as water, juice, cups, and spoons. Staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, shall not be returned to the container. (c) Staff shall observe the resident take the medication. Any concerns about the resident ' s reaction to the medication shall be reported to the resident ' s health care provider and documented in the resident ' s record. (d) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule which coincides with the resident ' s presence in the facility; 2. The medication container may be given to the resident or a friend or family member upon leaving the facility, with this fact noted in the resident ' s medication record; 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident ' s medication record; or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging; (e) Pursuant to Section 429.256(4)(h), F.S., the term " competent resident " means that the	A 052		

Agency for Health Care Administration

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A 052	Continued From page 12	A 052		

resident is cognizant of when a medication is required and understands the purpose for taking the medication.
(f) Pursuant to Section 429.256(4)(i), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition.
(4) Assistance with self-administration does not include:
(a) Mixing, converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.
(b) The preparation of syringes for injection or the administration of medications by any injectable route.
(c) Administration of medications through intermittent positive pressure breathing machines or a
(d) Administration of medications by way of a tube inserted in a cavity of the body.
(e) Administration of preparations.
(f) Irrigations or debriding agents used in the treatment of a skin condition.
(g) , or preparations.
(h) Medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident.
(i) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.

This Statute or Rule is not met as evidenced by:

Agency for Health Care Administration

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A 052	Continued From page 13	A 052		

Based on observation during the medication pass, the facility staff failed to perform medication assistance in accordance with regulated procedure.

The findings include:

1. Observation was made during the med pass to Resident #1 on at 12:05 p.m. The medication tech removed the medication bottle from the drawer, stopped and got water for the resident. Once in the the medication was poured into the cap of the medication bottle. The resident was not able to manipulate the medication so the medication technician dropped it into the resident's spoon, and hand over hand got the medication into the resident's mouth. The technician did not state what the medication was prior to giving the medication to the resident.

2. Resident #3 received his medication in the dining lunch. The resident has severe tremors with any intentional movement. The medication technichian attempted 2 times to place the medications in a spoon in the resident's hand. The resident was unable to hold the spoon. The technician finally placed medications into the spoon and put the spoon and medications into the resident's mouth. He did not state what the medication were prior to giving the medications to the resident.

3. Resident #2 also received medications in the dining . The technician removed the pill from the bottle and placed it in the medication cap. The resident was unable to remove the pill from the cap. Finally the pill was placed on the table and the resident attempted to pick it up, but dropped it several times one of which was into the wheelchair where the resident was sitting. A

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
	AL11911992	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GULF WINDS	2745 VENICE AVENUE EAST VENICE, FL 34292

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A 052	Continued From page 14 relative of the resident also picked the pill up to hand to the resident. At no time did the technician speak the name of the medication to the resident. 4. Resident #4 receives medication crushed. The medication was placed in a small dish. Then the pill crusher was washed and dried. The medication was crushed with much difficulty and the technician had difficulty both crushing the medication and removing from the crusher. Apple sauce was added to the medication. The medication was administered hand over hand to the resident. The technician did not identify the medication for the resident. The resident was unable to follow any instructions related to the delivery of the medication. Class III	A 052		
A 081	58A-5.0191(2) FAC Training - Staff In-Service (2) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in ..... control, including universal precautions, and facility sanitation procedures before providing personal care to residents. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to ..... borne ..... may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service	A 081		

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
	AL11911992	A. BUILDING _____ B. WING _____	

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A 081	Continued From page 15	A 081		

training within 30 days of employment that covers the following subjects:
1. Reporting major incidents.
2. Reporting adverse incidents.
3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
(c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:
1. Resident rights in an assisted living facility.
2. Recognizing and reporting resident , neglect, and
(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:
1. Resident behavior and needs.
2. Providing assistance with the activities of daily living.
(e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.
(f) All facility staff shall receive in-service training regarding the facility ' s resident elopement response policies and procedures within thirty (30) days of employment.
1. All facility staff shall be provided with a copy of the facility ' s resident elopement response policies and procedures.
2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.

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
	AL11911992	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 081	Continued From page 16 This Statute or Rule is not met as evidenced by: Based on a review of personnel records and staff interview, the facility failed to ensure 2 (Staff A and Staff B) of 4 employees had training in , neglect, and . The findings include: A review of Staff A and Staff B's personnel records showed they were hired on and respectively. Further review of their personnel records showed there was no documentation they had training in , neglect, and . An interview was conducted with the administrator on 1/3 : 4:00 p.m. He looked at both of their personnel records and was not able to find this documentation. He confirmed there was no documentation of this training. Class III	A 081		
A 091	58A-5.0191(12) FAC Training - Documentation & Monitoring (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility ' s personnel files. The documentation must include the following: 1. The title of the training program; 2. The subject matter of the training program;	A 091		

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
	AL11911992	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GULF WINDS	2745 VENICE AVENUE EAST VENICE, FL 34292

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A 091	Continued From page 17	A 091		

3. The training program agenda;
4. The number of hours of the training program;
5. The trainee ' s name, dates of participation, and location of the training program;
6. The training provider ' s name, dated signature and credentials, and professional license number, if applicable.
(b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule.
(c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements.

This Statute or Rule is not met as evidenced by:
Based on personnel records and staff interview, the facility failed to have the appropriate documentation of training for 3 (Staff A, B, and C's) of 4 employees.

The findings include:

1. A review of Staff A's personnel record showed he had training in resident rights, [redacted] control, and medication training. However, there was no documentation of the training program agenda, the hours of the training program, the training provider's name, dated signature and credentials.

2. A review of Staff B's personnel record showed she had training in elopement, emergency preparedness, resident rights, Activities of Daily

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GULF WINDS	2745 VENICE AVENUE EAST VENICE, FL 34292

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A 091	Continued From page 18 Living (ADL), and ..... control. However, there was no documentation of the training program agenda, the hours of the training program, the training provider's name, dated signature, and credentials. 3. A review of Staff C's personnel record showed she had training in elopement, emergency preparedness, incident reporting, resident rights, , ADLs, and ..... control. However, there was no documentation of the training program agenda, the hours of the training program, the training provider's name, dated signature, and credentials. An interview was conducted with the administrator on at 4:30 p.m. He stated he would document the appropriate requirements for each staff's training. Class III	A 091		
A 160	58A-5.024(1) FAC Records - Facility Records. The facility shall maintain the following written records in a form, place and system ordinarily employed in good business practice and accessible to Department of Elder Affairs and Agency staff. (1) FACILITY RECORDS. Facility records shall include: (a) The facility ' s license which shall be displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident ' s: 1. Date of admission, the place from which the resident was admitted, and if applicable, a	A 160		

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
	AL11911992	A. BUILDING _____ B. WING _____	

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A 160	Continued From page 19 notation the resident was admitted with a pressure ; and 2. Date of discharge, the reason for discharge, and the identification of the facility to which the resident is discharged or home address, or if the person is the date of . Readmission of a resident to the facility after discharge requires a new entry. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intends to return pursuant to Rule 58A-5.025, F.A.C. (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) An up-to-date record of major incidents occurring within the last 2 years. Such record shall contain a clear description of each incident; the time, place, names of individuals involved; witnesses; nature of injuries; cause if known; action taken; a description of medical or other services provided; by whom such services were provided; and any steps taken to prevent recurrence. These reports shall be made by the individuals having first hand knowledge of the incidents, including paid staff, volunteer staff, emergency and temporary staff, and student interns. (e) The facility ' s emergency management plan, with documentation of review and approval by the county emergency management agency, as described under Rule 58A-5.026, F.A.C., which shall be located where immediate access by facility staff is assured. (f) Documentation of radon testing conducted pursuant to Rule 58A-5.023, F.A.C.; (g) The facility ' s liability insurance policy required under Rule 58A-5.021, F.A.C.; (h) For facilities which have a surety bond, a copy	A 160		

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
	AL11911992	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 160	Continued From page 20	A 160		

of the surety bond currently in effect as required by Rule 58A-5.021, F.A.C.
(i) The admission package presented to new or prospective residents (less the resident ' s contract) described in Rule 58A-5.0182, F.A.C.
(j) If the facility advertises that it provides special care for persons with s or related , a copy of all such facility advertisements as required by Section 429.177, F.S.
(k) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 58A-5.0182, F.A.C.
(l) All food service records required under Rule 58A-5.020, F.A.C., including menus planned and served; county health department inspection reports; and for facilities which contract for catered food services, a copy of the contract for catered services and the caterer ' s license or certificate to operate.
(m) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., issued within the last two (2) years.
(n) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years.
(o) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years.
(p) Additional facility records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 160	Continued From page 21 (q) The facility ' s resident elopement response policies and procedures. (r) The facility ' s documented resident elopement response drills. This Statute or Rule is not met as evidenced by: Based on interview with both resident and staff, the facility failed to ensure there was a resolution to a resident's grievance. The findings include: 1. During interview with Resident #10 on at 3:45 p.m., the resident stated there was a complaint related to another resident's behavior while at meals. The resident stated the staff has never intervened and never said anything to the other resident. This continued through both sittings of the meal. Resident #10 further stated when this occurs, the meal is either skipped or is eaten in the resident's . Interview with the assistant administrator and the administrator at 4:30 p.m. revealed they try to get the resident with the behavior out of the dining after the resident finishes eating, but all of the staff do not do this and they are aware it is still an issue. Class III	A 160		
A 162	58A-5.024(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records shall be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name;	A 162		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911992	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GULF WINDS	2745 VENICE AVENUE EAST VENICE, FL 34292

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A 162	Continued From page 22	A 162		

2.
3. Race;
4. Date of birth;
5. Place of birth, if known;
6. Social security number;
7. Medicaid and/or Medicare number, or name of other health insurance
8. Name, address, and telephone number of next of kin, responsible party, or other person the resident would like to have notified in case of an emergency, and relationship to resident; and
9. Name, address, and phone number of health care provider, and case manager if applicable.

(b) A copy of the medical examination described in Rule 58A-5.0181, F.A.C.

(c) Any health care provider ' s orders for medications, nursing services, therapeutic diets, , or other services to be provided. supervised, or implemented by the facility that require a health care provider ' s order.

(d) A signed statement from a resident refusing a therapeutic diet pursuant to Rule 58A-5.020, F.A.C.

(e) The resident record described in paragraph 58A-5.0182(1)(e), F.A.C.

(f) A weight record which is initiated on admission. Information may be taken from the resident ' s health assessment. Residents receiving assistance with the activities of daily living shall have their weight recorded semi-annually.

(g) For facilities which will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident ' s contract.

(h) For facilities which manage a pill organizer, assist with self-administration of medications or

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
	AL11911992	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 162	Continued From page 23	A 162		

administer medications for a resident, the required medication records maintained pursuant to Rule 58A-5.0185, F.A.C.
(i) A copy of the resident ' s contract with the facility, including any addendums to the contract, as described in Rule 58A-5.025, F.A.C.
(j) For a facility whose owner, administrator, or staff, or representative thereof serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required under Section 429.27, F.S.
(k) For any facility which maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required under Section 429.27, F.S.
(l) A copy of Alternate Care Certification for Optional
CF-ES 1006, March if the resident is an OSS . The absence of this form shall not be considered a deficiency if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Family Services.
(m) Documentation of the appointment of a health care surrogate, guardian, or the existence of a power of attorney where applicable.
(n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required under Rule 58A-5.0181, F.A.C.
(o) For apartments, duplexes, quadruplexes, or single family homes that are designated for independent living but which are licensed as assisted living facilities solely for the purpose of delivering personal services to residents in their homes, when and if such services are needed, record keeping on residents who may receive

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
	AL11911992	A. BUILDING _____ B. WING _____	

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A 162	Continued From page 24	A 162		

meals but who do not receive any personal, limited nursing, or extended congregate care service shall be limited to the following:
1. A log listing the names of residents participating in this arrangement;
2. The resident demographic data required under this subsection;
3. The medical examination described in Rule 58A-5.0181, F.A.C.;
4. The resident ' s contract described in Rule 58A-5.025, F.A.C.; and
5. A health care provider ' s order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility.
(p) Except for resident contracts which must be retained for 5 years, all resident records shall be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents shall be provided a copy of their resident records upon departure from the facility.
(q) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to maintain documentation of each resident's Power of Attorney for 1 (Resident 3) of 2 resident records reviewed.

The findings include:

Review of Resident #3's record showed his

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
	AL11911992	A. BUILDING _____ B. WING _____	

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A 162	Continued From page 25 contract was signed by his son who signed as the Power of Attorney (POA). Further review of this record showed there were no Power of Attorney papers showing Resident #3's son is the Power of Attorney. An interview was conducted with the administrator at 11:40 a.m. on . He was not able to find the POA papers and said he would call Resident #3's son to obtain this form. Class III	A 162		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Gulf Winds
2745 Venice Avenue East
Venice, Florida 34292

Dear Administrator:

Re: Change of Ownership survey

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) of this office.

Attached is the provider's copy of the State (3020) 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. Staff from this office will conduct a review after , 2013 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
XG90

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

Fort Myers Field Office
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Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372