

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911992	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 05/08/2013
NAME OF PROVIDER OR SUPPLIER GULF WINDS			STREET ADDRESS, CITY, STATE, ZIP CODE 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 follow-up to a Change of Ownership (CHOW) survey conducted on 1/31/13, at Gulf Winds, an Assisted Living Facility (ALF). This follow-up was completed on 5/8/13. All previous citations have been substantially improved or corrected. No deficiencies were cited relevant to the survey during this visit.	{A 000}			

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

5099

8I2H12

If continuation sheet 1 of 1

5/16/2013

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11911992	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 5/8/2013
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Name of Facility GULF WINDS	Street Address, City, State, Zip Code 2745 VENICE AVENUE EAST VENICE, FL 34292
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This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0025 Reg. # 58A-5.0182(1) FAC LSC	Correction Completed 05/08/2013	ID Prefix A0028 Reg. # 58A-5.0182(4) FAC LSC	Correction Completed 05/08/2013	ID Prefix A0030 Reg. # 58A-5.0182(6) FAC; 429.28 LSC	Correction Completed 05/08/2013
ID Prefix A0052 Reg. # 58A-5.0185(3) FAC LSC	Correction Completed 05/08/2013	ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	Correction Completed 05/08/2013	ID Prefix A0091 Reg. # 58A-5.0191(12) FAC LSC	Correction Completed 05/08/2013
ID Prefix A0160 Reg. # 58A-5.024(1) FAC LSC	Correction Completed 05/08/2013	ID Prefix A0162 Reg. # 58A-5.024(3) FAC LSC	Correction Completed 05/08/2013	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
CMS RO				

Followup to Survey Completed on:

1/31/2013

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 16, 2013

Administrator
Gulf Winds
2745 Venice Avenue East
Venice, FL 34292

Dear Administrator:

This letter reports the findings of a Change of Ownership (CHOW) survey revisit conducted on May 8, 2013 by a representative of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosures: State Form and Revisit Report

