

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/20/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965162	(X3) DATE SURVEY COMPLETED 02/11/2014
NAME OF PROVIDER OR SUPPLIER Villas At Gulf Breeze, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 101 McAbee Court Gulf Breeze, FL 32561	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

A monitoring visit was conducted on 2-11-14. The Villas at Gulf Breeze assisted living facility had no deficiencies at the time of the visit



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 20, 2014

Administrator
Villas At Gulf Breeze, Inc
101 McAbee Court
Gulf Breeze, FL 32561

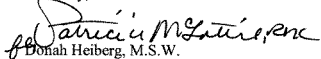
Dear Administrator:

This letter reports findings of a monitoring survey that was conducted on February 11, 2014 by representatives of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,


Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure

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PROVIDER VISIT/ON SITE SUMMARY FORM

<u>Date of Visit:</u>	2-11-14
<u>Time of visit</u>	10:20am
<u>Provider Name:</u>	The Villas at Gulf Breeze
<u>Provider ID/Prov Type:</u>	9664/ALF
<u>Investigator(s):</u>	Hector Tapining, Nicolas Frias, Magdalena Olsson
<u>Persons Interviewed(Name and title:</u>	Sabrina Shelton, administrator

Summary of Visit:

As per attached SN.

Additional Comments:

ALF/AFCH/ADCC SURVEYOR NOTES



Facility Name:	The Villas at Gulf Breeze				Event ID:	WLOJ11	
Facility Type:	☒ ALF ☐ AFCH ☐ ADCC						
							<i>Spell Check</i>
Surveyor:	N. Frias				Date:	2-11-14	
Census:	98	Capacity:	110	OSS:	0		
ECC:	x	LNS:	x	LMS:	x		
Tag/Concern:	Notes:						
Offsite/plan	FL healthfinder.gov: complaint inspection on 3-14-13 with deficiency at A30 (III) with correction on 6-18-13; standard survey on 6-18-13 with deficiencies at AL242 (III) and 243 (III) with correction on 7-22-13; complaint inspection on 7-22-13 without deficiency; monitor inspection on 10-8-13 without deficiency; complaint inspection on 12-10-13 with deficiency at A30 (III). Additional offsite performed by MPI personnel.						
Entrance at 10:20am	Agency MPI personnel present: Hector Tapining and Magdalena Olsson; met with administrator Carol Ettelson and explained purpose of inspection/monitoring visit; requested current resident and employees lists.						
Tour at 10:35am	Accompanied by assistant administrator Sabrina Shelton; facility is a 3 level, 110-bed facility with a current census of 98; 3rd level had a 16-bed locked unit with 14 present residents. General facility presented to be clean and orderly; the observed residents' rooms were homelike and accomodating to each resident. Facility staff noted at every level, including nurse Mary Ellen Wesenberg in the 3rd floor, caregiver Leah Reyes in the MCUand med tech Caletia Jones in the 1st floor.						
Resident interview/observation at 10:35am	Nancy Goodman: she likes it living here, approximately 5.5 years; meals, services and care are good; receives med assist without concerns; no signs of abuse or neglect.						
Resident interview/observation at 10:45am	Phyllis Patrick: she likes it living here; meals, services and care are good; receives med assist without concerns; no signs of abuse or neglect.						