STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911992	**09/30/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Gulf Winds	**2745 Venice Avenue East Venice, FL 34292**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0031 - 58a-5.0182(7) Fac - Resident Care - Third Party Services S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:
The Biennial survey was conducted from through for Gulf Winds, an Assisted Living Facility (ALF) located in Venice, Florida.

The facility received citations as a result of this survey. The following is a description of non-compliance:

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on staff and resident interviews and resident records reviewed, the facility failed to provide 1 (Resident #6) of 3 residents with pain medication when he requested it.

The findings include:

An interview was conducted with Resident #6 on at 11:40 a.m. He stated that he is in pain from his back. It has been a recent injury. He stated, "It hurts like hell." He requested his pain pill to the staff and still has not gotten it. Another interview was conducted with Resident #6 on at 1:30 p.m. He stated he is still in pain and the staff has not given him is pain pill.

An interview was conducted with Staff B on at 1:30 p.m. She said Resident #6 requested a pain pill but the pill is not due till 2:00 p.m. A review of the MOR (Medication Observation Record) showed 500 mg take two tablets by mouth three times a day at least 6 hours apart as needed." A review of the physician order dated shows the same. The MOR shows his last pain pill was given at 6:33 a.m. on Resident #6 was able to get another pain pill at 12:33 p.m.

Class III

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC
Based on observation, resident interviews, and a review of the activity calendar, the facility failed to provide residents with scheduled activities and activities that meet their interest.

The findings include:

1. A review of the activity calendar on at 9:30 a.m. showed on at 10:00 a.m. "Let's sing together" is scheduled. Observation at 10:00 a.m. showed this activity was not happening. A review of the activity calendar

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showed on ..... at 2:00 p.m. bingo is scheduled. Observation at 2:30 p.m. showed 5 residents participating in bingo. A review of the activity calendar on ..... at 10:00 a.m. showed "Beauty day" is scheduled. Observation at 10:15 a.m. showed three residents going to the beauty parlor to get their hair done.

2. On ..... at 9:9:20 a.m., during tour of facility, no activities calendar was found posted in any of the common areas of the facility. Upon observation over two days ..... and ....., two activities, Bingo and Beauty Parlor, were observed with few residents participating.

3. During an interview on ..... at 3:00 p.m. Resident #2 and her daughter stated that there is nothing to do. They don't have activities I am interested in. I have not attended any meetings about activities if they have them.

4. During an interview on ..... I at 11:00 a.m. Resident #8 stated, "There's nothing to do but Bingo Monday through Friday." He said that he has to pay someone to take him out to do other activities and that they cut back staff hours and they are short of help.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, interview, and record review, the facility failed to provide a safe living environment by failing to serve food to the residents in a sanitary manner. The facility also failed to have a physician's order for bed rail use for Resident #2.

The findings include:

1. During the noon meal on ..... at 11:30 a.m. The following was observed: Staff B and Staff F were serving the residents in the dining ....., both staff members were observed clinching the rim of the residents' dinner plates with both thumbs. Further observation revealed neither Staff B or F washing their hands before serving the residents their lunch.

2. Further observation revealed the Chef coming out of the kitchen, taking to residents, hugging residents, and then returning to the kitchen to finish serving and preparing the food. The chef was never observed washing or sanitizing his hands before performing these tasks.

3. On ..... at 2:00 p.m., the Assistant Administrator (AA) was requested to provide this writer with the policy in regards to hand washing/sanitation. The AA confirmed the facility did not have a policy in regards to this.

4. On ..... at 9:30 a.m., an observation was conducted of Resident #2's ..... It showed a single bed rail located a quarter ways down on the resident's bed.

A review of Resident #2's clinical record revealed there was no physician order in regards to bed rail use.

On ..... at 2:00 p.m., an interview was conducted with the Administrator. He confirmed the physician did not order bed rails for Resident #2 and the bed rails were brought in by the family from another facility. The Administrator also added it was the family's idea for the resident to use the bed rail as Resident #2 has a history of

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falling out of bed.

Class III

0031-Resident Care - Third Party Services 58A-5.0182(7) FAC
Based on resident and facility interviews and resident records reviewed, the facility failed to ensure information from the HHA (Home Health Agency) was communicated to the facility concerning 1 (Resident #6) of 3 residents reviewed.

The findings include:

An interview was conducted with Resident #6 on [redacted] at 11:40 a.m. He stated that he has had physical from a HHA here at the facility to help the pain in his back.

A review of Resident #6's record shows there is a doctor order on [redacted] for physical [redacted] for "gait abnormality, muscle [redacted] in upper and lower extremities." There is another doctor's order dated [redacted] for [redacted] (physical [redacted] eval (evaluation) and treat for back pain."

A review of Resident #6's record shows there was no documentation of physical [redacted] for these two orders.

An interview was conducted with the AA (Assistant Administration) on [redacted] at 2:15 p.m. She stated that she knows Resident #6 received physical [redacted] but does not have this information. She was not sure what type of exercise he was doing and how his [redacted] went. She said she will ask the HHA to fax this information to her.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on personnel record review and staff interview, the facility failed to have a written job description for Staff D and E, and failed to have a freedom from communicable [redacted] statement for Staff C.

The findings include:

1. On [redacted] Employee Record Review of Staff D (date of hire [redacted] and Staff E (date of hire [redacted] revealed that there was no job description in the files.

2. Review of Staff C's (date of hire [redacted] employee record revealed that no communicable [redacted] statement was in the file.

3. Interview with the Administrator, and the AA (Assistant Administrator) on [redacted] at 11:30 a.m., confirmed the above items were missing from the employee files.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review of 1 out of 5 staff employee records and staff interview, the facility failed to provide [redacted] Control Training for Staff D.

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The findings include:

On , a review of employee file of Staff D (hire date revealed no documentation of control training.

Interview with Administrator and Assistant Administrator on at 11:30 a.m., confirmed that the above items are not in employee D's file.

Class III

0082-Training - 58A-5.0191(3) FAC
Based on staff interview and record interview the facility failed to provide a one time education course on and within 30 days of employment for 1 (Staff D) of 5 staff reviewed.

The findings include:

On , review of Employee File of Staff D (hire date revealed that training was missing from the file.

Interview with Administrator and Assistant Administrator on at 11:30 p.m., confirm that the above item was not in the file.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on staff interview and personnel record review, the facility failed to provide Assistance with Self-Administration of Medication update training for 2 (Staff B and C) of 5 staff records reviewed.

The findings include:

On , Review of Employee File of Staff B and Staff C, revealed no Medication Training Update.

Interview with Administrator and Assistant Administrator on at 11:30 a.m., confirm that the Medication Training was missing from files of Staff B and C.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on personnel record review and staff interview, the facility failed to provide training on for 3 (Employees B, C, and D) out of 5 employee records reviewed

The findings include:

On , Review of Employee Files of Staff B (hire date , Staff C (hire date and Staff D (hire date reveal no Training in files.

Interview with Administrator and Assistant Administrator, on at 11:30 a.m., confirmed that the above items were not in the files.

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Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, interview, and record review, the facility failed to ensure nutritional standards were being followed. This was evidence by: the facility failure to ensure the approved facility menus were being followed, or to provide enough variety. The facility failed to provide six months of menu substitutions, that are require to be kept on file. The facility failed to ensure there was a substantial amount of non-perishable food on hand in the event of a disaster.

The findings include:

1. Observation of the menu posted on the bulletin board located in the facility's main dining [redacted] at 11:30 a.m. revealed that the menu documented that the lunch meal was to be Chicken with [redacted] Mashed Potatoes and Green Beans. Review of the facility approved menu indicated that Chicken, Pasta, and Carrots were to be served on that day. The approved menu also documented that chocolate cake was to be served for dessert. Observation of the noon meal for that date revealed Green Beans was the vegetable, and Mashed Potatoes took the place of the pasta, also cookies were prepared for the dessert in place of Chocolate cake called for on the menu.

Further observation revealed the menu posted failed to include an alternate choice of food for those resident who did not wish to eat the main entrée.

Further review of the approved menus revealed a four week cycle which demonstrated the meals were nutritionally adequate, but also indicated for the evening meal primarily the choice was a sandwich. Many of the food choices on the menu lacked variety, and were respective throughout the four week menu cycle.

On [redacted] at 8:00 a.m., the Chef was questioned on the menu, and the observation by this writer, that the menu was not being followed. The Chef indicated that he does not follow the menu, as some of the foods the residents do not like. The Chef also added that many times I do not have the food item in stock that is to be served on the menu, so I make substitutions. The Chef also added that so many of the food choices are the same on the menu, so I change the food item to give the residents' a better variety. The chef was requested to provide this writer with a file of food substitutions for a six month period. The chef was only able to provide [redacted] and [redacted] of 2014 menu substitutions. When the Chef was asked where the other four months were, he did not have an answer. On [redacted] at 3:00 p.m., the Administrator was requested by this writer to provide evidence of six months of food substitutions on file, the Administrator indicated that the Chef had them on file.

On [redacted] at Resident #2 was interviewed in regards to the care and services proved to her by the facility. Resident #2 indicated that the food taste good, but the menu is very repetitive. Resident #2 also said that they serve a list of sandwiches, especially at night.

2. On [redacted] at 10:00 a.m. an observation and inventory of the non-perishable foods was conducted. The Chef produced a box of dry milk that had the capability to make 3 quarts of milk. The [redacted] required for a census

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of 25 for 3 days is 37.5 quarts of milk.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and resident interviews, the facility failed to ensure the . . . . . Residents #6 and #3 was clean and well-maintained.

The findings include:

1. Observation on . . . at 11:40 a.m. showed in Resident #6's . . . there was a large hole in the wall behind his lounge chair.

2. Observation on . . . . at 12:40 p.m. in Resident #3's . . . . . the carpet was dirty with stains throughout the . . . . . the walls had scratches throughout the . . . . .

An interview was conducted with Resident #3 at this time. She said her . . . . . did the scratches on the wall with her wheelchair. She was not aware the carpet is dirty.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on personnel record review and staff interview, the facility failed to have background screening on 1 (Staff E) out of 5 staff employee files reviewed.

The findings include:

On . . . . Review of Employee Record of Staff E (hire date . . . . revealed no documentation of Background Screening.

Interview with Administrator and Assistant Administrator on . . . . at 11:30 a.m., confirmed that the Background Screening was not completed for Staff E.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Gulf Winds
2745 Venice Avenue East
Venice, FL 34292

Dear Administrator:

This letter reports the findings of a state licensure survey that was completed on 2014 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) 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 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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