

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911767	(X3) DATE SURVEY COMPLETED 10/09/2014
NAME OF PROVIDER OR SUPPLIER Gulf Coast Village Assisted LI	STREET ADDRESS, CITY, STATE, ZIP CODE 1333 Santa Barbara Blvd Cape Coral, FL 33991	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - Initial Comments

St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D

Specific Tag Findings:

These are the results of an unannounced Limited Nursing Services (LNS) conducted on . . . at Gulf Coast Village an Assisted Living Facility (ALF) in Cape Coral, Florida.

The following is a description of non-compliance:

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on observation and record review, the facility failed to have an interdisciplinary care plan, which specifies the services being provided by hospice and those services being provided by the facility.

The findings include:

1. Record review of Resident #1 on . . . revealed that the Hospice Service Plan does not indicate what staff is providing assistance with . . . administration.
2. Observation of Resident #1 during tour of facility, a home care Certified Nursing Assistant (CNA) admitted to adjusting . . . flow meter to a level above prescribed physician order.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Gulf Coast Village Assisted Li
1333 Santa Barbara Blvd
Cape Coral, FL 33991

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 by a representative 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 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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Enclosure: State Form

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