STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911992	11/17/2014
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)		

Revisit Corrected Tags:
0025-Resident Care - Supervision-10/30/2014
0026-Resident Care - Social & Leisure Activities-10/30/2014
0030-Resident Care - Rights & Facility Procedures-10/30/2014
0031-Resident Care - Third Party Services-10/30/2014
0078-Staffing Standards - Staff-10/30/2014
0081-Training - Staff In-Service-10/30/2014
0082-Training - Hiv/aids-10/30/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-10/30/2014
0090-Training - Do Not Resuscitate Orders-10/30/2014
0093-Food Service - Dietary Standards-10/30/2014
0152-Physical Plant - Safe Living Environ/other-10/30/2014
Z815-Background Screening; Prohibited Offenses-10/30/2014

A follow-up to the Biennial survey for Gulf Winds, as Assisted Living Facility (ALF) located in Venice, Florida was conducted on 11/17/14.

All previous deficiencies have been corrected.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

0031-Resident Care - Third Party Services 58A-5.0182(7) FAC

0078-Staffing Standards - Staff 58A-5.019(2) FAC

0081-Training - Staff In-Service 58A-5.0191(2) FAC

0082-Training - HIV/AIDS 58A-5.0191(3) FAC

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

0090-Training - Do Not Resuscitate Orders 58A-5.0191(11) FAC

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 21, 2014

Administrator
Gulf Winds
2745 Venice Avenue East
Venice, FL 34292

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on November 17, 2014 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), 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,

Jon Seehawer, R.N.
Acting Field Office Manager

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Enclosure: State Form

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