STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911992	01/13/2016
NAME OF PROVIDER OR SUPPLIER GULF WINDS	STREET ADDRESS, CITY, STATE, ZIP CODE 2745 VENICE AVENUE EAST VENICE, FL 34292	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced monitoring visit was conducted on / / at Gulf Winds, an Assisted Living Facility in Venice, Florida.

The facility received citations as a result of this survey.

0077 Staffing Standards - Administrators

Based on staff interviews and record review, the facility did not have an Administrator who is responsible for ensuring appropriate care for the residents, management of the staff and the day to day operations of the facility.

The findings included:

An interview was conducted with Staff A at 11:00 a.m. She stated she is no longer the Administrator. She resigned this position as of /.

A review of the facility staff schedule showed there was no one in the position of the Administrator.

A review of an e-mail sent to The Agency for Health Care Administration Assisted Living Unit in Tallahassee dated / by Staff A showed Staff A's last day of being the Administrator of the facility was /. An attachment of this e-mail also showed Staff A's e-mail to Staff C resigning as the administrator effective /.

Staff C responded to Staff A's e-mail on and accepted her resignation. An e-mail was sent to the Agency for Health Care Administration Assisted Living Unit on / / from the Area Office 8. The Assisted Living Unit showed they have not been notified of a new administrator. An interview was conducted with Staff D at 2:37 p.m. by phone on / /. She stated she is not the administrator.

An interview was conducted with Staff C on / / at 3:30 p.m. by phone. He stated he has not notified The Agency for Health Care Administration Assisted Living Unit Office in Tallahassee of the new Administrator.

Class III

0079 Staffing Standards - Levels

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SUMMARY STATEMENT OF DEFICIENCIES
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Based on review of the activity calendar and staff schedule, observation, and staff interviews, the facility failed to ensure they have enough staff to provide residents with activities and there is no one designated in writing to be in charge when the Administrator is absent.

The findings included:

1. A review of the activity calendar showed activities will be offered from 10:00 a.m. through 11:15 a.m. and 1:30 p.m. through 3:15 p.m. Observation on / / during these two times showed staff did not offer the residents any activities. A review of the staff schedule showed there were three staff scheduled from 6:00 a.m. to 2:00 p.m. and one staff from 11:00 a.m. through 3:00 p.m. The census in the facility was 27 residents.

An interview was conducted with Staff A on / / at 2:30 p.m. She stated one staff left this morning to take one resident to a doctor's appointment. However, the housekeeping staff, which is trained, is able to help residents with activities.

Observation at 1:20 p.m. showed the staff who took one resident to the doctor's appointment arrived back at the facility. There were four staff members available to offer residents activities from 1:30 p.m. through 3:15 p.m. The surveyor left the facility at 3:45 p.m. and no activities were offered to the residents from 9:30 a.m. through 3:45 p.m. on /

2. An interview was conducted with Staff A at 11:00 a.m. on / /. She stated she is no longer the Administrator. She resigned this position as of / . A review of the facility staff schedule showed there was no one in the position of the Administrator. The staff schedule showed Staff A works Mondays, Wednesdays, and Fridays.

An interview was conducted with Staff A at 2:30 p.m. on / /. She stated no one put her in charge of the facility and there is nothing in writing of who is in charge of the facility since there is no Administrator.

An interview was conducted with Staff C on / / at 3:30 p.m. by phone. He stated the new Administrator starts at the facility on / /. He did not put, in writing, anyone in charge of the facility in the absence of the Administrator.

Class III

0093 Food Service - Dietary Standards

Based on observation, resident record review, observation, and staff interviews, the facility failed to

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

ensure 1 (Resident #1) of 1 resident was served his prescribed diet.

The findings included:

A review of Resident #1's health assessment dated showed he is prescribed a mechanical soft diet.

Observation on at 12:15 p.m. revealed Resident #1 was served chicken tenders, corn and french fries.

An interview was conducted with the food service staff on at 12:50 p.m. She stated she serves Resident #1 a regular diet. She was not given an order for mechanical soft.

Another interview was conducted with Staff A at 12:50 p.m. She stated she was not aware Resident #1 had a mechanical soft diet. Resident #1 was admitted to the facility on He has been given a regular diet since admission.

A review of the resident diet list in the kitchen showed Resident #1's name was not on it as of 12:55 p.m. The food service staff said if the resident's name is not on the diet list she serves them a regular diet. A review of this diet list at 1:50 showed Resident #1's name on the list with a mechanical soft diet.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Gulf Winds
2745 Venice Avenue East
Venice, FL 34292

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2016 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will continue to monitor your facility.

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,

for;
Jon Seehawer, R.N.
Field Office Manager

sh
Enclosure: State Form

XG90

Fort Myers Field Office
2295 Victoria Avenue, Room 340
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax.(239) 338-2372
AHCA.MyFlorida.com