STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911992	04/04/2016
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 Monitor survey was conducted on at Gulf Winds, an Assisted Living Facility in Venice, Florida.

The following is description of deficiencies.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to have a complete Health Assessment (Form 1823) for 2 (Residents #1 and #4) out of 3 Resident records reviewed.

The findings included:

1. Record Review of Resident #1 Health Assessment (1823) dated revealed no notation by health care provider of needed nursing services or or behavioral needs. No notation if resident needs assistance with medication self-administration.

2. Record review of Resident #4 Health Assessment (1823) dated revealed no notation if resident needs assistance with medication self-administration.

3. During Interview with Executive Director on at 4:00 p.m., she reported she was not aware the Health assessments (1823) were not complete.

Class III

0025 Resident Care - Supervision

Based on observation, record review, and interview, the facility failed to provide care and services appropriate to the needs of 1 (Resident #1) out of 3 Residents reviewed.

The findings included:

1. During the tour of facility on observed Resident #1 receiving nasal cannula at 1 liter. The resident reported he takes care of his

Record review of the resident's health care provider order dated revealed: "Inform resident to reduce to 1 liter to keep (reading via oximeter) 89-93%."

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2. During interview with Executive Director on at 5:00 p.m., she reported Resident #1 has not been recording the number because his oximeter has been broken for one month.

The facility had no record of oximeter readings and was not aware resident's oximeter was broken and the health care provider order was not followed.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review, and interview, the facility failed to provide privacy blinds in 9 resident and 1/2 bed rail for Resident #7 observed to be not fixed to bed frame.

The findings included:

1. During tour of facility on privacy blinds were missing from glass sliding doors to outside in following : 7, 10, 11, 12, 15, 16, 17, 19, and 20. Record review of facility resident agreement revealed: "facility will provide appropriate window dressing."

2. During tour of facility on observed 1/2 bedrail ordered by health care provider for Resident #7 was not attached to bed frame, loose with a gap greater than 4 inches between mattress and rail when shaken.

3. During interview with Executive Director on at 11:15 a.m., she reported she was not aware the bed rail was not safe and privacy blinds were needed.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to have an environment for the residents free from hazards.

The findings included:

During tour of facility on observed the following:

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

- chair on outside patio dirty, stained;

Facility hallway rug dirty;

- celling has stains, wall paint missing near corner of ;

- toilet guard rail arms have cracks, railing is loose, caulking around toilet rust colored;

Ceiling outside - peeling and stained;

- screen on sliding glass door to outside broken and has open areas;

- strong odor of , floor sticky when walked on;

- brown stains noted on ;

- not working, cap cover missing over screw on toilet base;

- Glass sliding door to outside has no screen;

Scuff marks noted on wall outside ;

- broken window ;

- rug has stains;

2. During Interview with Executive Director on at 11:50 a.m., she reported she will address issues with resident .

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 monitoring 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 within thirty days of the date of this letter unless the Agency has approved another timeframe. **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 conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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.
Field Office Manager

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Enclosure: State Form

XG90

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Fort Myers, FL 33901
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