

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/22/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911992	(X3) DATE SURVEY COMPLETED 06/23/2016
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 complaint survey for CCR #2016005371 was conducted on 6/22/16 through 6/23/16 at Gulf Winds, an Assisted Living Facility, (license #7804), in Venice, Florida.

The complaint contained two allegations, of which one allegation was substantiated without deficiency and one allegation was unsubstantiated.

No deficiencies related to this complaint were found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 22, 2016

Administrator
Gulf Winds
2745 Venice Avenue East
Venice, FL 34292

RE: CCR #2016005371

Dear Administrator:

This letter reports the findings of a complaint survey completed on June 23, 2016 by representatives of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified related to this complaint during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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