STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911992	R
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 revisit survey was conducted from through at Gulf Winds, an Assisted Living Facility, (license #7804), in Venice, Florida.

This is a follow-up to the monitoring visit survey completed on / / .

The following is a description of the deficiencies found at the time of this visit.

0078 Staffing Standards - Staff

Based on personnel record review and staff interview, the facility failed to:

a: Ensure within 30 days after beginning employment, newly hired staff submitted a written statement from a health care provider documenting that the individual does not have any signs or symptoms or communicable for 1 (Staff Q) of 9 staff records reviewed.

b: Maintain documented evidence of a negative examination on an annual basis for 1 (Staff H) of 9 staff records reviewed.

c: Maintain time sheets for all staff.

The findings included:

1. Staff personnel records review on / revealed the following:

a. Staff Q was hired / / as a Certified Nurse Aide. Staff Q had no documentation of freedom from communicable statement in the personnel record.

b. Staff H was hired / / as a medication technician. Staff H had no documentation of a current negative examination on file. The examination on file was dated / / .

In an interview on / / at 10:00 a.m. with the Administrator, she confirmed there was no documentation of communicable for Staff Q and that Staff H had an out of date examination.

2. In a further interview on / / at 12:18 p.m. the Administrator said they do not maintain time sheets. There is no place in the facility where staff punch in or sign in. The facility license capacity is

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50.

Class III

0092 Food Service - General Responsibilities

Based on one of four resident records reviewed, observation and staff interview, the facility failed to provide Resident #36 with his prescribed diet.

The findings included:

A review of Resident #36's health assessment dated / showed he is to have a regular mechanical soft diet.

Observation on / at 12:00 p.m. showed staff served Resident #36 a regular diet.

An interview was conducted with the Administrator on / at 2:15 p.m. She stated Resident #36 is on a regular diet. She does not have his name on the list of residents with a different diet that is posted in the kitchen. A review of the list posted in the kitchen showed Resident #36 is not on this list.

On / at 2:30 p.m. the Administrator reviewed Resident #36's health assessment dated . She confirmed Resident #36 is on a regular mechanical soft diet.

Class II

0093 Food Service - Dietary Standards

Based on observation and staff interviews, the facility failed to ensure there was a supply of eating ware sufficient for all residents and failed to ensure there was the capacity to store enough water to meet the needs of the residents in case of an emergency.

The findings included:

1. Observation on / at 12:35 p.m., showed staff serving residents their desserts on styrofoam plates. An interview was conducted with Staff V on / at 1:45 p.m. She stated the facility does not have enough saucers for the desserts and that is why she uses styrofoam plates.

Observation on at 1:30 p.m., showed four saucers stored in a kitchen cabinet. An interview was

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conducted with Staff U on / at 1:30 p.m. She stated there are about four more saucers in the sink being cleaned. She stated they need more saucers for the desserts.

2. A review of the census showed there were 22 residents residing in the facility. On / at 2:30 p.m., a review of the emergency water supply showed there were 10 that hold 5 gallons of water for each . These were empty. According to their census the facility needs 66 gallons of water for emergency purposes.

An interview was conducted with the Administrator on / at 2:30 p.m. She stated she has the for 55 gallons of water and is not aware of any more containers to hold water.

Class III

0120 Fiscal - Financial Stabilitv

Based on records reviewed and staff interview, the facility failed to maintain accurate business records. The facility did not show 3 (Residents #2, #18, and #19) of 22 residents receiving refunds when they paid the facility more then what their contracts shows.

The findings included:

1. An interview was conducted with the Administrator on at 9:30 a.m. A request was made to review Residents #2, #18, and #19's file for refunds. These overpayments were identified on the / financial monitoring survey. The Administrator stated she will notify the facility's corporate office for these requests. As of 3:15 p.m. the Administrator did not receive any information from the corporate office concerning this request. The Administrator looked through her financial records. She stated she was not able to find, in her papers, any refunds for these three residents.

2. As of Resident #2 overpaid the facility $5,400.00. This was cited on the financial monitoring survey. A review of the admission/discharge log showed Resident #2 was discharged from the facility on /. The Administrator showed Resident #2 paid $3,400.00 for 's rent and $3,400.00 for 's rent. Resident #3's contract dated / showed she is to pay $2,500.00 each month. There was no 30-day rate increase notice in Resident #2's file. Resident #2 overpaid the facility $7,200.00. The Administrator stated she does not have any information showing the facility reimbursed Resident #2 $7,200.00.

3. Resident #18's contract dated showed he is to pay $1,600.00 each month. As of / Resident #18 overpaid the facility $2,400.00. This was cited on / / for the financial monitoring

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survey. A review of the admission/discharge log Resident #18 was discharged from the facility on . An interview was conducted with the Administrator at 3:15 p.m. on . She stated she does not see any information showing Resident #18 received a refund of $2,400.00. She also was not able to find any payments from Resident #18 except a $400.00 payment in 2015. There was no documentation showing Resident #18 received reimbursement of $2,400.00.

4. The Administrator also stated she does not see any information showing Resident #19 received a refund of $250.00. This was cited on / for the financial monitoring survey. A review of Resident #19's new contract dated / shows she is to pay $2,000.00 each month. A review of documentation shows Resident #19 is paying $2,000.00.

5. The Administrator stated she started working as the Administrator at this facility / / . She was not aware these residents required refunds. She has notified the corporate office concerning this issue but has not heard from them. Another interview was conducted with the Administrator on / at 12:45 p.m. She stated she has not heard from the corporate office concerning this issue.

Class II

0123 Fiscal - Resident Trust Funds

Based on resident records reviewed and staff interview, the facility failed to obtain/maintain a separate bank account for resident fund and co-mingled the resident fund with the facility funds for 2 (Residents #14 and #22) of 22 residents reviewed. The facility is acting as representative payee/cashier for and reviewed for safekeeping of funds.

The findings included:

1. An interview was conducted with the Administrator on / at 9:30 a.m. She stated she does not have any residents with trust accounts. She will request this information from the facility's corporate office. Another interview was conducted with the Administrator on / at 3:15 p.m. She stated she did not receive any information from the corporate office concerning resident trust accounts.

2. Resident #14 was to receive a reimbursement from the facility for $1,233.90. This was cited on on the financial monitoring survey. The Administrator stated she does banking at Suntrust Bank in Venice. She does not have any account at this bank for residents in her facility. She is not aware Resident #14 is to have this money.

3. A review of Resident #22's accounting sheet shows he receives an extra $357.00 each month from

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his social security check and Sunshine Health check. This accounting sheet shows he has a balance of $2,291.00 in his trust account. An interview was conducted with the Administrator on at 2:45 p.m. She stated both his social security check and Sunshine Health check is deposited in the Suntrust Bank account with the other business funds. There is no separate bank account for Resident #22. The facility is co-mingling bank funds with Residents #14 and #22's funds.

Class II

0125 Fiscal - Suretv Bonds

Based on three of three resident records reviewed and staff interview, the facility failed to obtain a surety bond for twice the amount of money handled that the facility is acting as representative payee.

The findings included:

An interview was conducted with the Administrator on / at 10:00 a.m. She stated the facility has no surety bond.

A review of resident checks to the facility was conducted.

A check from Humana for $1,200.00 shows Gulf Winds as the payee. The Administrator identified this check for Resident #9's rent.

A check from social security show "Gulf Winds ALF for (Resident #21)" is the payee. The Administrator stated this check is for Resident #21's rent.

There are two checks "Pay to the order of Gulf Winds..." for Resident #22. These two checks are from social security and Sunshine Health. The Administrator identified these two checks for Resident #22's rent.

The Administrator stated she called the corporate office to see if there is a surety bond. By 3:15 p.m. on / the Administrator stated she has not seen any surety bond from the corporate office.

Class III

0152 Phvsical Plant - Safe Livina Environ/Other

Based on observation, staff interview and six of twelve resident records reviewed, the facility failed to

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provide a safe living environment for all residents living at this facility.

The findings included:

1. A tour of the outside of the facility was conducted on / at 12:30 p.m. On the south side of the building there was a brown fence that was broken and part of it lying down on the ground. The surveyor was able to walk to the back yard through the broken fence. The back yard had grass grown to approximately 1 foot tall. There was a pond in the back yard. This pond is exposed to the facility residents. Residents are able to walk to the back yard from the north side of the building. There was no fence on the north side of the building. Observations throughout the course of the survey for the two days showed residents walk in and out of the building without supervision of the staff.

2. On 6 at 1:30 p.m. observation of the facility exterior revealed the following:

a. Grass at least a foot high.

b. palm fronds on ground and hanging from trees.

c. Dirty, moldy lawn chairs. One chair has a hole in the seat.

d. Large pile of wood.

e. Broken white fence.

f. Broken brown fence that leads to an unsecured pond at rear of property.

g. Large, rusty blue container lying on its side.

h. Rotten door fame on rear exit door.

i. Front door sticks and is difficult to open.

j. A broken wooden bridge on north side of property.

3. On at 1:30 p.m. observation revealed discolored flooring at the facility front entrance remains. The Executive Director was interviewed at the time of the observation. She said there is "No plan to replace as facility is up for sale and it is not a danger to the residents."

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4. On / at 2:00 p.m. observation revealed a worn headrest on the recliner in the front television area.

5. An interview was conducted with the Administrator on at 12:50 p.m. She stated residents are free to walk throughout the building and outside of the building. She does not think any residents are at risk with the pond being exposed. A review of Residents #3, #12, #11, #16, #17, and #38s' health assessments showed they are all at risk for . Since the grass is approximately one-foot-tall and is next to the pond, residents who would walk through this grass have a risk to .

Class III

Z815 Background Screening: Prohibited Offenses

Based on record review and interview, the facility failed to ensure staff had an eligible Level II background screen for 1 (Staff H) of 9 staff records reviewed.

The findings included:

Staff H was hired as a medication technician on / /. Record review revealed a level II background screening with an eligibility date of / /. A review of Staff H's previous jobs showed she worked in 2014. There was no other previous employment documented. This shows a more then 90-day break in service.

On at 10:00 a.m. the Administrator confirmed the background screen was not current. She said the background screen had previously been submitted but the former administrator did not follow up on it. The Administrator said she had to send in a clearinghouse background screening resubmission online payment and provided documentation that it was sent on / .

Unclassified

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11911992 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
GULF WINDS	2745 VENICE AVENUE EAST VENICE, FL 34292

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0008	Correction	ID Prefix A0010	Correction	ID Prefix A0025	Correction
Reg. # 429.26(4-6) FS; 58A-5.0181(2) FAC	Completed	Reg. # 429.26(1&9) FS; 58A-5.0181(4) FAC	Completed	Reg. # 429.26(7) FS; 58A-5.0182(1) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0026	Correction	ID Prefix A0030	Correction	ID Prefix A0031	Correction
Reg. # 58A-5.0182(2) FAC	Completed	Reg. # 58A-5.0182(6) FAC; 429.28(1-2) FS	Completed	Reg. # 58A-5.0182(7) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0052	Correction	ID Prefix A0077	Correction	ID Prefix A0079	Correction
Reg. # 58A-5.0185 (3)	Completed	Reg. # 429.176 FS; 58A-5.019(1) FAC	Completed	Reg. # 58A-5.019(3) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0081	Correction	ID Prefix A0082	Correction	ID Prefix A0083	Correction
Reg. # 58A-5.0191(2) FAC	Completed	Reg. # 58A-5.0191(3) FAC	Completed	Reg. # 58A-5.0191(4) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0084	Correction	ID Prefix A0090	Correction	ID Prefix A0163	Correction
Reg. # 58A-5.0191(5) FAC	Completed	Reg. # 58A-5.0191(11) FAC	Completed	Reg. # 429.49 FS	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
☒	[illegible]	8/22/2016	Paul Asselin, RNS	8-22-16
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11911992 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0165	Correction	ID Prefix A0167	Correction	ID Prefix AZ816	Correction
Reg. # 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC	Completed	Reg. # 58A-5.025 FAC	Completed	Reg. # 408.809(2)(a-c) FS	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☑	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
		8/22/2016	Witness for: Paul Nesbitt, RNS	8-22-16
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**
FOLLOWUP TO SURVEY COMPLETED ON 9/24/2015	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?			☐ YES ☐ NO

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 revisit survey conducted on , 2016 by representatives of this office. Attached are the provider copies of the State (5000-3547) Form and Revisit Report, which reference the corrected deficiencies and remaining deficiencieidentified during the revisit. All citations must be corrected by no later than 29, 2016.

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 surveyors. 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 and Revisit Report

BBT7

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