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 deficiency found at the time of this visit.

0152 Physical Plant - Safe Living Environ/Other

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

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

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."

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

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 Reg. # 429.26(4-6) FS; 58A-5.0181(2) FAC LSC	Correction Completed	ID Prefix A0025 Reg. # 429.26(7) FS; 58A-5.0182(1) FAC LSC	Correction Completed	ID Prefix A0030 Reg. # 58A-5.0182(6) FAC; 429.28(1-2) FS LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☒	REVIEWED BY (INITIALS)	DATE 8/22/2016	SIGNATURE OF SURVEYOR Paul Asdale, RNS	DATE 8-22-16
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 4/4/2016	☐ 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 deficiency identified during the revisit. All citations must be corrected by no later than , 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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