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 and revisit 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 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 1:00 p.m. The fences were broken and down in places. 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. 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 at 1:00 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. Rotten door fame on rear exit door.

h. Front door sticks and is difficult to open.

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

3. On at 9:30 p.m., observation revealed discolored flooring at the facility front entrance remains.

4. On at 12:00 p.m., observation of the recliner in the front television area found the headrest to be be worn through. At this time the manager stated the resident prefers sitting in the chair so a blanket is placed over the worn spot.

5. On at 10:00 a.m., the current manager stated residents are free to walk throughout the building and outside of the building. A review of Residents #3 and #16's health assessments showed they are 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 .

6. In addition to the concerns identified above, half of the resident on the front hall were flooded from the recent heavy rain. The ceiling in the front reception area, the dining area, and the kitchen were leaking water from holes in the ceiling and from ceiling mounted light fixtures. The roof over the front half of the facility is compromised. This was determined by an insurance adjuster and a contractor on . These two estimators stated there is major moisture incursion and mold in the front half of the building and will require a complete re-roofing. On and , the local Health Department inspectors stated residents cannot inhabit the six on the front hallway.

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 second State Licensure Revisit Survey completed on 9, 2016 by representatives of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. All deficiencies shall be corrected no later than , , 2016.

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

YOSF

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