STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911992	09/09/2016
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, CCR #2016009443 was conducted on / through at Gulf Winds, an Assisted Living Facility, (license #7804) in Venice, Florida in conjunction with a revisit for prior surveys.

The complaint contained 4 allegations, of which 4 of 4 allegations were substantiated with deficiencies.

The following is description of the deficiencies.

0027 Resident Care - Arrangement for Health Care

Based on observation and interview, the facility failed to provide or arrange for transportation to medical appointments.

The findings included:

During a tour of the facility and grounds, it was observed there was no vehicle available to provide transportation of residents.

On / at 12:36 p.m., the Acting Administrator said the facility had a van but the owner took it back to California with him a few months ago without ever telling the staff that this was going to happen. She said following this, Resident #14 missed an orthopedic appointment as no transportation was available. At that time, she offered to take the resident to the appointment in her personal vehicle but the former Administrator said no. The current Administrator said most residents have family/Power of Attorneys to transport them to appointments and it is the responsible party that has to arrange the transportation. It is the residents without Power of Attorneys who are the ones they have problems getting anywhere. She also said she has contacted Sarasota County Area Transit (SCAT public transportation service) but they refused to come here unless there are 3 residents to pick up.

Class III

0056 Medication - Labeling and Orders

Based on observation, record review and interview the facility failed to: (1.) ensure that any changes in directions for use of a medication is accompanied by a written medication order from the residents' health care provider and record the new direction in the resident's Medication Observation Record (MOR) for 3 (Residents #14, #1 and #6) out of 15 residents and: (2.) the facility failed to make every

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reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication are filled or refilled in a timely manner for 4 (Residents #25, #32, #9 and 14) out of 15 residents.

The findings included:

Changes in directions for medication administration.

1. A review of the MOR for Resident #14 on . The MOR indicated: HYC cap 50 mg take 1 capsule by mouth once daily. The Pharmacy label indicated 100 mg. take 1 capsule by mouth once daily. The MOR indicated Proair HFA 90 mcg inhale 2 puffs every 6 hours as needed for complaint of . The Pharmacy label indicated Proair HFA 90 mcg inhaler, inhale one puff every 4 hours as needed for . At this time the facility Manager admitted she hadn't noticed the discrepancies and would call the resident's MD to get the correct information.

2. A review of MOR for Resident #1 on , MOR showed 600 mg tablet ER, take one tablet by mouth once daily for and mucus. The Pharmacy label indicated tab 600 mg ER Take one tablet by mouth every 12 hours for and thick mucus. The Physician order found in resident chart dated / stated 600 one every twelve hours for and thick mucus. The MOR also showed 100 mg cap take one capsule by mouth once daily. The pharmacy label indicated cap 100 mg take one capsule by mouth twice daily. The Physician order dated / found in chart indicated take one capsule by mouth twice daily.

3. A review of MOR for Resident #6 on / MOR showed 5 mg tab take one tablet by mouth once daily and is scheduled at 8 a.m. The Pharmacy label indicated: 5 mg tab Take one tablet by mouth daily at bedtime for , or for . The facility Manager reviewed the resident's file and the only order for this she could find was a discharge prescription form dated / stating , 10 mg by mouth every morning. At this time, she stated the resident has his medications filled by the Veterans Administration and it is very difficult to get information from them.

Filling resident prescriptions.

1. A review of MOR for Resident #25 on / showed Clear Cap 50 mg take one capsule by mouth twice daily but is signed for as not given in the last 12 days. Observation of medication cart did not show this medication on hand for resident. At this time the facility Manager said the residents Power of Attorney (POA) is who provides this medication and they are on vacation and unreachable.

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2. A review of the MOR for Resident #32 on / / MOR revealed tab 50 mg take one tablet by mouth every 6 hours as needed for pain. Observation of the medication cart did not show this medication on hand. At this time the facility Manager said she finds no order for this in the residents file and is unsure whether this should be a current medication or not.

3. A review of MOR for Resident #9 on , MOR showed pain tab 650 mg, for 8 hour, take 2 tablets (1300 mg) twice daily diagnosis: pain. Observation of medication cart did not show this medication on hand. The MOR indicated the medication had not been given at all this month. A note, which was undated and unsigned, attached to MOR indicated following up with pharmacy on pain 650 mg. At this time the facility Manager admitted she really didn ' t know what was going on with this medication.

4. A review of MOR for Resident #14 on / / MOR showed cap 75 mg ER for take 3 capsules by mouth once daily, One Daily tablet Mult-vit take one tablet by mouth once daily, tab 10 mg for take 1 tablet by mouth once daily, spray 50 mcg use 2 sprays in each nostril once daily and 500 mg take 1 tablet by mouth twice daily. Observation of the medication cart did not show these medications on hand. A review of MOR showed hadn't been given in 2 days, Multi hadn't been given in 24 days, hadn't been given in 9 days, hadn't been given in 9 days, hadn't been given in 5 days. The MOR also showed / take one tab by mouth three times a day and scheduled 8 am, 2 pm and 8 pm. The bottle indicated take one tablet by mouth every 8 hours as needed for pain. The medication has not been given in 30 + days.

On at 10 a.m. the facility Manager said Resident #14's insurance has met its max and the pharmacy won't refill them anymore. She said she spoke to the ARNP on / / who advised her to send Resident to the Emergency get the prescriptions filled and these are the medications she was sent home with. The facility Manager admitted no one had noticed the discrepancy between the MOR/bottle with the or the ProAir and she would call the MD. The facility Manager said they haven't been giving the due to the discrepancy between the MOR/bottle and said they have contacted the ARNP multiple times and it still hasn't been resolved. The facility Manager had not contacted the MD about the medications running out since the last ER visit.

On at 11:30 a.m. in a telephone call the financial clerk from the pharmacy, explained Resident #14 has a co-pay with her medications and there have been no payments made to the account in over a year, and they have reached out to Resident #14 and Gulf Winds, but no payment has been made. The clerk said, "With Gulf Winds specifically, we've been giving so much leeway, but then all communication from the facility stopped a couple months ago." She said the pharmacy sent a final termination letter to Resident #14 and Gulf Winds on , 2016.

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Review of Pfizer website for indicates; A gradual reduction in the dose, rather than abrupt cessation, is recommended whenever possible. In clinical studies with XR, tapering was achieved by reducing the daily dose by 75 mg at one-week intervals. Individualization of tapering may be necessary. If the decision has been made to discontinue treatment, medication should be tapered, as rapidly as is feasible, but with recognition that abrupt discontinuation can be associated with certain symptoms. Abrupt discontinuation or dose reduction of at various doses has been found to be associated with the appearance of new symptoms, the frequency of which increased with increased dose level and with longer duration of treatment. Reported symptoms include agitation, anorexia, , , coordination and balance, , , drv mouth, dysphoric mood, fasciculation, fatigue, , , hypomania, , nervousness, nightmares, sensory disturbances (including ' -like electrical sensations), somnolence, sweating, tremor, , and

On at 1:00 p.m., Resident #14 was in her darkened , lying in bed with the covers on. She said she thinks she gets all of her medications. She stated she had and gets it at least once a week. She denied any nasal or " symptoms. She said she has been very for a couple of days stating, "Some of the people here just chew at you. I just want to get out of here. I'm sure the staff would like me to get out of here too." She did not elaborate on this any further. She said, "I always have pain in my leg especially since I've been having to try to walk."

On at 1:45 p.m., the facility Manager admitted she hadn't been aware of many of the discrepancies between labels and the MORs, nor had she been aware of some of the medications that were not on hand. She said she just took the position after the last facility Manager left on , and was in the process of learning and will be attending CORE training in . She said she and the med techs will put more focus into getting the medications, MORs, and orders correct.

Class II

0120 Fiscal - Financial Stability

Based on records reviewed and staff interview, the facility failed to maintain accurate business records that identify and classify funds received. The facility did not identify and separately account for funds received and funds were not dispensed for 1 (Resident #14) of 14 residents in the facility to maintain her medications. Also, the facility is not operating on a sound financial basis in that necessary repairs, maintenance, and upkeep has not been performed and funds are not available to meet these expenses.

The findings included:

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In an interview on / at 9:00 a.m., the on-site manger said whenever she receives checks at the facility for residents, she deposits them in the bank. She says there is only one bank account for the facility. The manager said the bills are paid by management company.
In a phone interview on / at 1:30 p.m. the director of the management company operating the facility, said all money received from residents and for residents, in the case of direct payments from Social Security, pension funds, and retirement accounts is deposited in the facility operating account. The director said the funds are used for daily operations. The expenses of payroll, food purchases, and utilities are being met by the rent payments from residents.

There was no documentation of separate accounting for the resident funds for which the facility is the representative payee. Resident #14 is not getting medication because the co-payment for pharmacy benefits is not being paid from the Social Security payment received by the facility.

The director stated all capital improvements come out of his own pocket. The air conditioner unit for the resident sleeping area of the building has been replaced. The director stated he personally paid for the replacement of the air conditioner unit. He stated he has not taken any management fees or used operating funds for repairs or capital improvements.

Other than replacement of an air conditioning unit, there have been no improvements to the facility.

There is roof damage to the front half of the facility. The resident on the front hall have been 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. The on and / , the local county Health Department inspectors stated residents cannot inhabit the six on the front hallway. The contractor stated the work that can be done will depend on the insurance claim payment. Completion of the roofing project will depend on the management company's ability to make up the difference between the cost of the project and the amount paid by the insurance company.

The director of the management company acknowledged the facility is financially restricted and close to not having enough funds to be sustainable. The director has infused personal funds to maintain the facility.

Class II

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0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, 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. As identified in prior surveys and uncorrected, the exterior of the facility and the grounds were not properly maintained. The fences remain broken and down in places. The entire yard had grass grown to approximately 1 foot tall. The pond in the back yard is exposed to the facility residents and the landscaping around the pond and around the building is hazardous. There have been no safety improvements to the facility.

2. In addition to the concerns identified above, half of the resident on the front hall had 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 / /. On / / at 11:45 a.m., 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. The Health Department inspectors also stated the ceiling in the kitchen needs to be repaired in order to continue operations in the kitchen. The facility was given two weeks by the Health Department to accomplish the repairs.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Gulf Winds
2745 Venice Avenue East
Venice, FL 34292

RE: CCR #2016009443

Dear Administrator:

This letter reports the findings of a state licensure survey that was completed on , 2016 by representatives 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 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

XG90

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