STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911992	12/07/2016
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 #2016011663 was conducted on 12/7/16 at Gulf Winds, an assisted living facility (license #7804) in Venice, Florida.

The complaint contained 3 allegations which were substantiated with deficiencies.

The following is a description of the deficiencies.

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on interview and record review, the facility failed to ensure the facility was under the supervision of an administrator. The administrator is responsible for the operation of the facility as well as the care of the 15 current residents in this 50-bed facility. The residents have been at extensive and on-going risk with no responsible administrator in authority.

The findings included:

On / review of the facility on the Agency for Health Care Administration (AHCA)'s website FloridaHealthFinder.gov revealed the administrator "Not Available". There was no one identified as administrator of record.

In interviews on around 9:00 a.m., Caregivers Staff A, B, and D confirmed there has been no administrator at the facility since the former administrator left in 2016.

In an interview on at 11 a.m., Certified Nursing Assisted (CNA) Staff C said the former administrator left on / . The former administrator notified AHCA that she had left the facility. CNA Staff C said there has been no administrator in the facility since that time, but she stepped up as the "acting administrator." She confirmed she was never appointed the position in writing by the court-appointed receiver overseeing the facility. She said she was verbally appointed the manager a day or two after the former administrator left.

Since the former administrator left, the facility has been cited for failing to arrange health care transportation, medication instruction errors, failure to refill medications timely, resident fund mismanagement, and multiple and extensive uncorrected physical plant issues. The facility has a severely damaged and leaking roof. As a result, a large portion of the facility has been closed since due to moisture, mold, and odor.

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On 12/7/16 record review revealed written notification from the court appointed representative dated 12/7/16 (during the survey), stating CNA Staff C "is hereby named my representative designee in charge of the facility."

Class II

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on record review and interview, the facility failed to ensure the menu used by the facility was reviewed on an annual basis by a licensed or registered dietitian and failed to ensure the menu used by the facility posted portion sizes on the menu.

The findings included:

Review of the facility's menu on revealed a 4-week cycle which was reviewed and signed by a registered dietician on (more than a year ago). Further review revealed no portion sizes were listed to ensure nutritional standards are met.

In an interview on / at 9:35 a.m., Certified Nursing Assistant Staff C confirmed the date on the menu and said she knew the menu had not been reviewed since / / . She reported she was told by the former administrator to "Hang on, we are being sold." Staff C added "I figured that would get me in trouble." Staff C admitted she was unaware that portion sizes were to be included with the menu.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to ensure the facility structural system was maintained in good working order.

The findings include:

On / at 8:30 a.m., observation on approach to the facility revealed blue tarps covered the roof. Upon entrance to the facility, the ceiling above the entrance foyer and the ceiling behind the range in the kitchen were observed to be leaking water.

In an interview on / at 11:45 a.m., Certified Nursing Assistant Staff C confirmed there was water leaking from the ceiling in the foyer and behind the stove. She added it had just rained yesterday. She said the blue tarps were installed after the last hurricane and the roofing company was scheduled to

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

replace the roof as soon as the sale of the facility occurs.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

[redacted], 2016

Administrator
Gulf Winds
2745 Venice Avenue East
Venice, FL 34292

Dear Administrator:

This letter reports the findings of a complaint (CCR #2016011663) inspection survey conducted on [redacted], 2016 through [redacted], 2016, by representatives of the Agency for Health Care Administration (Agency). Attached is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) within **five business days** of receipt of this report.

The inspection resulted in findings of non-compliance in the following areas:
St - A - 0077 - 429.176 Fs; 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= G
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Directed Corrective Actions:
A0077- Staffing Standards- Administrators- Class II

The facility failed to ensure the facility was under the supervision of an Administrator. With no Administrator in place, the facility failed to arrange health care transportation, had medication instruction errors, failed to refill medications timely, mismanaged resident fund, and continued to have multiple and extensive uncorrected physical plant issues. The facility has a severely damaged and leaking roof. As a result, a large portion of the facility has been closed since [redacted] due to moisture, mold, and odor. This continues to have the potential to affect all 15 residents at extensive and on-going risk.

Your plan of correction must include the following, which you are directed to implement as indicated below by the time frames specified:

1. The facility must appoint a designated Administrator for the facility in writing by [redacted]. This individual, if not already CORE certified, must take the CORE class and meet all other criteria to be an administrator of an Assisted Living Facility as outlined in 429.176 F.S. & 58A-5.019(1) F.A.C. The individual, if applicable, must take and pass the CORE exam within 90 days of attending CORE training.

2. Implement a written, detailed plan of how the Administrator will monitor the dietary standards including menus, assisting residents with healthcare arrangements, and the correction of the

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significant physical plant issues including roof repair and mold remediation. This plan shall be submitted to the Agency by / .

3. The facility must ensure all unlicensed staff providing assistance with self-administered medications, including the Administrator, complete a minimum of 2 hours of continuing education training on providing assistance with self-administration of medications. The consultant must use the training course approved by the Department of Elder Affairs that is posted on their website at http://elderaffairs.state.fl.us/doea/pubs/pubs/2012Med_Guide.pdf. All unlicensed staff must complete this training no later than .

4. The facility should conduct an audit of any resident funds being handled and provide that information to the field office by / .

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please contact . Amanda Beagles, Survey and Certification Support Branch, at (850) 412-4662 or Jon Seehawer, R.N., Field Office Manager, (239) 335-1315

Sincerely,

Jon eehawer, R.N.
Field Office Manager

SH

D7JR

SM Michelle McGuire
12-22-16

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Tallahassee, FL 32308
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