AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911992	R / /

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GULF WINDS	**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 was conducted on / / at Gulf Winds, an assisted living facility (license #7804), in Venice Florida. This was a follow-up to the complaint survey #2016011663 completed on .

The following is a description of the uncorrected deficiency found at the time of the visit.

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

Based on a review of the facility menu and staff interview, the facility failed to ensure the menu used by the facility was reviewed and signed by a licensed or registered dietitian on an annual basis.

The findings included:

On / / at 11:30 a.m., the facility manager presented the facility menu for review. The manager confirmed the menu has not been reviewed and signed by a dietitian.

A review of this menu showed there was no signature of review by the licensed or registered dietitian.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Gulf Winds
2745 Venice Avenue East
Venice, FL 34292

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2017 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiency identified during the revisit.

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 , 2017.**

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 surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

sh
Enclosure: State Form

BBT7

Fort Myers Field Office
2295 Victoria Avenue, ...
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com