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 was conducted on / / through / / at Gulf Winds, an assisted living facility, (license #7804), in Venice Florida. This was a follow-up to the complaint survey CCR #2016009443 completed on .

The following is a description of the deficiencies that remained uncorrected at the time of the visit.

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on resident record review and staff interview, the facility failed to have physician orders for changes in 1 (Resident #39) of 3 resident's medications and failed to provide medication not ordered discontinued. Failure to maintain correct doctors' orders can result in medication errors or not receiving needed medications.

The findings included:

A review of Resident #39's medications on / / at 10:17 a.m., showed he is taking (used in the treatment of) every night. A review of his physician order dated showed he was to take this medication for 30 days. Further review of his record showed there are no other orders for . The prescription label and Medication Observation Record (MOR) did not indicate Resident #39 will be taking this medication for only 30 days.

On / / at 11:30 a.m., the manager said she reviewed Resident #39's record and confirmed there was no written 30 days on the prescription label and MOR.

Class III

0120 - Fiscal - Financial Stability - 429.17(3) FS: 429.275(1)58A-5.021(1) FAC

Based on facility record review and staff interview, the facility failed to maintain a separate account for resident monies.

429.24 Florida Statutes (2)... Whenever money is deposited or advanced by a resident in a contract as security for performance if the contract agreement or as advanced rent for other than the next immediate rental period:
(a) Such funds shall be deposited in a banking institution in this state that located, if possible, the same community in which the facility is located; shall be kept separate from the funds and property of the

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facility; may not be represented as part of the assets of the facility on financial statements; and shall be used, or otherwise expended, only for the account of the resident.
(b) The licensee shall, within 30 days of receipt of advance rent or a security deposit, notify the resident or residents in writing of the manner in which the licensee is holding the advanced rent or security deposit and state the name and address of the depository where the moneys are being held.

The findings included:

On / at 10:15 a.m., the manager and the administrator said they have one bank account for facility funds. They do not hold resident money at the facility any more.

A review of the admission packet showed the facility request security deposits from residents. The admission packet also showed the security deposit is refundable. Security deposits are considered resident funds and these resident security deposits are place in the facility bank account, not a separate account

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 deficiencies 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,

for:
Jon Seehawer, R.N.
Field Office Manager

sh
Enclosure: State Form

BBT7

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Fort Myers, FL 33901
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