STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105672	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gulf Coast Village	1333 Santa Barbara Blvd Cape Coral, FL 33991

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0848 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide a neutral and fair arbitration process and agree to arbitrator and venue. Based on record review, residents and staff interviews, the facility failed to ensure that the arbitration agreement signed by 3 (Residents #111, #115 and #107) of 3 residents reviewed provided the selection of a neutral arbitrator agreed upon by both parties and provided for the selection of a venue that is convenient to both parties when there is a dispute. This has the potential to affect all residents residing in the facility.The findings included:Review of the Facility provided Arbitration Agreement, attachment J of contract revealed, Disputes . By signing this agreement Resident and Facility agree that the arbitration shall be administered by [name of lawyers association] in accordance with its Rules of Procedure . Location of Arbitration. The Arbitration will be conducted at a site selected by Facility which shall be either at Facility or somewhere within a reasonable distance of Facility that is convenient for both Facility and Resident . Time Limitation for Arbitration . In the event [name of lawyers association] is unable or unwilling to serve . Facility shall select an alternative neutral arbitration service within thirty (30) days after receiving the [name of lawyers association]'s notice and the selected arbitration service's procedural rules shall apply to the arbitration proceeding. Review of the clinical record for Resident #111 revealed an admission date of 4/29/26 and a signed Arbitration Agreement dated 5/1/26. On 5/5/26 at 11:34 a.m., during an interview, Resident #111 verified her signature on the Arbitration Agreement dated 5/1/26 but said she did not remember signing the contract and did not remember anyone discussing the Arbitration Agreement with her. Resident #111 asked if the Arbitration Agreement was for if she thought they were discharging her before she thought she was ready.Review of the clinical record for Resident #115 revealed an admission date of 4/30/26 and a signed Arbitration Agreement dated 5/1/26. On 5/5/26 at 11:40 a.m., during an interview, Resident #115 reviewed and verified his signature on the Arbitration Agreement dated 5/1/26. Resident #115 said he did not remember anyone discussing arbitration with him, did not know what it was and did not remember signing the contract.Review of the clinical record for Resident #107 revealed an admission date of 4/29/26 and a signed Arbitration Agreement dated 5/1/26. On 5/6/26 at 11:50 a.m., during an interview, Resident #107 verified her signature on the Arbitration Agreement dated 5/1/26 but said she did not know if she signed a contract. Resident #107 said that she did not know what an Arbitration Agreement was and no one had explained it to her. Resident #107 asked if it was where you know you go to the hospital and then have to go to rehab.On 5/6/26 at 12:30p.m., in an interview, the Admissions Director said she and her assistant handle the contract signing which includes the Arbitration Agreement (Attachment J). She said they let the residents know the arbitration agreement is optional and they have the option to decline and they explain to them what it means. The Admissions Director said she did not know what would happen if a resident declined to use the arbitration company listed in the Arbitration Agreement for representation. She would have to look into that. The Admissions Director said she would have to look into what would happen if a location within a reasonable distance from facility was not convenient for the Resident. On 5/6/26 at 12:40 p.m., in an interview, the Administrator said she saw where the arbitration agreement was specific to using the Lawyers Association listed in the arbitration agreement as the Arbitrator. She said she was not sure what would happen if the resident was not agreeable to that choice and would have to look into that. She reviewed the section (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0848 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	indicating if the lawyers association listed in the arbitration agreement was unable or unwilling to serve as the arbitrator, then the facility chose the alternative. The Administrator said it offered the resident no choice. She said she would also have to look into what would happen if a location within a reasonable distance of the facility wasn't convenient for the resident.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, review of facility policy and procedure, and staff interviews, the facility failed to develop and implement an individualized care plan to meet the needs of 1 (Resident #104) of 5 residents reviewed for care plan.The findings included:Review of the facility policy, Comprehensive Care Plans dated 4/11/2025 revealed, the facilities will develop and implement a comprehensive, person-centered care plan for each resident that reflects their unique needs, goals, and preferences, and ensures that all services are delivered in accordance with regulatory requirements and professional standards.Review of the clinical record for Resident #104 revealed an initial admission date of 4/16/2026. Diagnoses included but were not limited to, primary osteoarthritis left knee, aftercare following joint replacement surgery, unspecified psychophysiologic insomnia, unsteadiness on feet, muscle weakness (generalized), anemia in other chronic diseases, adjustment disorder with mixed anxiety and depressed mood.Review of the 5-Day Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #104 scored 15 of 15 in the Brief Interview for Mental Status (BIMS), which indicates intact cognition. The MDS noted that Resident #104 was prescribed an anticoagulant (high-risk drug class).Review of Resident #104's Medication Administration Record revealed a physician's order dated 4/17/2026 for Eliquis (anticoagulant) 2.5 milligrams by mouth two times a day for 30 days for anticoagulant.Resident #104's care plan initiated on 4/18/26 failed to reflect the use of the anticoagulant.On 5/6/2026 at 2:00 p.m., in an interview, Registered Nurse Staff A verified that the use of anticoagulants was not included in Resident #104's care plan. She said that it should be listed in the care plan if a resident was on anticoagulants.On 5/7/2026 at 9:40 a.m., in an interview, the Director of Nursing said that when residents are on anticoagulation therapy, it should be reflected on the care plan.