Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969767	A. BUILDING: _____ B. WING _____	R 07/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN HEARTS ASSISTED LIVING LLC	1446 OVERLOOK TERR TITUSVILLE, FL 32780

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A revisit was conducted on at Open Hearts Assisted Living LLC, Titusville. A deficiency was found at the time of the visit.	{A 000}		
{A 085} SS=D	59A-36.011(7) FAC Training - Nutrition & Food Service (7) NUTRITION AND FOOD SERVICE. The administrator or person designated by the administrator as responsible for the facility's food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility. This requirement does not apply to administrators and designees who are exempt from training requirements under paragraph 59A-36.012(1)(b). A certified food manager, licensed dietician, registered dietary technician or health department sanitarian is qualified to train assisted living facility staff in nutrition and food service. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on record review and interview the facility failed to ensure the person designated as responsible for the facility's food service and the day-to-day supervision of food service obtained a minimum of 2 hours education in topics pertinent to nutrition and food service in an assisted living taught by a certified food manager, licensed dietician, registered dietary technician or health department sanitarian. Findings: At 11:30 am on /202 the administrator	{A 085}		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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{A 085}	Continued From page 1 identified herself as the person responsible for the facility's food service and the day-to-day supervision of food service. In a review of the administrator's personnel record on revealed it did not contain documented evidence to indicate she obtained a minimum of 2 hours education in topics pertinent to nutrition and food service in an assisted living facility. At 12pm on the administrator confirmed the findings. Class III	{A 085}		