STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964693	06/18/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Southland Suites Of Ormond Bea	**550 Wilmette Avenue Ormond Beach, FL 32174**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR #2013003510, was conducted on . . . . . Southland Suites of Ormond Beach had deficiencies found at the time of the visit.

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation and staff interview, the facility failed to ensure that a 3-day supply of non-perishable foods was available and also failed to ensure that the water kept by the facility was rotated to ensure safety and palatability.

The findings include:

During a tour of the dry storage the facility on at 10:30 am, the surveyor observed that there were five 5-gallon jugs of water which were not dated, but had evaporated to about half the quantity of their content; 1 of the bottle heads was rusted.

The dry milk powder bags were not dated.
Chef stated at 10:35 am on . . . . . that he threw out all outdated foods and was restocking the emergency food supply gradually. He was hired 3 months ago.

The following were the list of the 3 day supply observed:

2 cans of Ravioli

2 cans of corned beef hash,

1 can black beans

2 cans diced tomatoes

6 cans navy beans

2 cans sliced beets

1 can tuna

1 case of Peas

The census on the date of the survey was 58.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Southland Suites Of Ormond Beach
550 Wilmette Avenue
Ormond Beach, FL 32174

Re: CCR #2013003510

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on . 2013 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2013** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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

Sincerely,

Keisha Woods

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

TG/KW/sm
Enclosure

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