| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11964843 | 06/19/2013 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Our Family & Friends | 850 A Oakridge Road St FL 32086 | |
| 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 complaint survey, CCR #2013003733, was conducted on 2013. Our Family & Friends had deficiencies found at the time of the visit.

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, record review, and staff interview for 6 of 6 residents in the facility (#1, #2, #3, #4, #5 and #6), the facility failed to provide meals that were nutritionally adequate; the facility also failed to follow the menus that were planned by a registered dietitian to ensure that the meals met dietary standards.

The findings include:

During a complaint investigation conducted at the facility on surveyor observed lunch at 12 noon. The facility served vegetable soup and 2 pieces of egg salad sandwich and apple juice for lunch. Surveyor intervened by asking for the dessert. The residential director responded that the residents will be given their dessert at the 2 pm snack, surveyor intervened that the facility should offer the residents their dessert with their meals for a balanced diet. Ice cream was offered to the residents for dessert.

A review of the posted menus for the week beginning and ending revealed that it was not signed by a licensed Dietitian.

Interview with the director at 12:10 pm revealed that the signed menus were not followed. Desserts were not served with the meals but were served as snacks at 10 am, 2 pm and 8 pm.
A review of the posted menus dated through revealed that the facility made up their own menus and did not have it reviewed and signed by a professional to ensure the adequacy of the meals. The facility did not just substitute, but they changed the whole menu.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Our Family & Friends
850 A Oakridge Road
St FL 32086

Re: CCR #2013003733

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, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

TO/KW/sm
Enclosure

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