STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965402	10/07/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Port Orange	1675 Dunlawton Avenue Port Orange, FL 32127	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced biennial licensure survey was conducted at Emeritus At Port Orange on , 2013. Emeritus At Port Orange had deficiencies found at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on staff interview and employee personnel file review, the facility failed to ensure 1 of 5 sampled employees (Employee #5) provided within 30 days of hire, a statement from a healthcare provider that based on a examination within the last six months the employee did not show any signs or symptoms of a communicable including

The findings include:

Record review of the personnel file for Employee #5 (hired) could not locate documention from a health care provider showing Employee #5 was free from communicable based on an examination within the last six months.

The findings were comfirmed by the Administrator on at 4:10 p.m. She could not provide the required documentation.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observations, facility record review, and an interview with the Dietary Service Director (DSD), the facility failed to store a 3-day emergency supply of water and non-perishable foods sufficient for the current census of 91 residents.

The findings include:

An observation of the first seating of the lunch meal was conducted on at 11:45 am in the main dining . There were 35 residents present, all who were served a choice of turkey a la king or beef with . All residents received regular texture diets; there were no mechanically altered or pureed meals served during the lunch meal. An observation of the lunch meal in the memory care neighborhood was conducted at 12:10 pm on . All 19 residents in the dining served the same choice of lunch items. Only two residents received a pureed diet; the remainder were served regular textured meals.

An observation of the emergency food supply found there were insufficient quantities of non-perishable proteins based on the current census of 91 residents. The only non-perishable proteins in store were eleven (11) 5-serving sized cans of pureed beef and pureed chicken, and one (1) 51-ounce can of clams. The entire

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965402	10/07/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Port Orange	1675 Dunlawton Avenue Port Orange, FL 32127	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

emergency water supply, which consisted of approximately 500 gallons, had expired on .

Review of the facility's 3 day disaster menu dated found the following protein items were to be served in the event of an emergency: peanut butter, and canned meats (ham, tuna, chicken). An attached guide indicated the proper amount of each source of protein required for a census of 100 residents: peanut butter- 1 case for the breakfast meal, and 1 additional case if served for dinner; and canned meats-2.25 cases for the noon meal and an additional 1.5 cases if served for the dinner meal.

During an interview with the DSD on at 10:45 am, he acknowledged he had insufficient amounts of non perishable protein on hand in the event of an emergency. He confirmed the water supply had expired, and stated he would need to order more.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Emeritus At Port Orange
1675 Dunlawton Avenue
Port Orange, FL 32127

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on 2013 by representatives 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 surveyors. Should you have any questions please call this office at

Sincerely,

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

KW/sm
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone (904) 798-4201; Fax (904) 359-6054