STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966983	10/16/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Omega Group Home Inc	1209 Nw 35 Pl Cape Coral, FL 33993	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-10/16/2013
0052-Medication - Assistance With Self-Admin-10/16/2013
0081-Training - Staff In-Service-10/16/2013
0084-Training - Assis Self-Admin Meds & Med Mgmt-10/16/2013
0090-Training -
0162-Records - Resident-1

Revisit Repeat Tags:
0093-Food Service - Dietary Standards-58a-5.020(2) Fac

Specific Tag Findings:
On 10/16/13 a follow-up to a Biennial survey was completed at Omega Group Home Inc. an Assisted Living Facility (ALF). All previously cited deficiencies except for A0093 were found to be corrected.

The following is a description of non-compliance:

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

0081-Training - Staff In-Service 58A-5.0191(2) FAC

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

0090-Training - 58A-5.0191(11) FAC

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, record review and interview, the facility failed to post a dated weekly menu, failed to follow the menu, and failed to complete a substitution log.

The findings include:

On Wednesday at 8:30 a.m., 4 residents were observed sitting at the dining table drinking cranberry juice, milk and coffee. The facility's census was 4 residents. Four plates with toast with margarine and sliced banana was observed sitting on the kitchen counter top. It was observed that no food items were being prepared.

On at 8:35 a.m., the Administrator stated the posted menus were on the bulletin board behind the dining table. The Administrator was observed removing a clear plastic sleeve from the bulletin board. It was observed that inside the clear plastic sleeve was menus identified as week 1 - 4. The menus were not dated. The

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Administrator stated the current week is the 3rd week cycle of the approved menus.

Review of the 3rd week cycle of the approved menus notes that Breakfast on Wednesday calls for Ham and Cheese Omelet, Toast/Jelly, Butter, Orange juice, low fat milk and coffee/Tea to be served.

On [redacted] at 8:40 a.m., the Administrator stated the residents do not like ham and cheese so they were serving toast with margarine and sliced banana. She stated that can also give them hot oatmeal. She then instructed Staff A to prepare oatmeal for the residents. The Administrator stated they do not have a substitution log. She stated they give the resident's what they want.

On [redacted] at 8:45 a.m., Resident #1 who is an alert and oriented resident stated she likes ham and cheese. She stated the supper meal served on Tuesday [redacted] was stuffed peppers. She stated stuff pepper was the only item served.

The menu identified as Week 3 of the approved menu cycle for the Supper Meal on Tuesday called for, Bacon Lettuce and Tomato Sandwich, Chicken Noodle Soup, French Fries, Pear Halves, Low Fat Milk, Coffee/Tea.

On [redacted] at 12:15 p.m., it was observed that the Administrator and Staff A were preparing the noon meal. The Administrator was preparing Fish for the noon meal. She stated she was preparing Fish as they did not have Cube Steak. She stated they had not completed a substitution log. The menu identified as Week 3 of the approved menu cycle calls for the Lunch meal for Wednesday to be Cubed Steak and Mashed Potatoes with gravy, Carrot Coins, Biscuit w/butter, Fruit Cocktail, Low Fat Milk and coffee/tea.

On [redacted] at 12:30 p.m., it was observed that they meal that was served consisted of fried fish, corn, Fruit Cocktail, bread with margarine, milk and coffee/tea.

Class III

0162-Records - Resident 58A-5.024(3) FAC

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Omega Group Home Inc
1209 Nw 35 Pl
Cape Coral, FL 33993

Dear Administrator:

This letter reports the findings of a Biennial Revisit survey conducted on . . . . . 16, 2013 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2013.**

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 (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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