STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953545	10/16/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sea View Inn At Forest Lakes	3548 Sea View Street Sarasota, FL 34239	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Specific Tag Findings:
This is the results of an unannounced Complaint Survey, CCR# 2013009868 completed on [redacted] at Sea View Inn at Forest Lakes, an Assisted Living Facility (ALF).

The complaint was done in conjunction with the Biennial survey. The following citation is the result of the complaint survey:

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on record review, interviews and observations, the facility failed to ensure therapeutic diets were served as ordered by the physician; failed to ensure the approved menu was followed; failed to document substitutions prior to meal service; and failed to ensure a 3 day supply of non-perishable milk was on hand for 3 (Residents #1, #2 and #4) of 4 residents.

The findings include:

1. Record review for Resident #1 revealed the resident had a diet order of calorie controlled, low fat and low [redacted] diet ordered on [redacted] Resident #1 was admitted to the facility on [redacted] with a diagnosis including "eating [redacted] Resident #1's weight was 208 pounds on [redacted] per the Resident Health Assessment AHCA Form 1823. The record shows a steady weight gain every month as follows: [redacted] as 218; [redacted] as 221 and [redacted] as 237. This represents a 13.94% weight gain in 4.5 months.

2. On [redacted] the cycle menus were requested at 8:30 a.m., Staff A verified the menu was the only menu she had. The menu provided to the surveyor was a 4 cycle regular menu and had no extension for a calorie controlled or low fat and low [redacted] diet. The menu includes tuna, ham, salisbury steak (frozen), Chicken Turkey or beef pot pies (frozen).

3. Interview on [redacted] at 9:00 a.m., with Staff A verified she knew the resident was ordered to have a low fat, low [redacted] diet, but had no menu for it. Further interview at 4:45 p.m. Staff A stated she is not following the menu. She is cooking for everyone including her family and wants to cook what they like. When asked about Resident #1's weight gain, she stated Resident #1 eats at the day program daily and can purchase food at the convenience store, so she is getting snacks that way.

4. The menu for [redacted] supper is to be served: 4 oz. fried shrimp, 1 small baked potato, 1 cup Italian bean salad, 1 roll, 1/2 cup yogurt, 8 oz. milk

Observation of the supper meal on [redacted] revealed Staff A was making pork chops; with cream of [redacted] on top, Staff A stated she has 2 residents for supper so she has to figure out what they will eat (other 2 will not be home for supper). She said she is going to make macaroni and cheese (from a box). Staff A stated Resident #1 cannot eat raw carrots as hurt her [redacted] They do not like steamed vegetables at all. Resident #1 does not like beans. Staff A stated she asked Resident #1 what she wanted and she said sweet peas. Staff A stated Resident #4 doesn't mind. Staff A stated she did make a fresh salad recently and the only one that would eat it was Resident #4. She said she gives him larger portions and Resident #1 does not like fish at all; so she had to make something else.

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5. Interview with Resident #1 on [redacted] at 5:30 p.m. revealed, she knows where the menu is. She stated she doesn't go and look at the menu for what's being served, she said she always asks Staff A and Staff A says we're getting food today. That's it. Food is disgusting; it's not American, well, sometimes. We get soup, we do not get any fresh vegetables, only watermelon sometimes. She sometimes asks us what we like to eat. I hate the food, it's disgusting sometimes. We get cereal and oatmeal or eggs. I don't eat lunch here. We had pork last night. Never get fresh veggies; always in a can. Now I deal with a food addiction. I gained weight, I don't eat lunch here, I get food at the center.

6. Interview with Resident #2 on [redacted] at 9:55 a.m., revealed the food is good here. Sometimes good sometimes not; good food most of the time, every menu every day is different is not the same menu is not posted, will ask Staff A what is being served and she will tell them. Staff A will ask what likes to eat. Makes a lot of chicken, pork and beef and does like those meals, sometimes husband cooks in the kitchen 3 times a week and monthly cooks out on grill.

7. Interview with Resident #4 on [redacted] at 8:30 a.m., revealed likes the food here, tastes good. You can pick what you want during breakfast. You can pick between cereal and eggo (waffles). Lunch is good and he can pick what he wants for lunch. For dinner the husband will cook on the grill. We get applesauce, carrots out of the bag, sometimes mashed potatoes; serves apples and bananas; get salads. He stated he goes to dining [redacted] eats what is served.

8. Observationon [redacted] of the non-perishable food supply found no non-perishable milk product. When asked the staff said she used it and showed the surveyor a container which had approximately 5 servings left. The facility has 4 residents and needs 24 servings - lacks 19 servings.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Sea View Inn At Forest Lakes
3548 Sea View Street
Sarasota, FL 34239

Re: CCR #2013009868

Dear Administrator:

This letter reports the findings of a 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 (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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