STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964808	12/18/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savannah Cottage Of Oviedo	445 Alexandria Blvd. Oviedo, FL 32765	
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:
0000-Initial Comments
An Abbreviated to Standard re-licensure survey was conducted on

Savannah Cottage of Oviedo Assisted Living Facility had a deficiency found at the time of the visit.

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on menu review, observations and interview the facility failed to serve food for regular and therapeutic diets, according to the menu that was to be prepared and served for the day.

Findings:
Observation on at approximately 11:30 AM of the menu that was posted on the wall revealed that it noted: Toss Salad, Beef Stroganoff, Noodles, Cauliflower, Ice Cream, Coffee and Tea were to be served. There were two dining next to each other, one dining for the residents who did not require assistance with feeding and the other dining was observed feeding the residents. The building was a secured memory care unit. Further observations on at approximately 11:45 AM revealed that some of the residents were served Beef Stroganoff, Noodles, Cauliflower and a roll; some were only served the Beef Stroganoff and Noodles and Rolls. There were also residents observed with pureed food. Continued observations revealed that most of the residents had finished eating their meals and there was no tossed salad served nor was there any other substitute served for the residents who did not have a vegetable and no substitute for the residents who were served the pureed food.

In an interview with one of the caregivers on at approximately 12:10 PM, she stated most of the residents did not eat salad because of their and the salad was not provided to her to serve.

In an interview with the Dietary Manager on at approximately 12:15 PM, she stated that it was her fault that the residents did not get served their salads, the lettuce was in the other building (sister facility on the property) and it was not brought to the cottage to prepare for the resident's there.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Savannah Cottage Of Oviedo
445 Alexandria Blvd.
Oviedo, FL 32765

Dear Administrator:

Re: Biennial relicensure

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) 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(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Lorraine Henry

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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