STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963878	12/30/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bradenton Oaks Courtyard	1015 7th Avenue East Bradenton, FL 34208	
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

Assisted Living Facility

A change of ownership (CHOW) state licensure survey was conducted on .

The Bradenton Oaks Courtyard, assisted living facility, had a deficiency at the time of the visit.

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on record review, observation, and interview the facility failed to ensure substitutions were noted before the meal was served and kept on file for 6 months.

Findings include:

During record review on . at approximately 11:50 a.m. it was revealed the facility did not have documentation of dietary substitutions available for review.
At the noon meal it was observed the facility substituted cubed corn beef with broth for creamed chipped beef.
During interviews with the residents it was stated the facility prints a menu each morning and gives it to the residents at breakfast. When the servers come to the table for their order they are told that certain items on the daily menu are not available.

On . at approximately 11:55 a.m. a server was observed telling the residents at a table in the dinning . the the spinach salad was substituted for tomato/cucumber salad. The desert, a torte, that was too be served was substituted for an angle cake with whipped cream with dried cherries, raisins on top.

On . at approximately 1:20 p.m. the kitchen staff stated the facility doesn't follow the menu because they don't have the correct food available to prepare. They stated they had to work with what they had available.
Since the new owner took over there has not been anyone in charge.
The assistant administrator stated at approximately 3:00 p.m. on they have hired a new cook and she thought he was going to start on . but has not shown up. The assistant administrator stated it was a break down in communication. The facility was expecting a truck to deliver food on .
On at approximately 3:30 p.m. the assistant administrator brought keys to allow entry to a cooler and refrigerator in the second bldg (The Towers). A tour of the freezer and cooler revealed the facility had enough food and most of what was required to prepare the food listed on the menu. The facility does not have anyone in charge who was overseeing the day to day operations.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Bradenton Oaks Courtyard
1015 7th Avenue East
Bradenton, FL 34208

Dear Administrator:

This letter reports the findings of a change of ownership (CHOW) 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 deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiency 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Brenda Stevens, for
Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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