STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911245	01/21/2014
NAME OF PROVIDER OR SUPPLIER **Residence Retirement Ctr., Inc (the)**	STREET ADDRESS, CITY, STATE, ZIP CODE **208 Marveline Drive Lakeland, FL 33815**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Livng Facility

An unannounced Complaint Survey (CCR# 2013011209 and 2013011489) was conducted on .

The Residence Retirerment Center, assisted living facility, had deficiencies found at the time of the visit.

0079-Staffing Standards - Levels 58A-5.019(4) FAC

Based on record review and interview the facility failed to maintain the minimum direct care staffing hours per week for a resident census of 49. The required weekly direct care staffing hours for 7 days for a census of 46 -55 residents is 375 hours, the facility direct care staffing hours totaled 344 hours. The facility is short by 31 hours.

Findings include:

A review of the direct care staffing schedule for 7 days from Sunday, , 2014 through Saturday, , 2014, revealed the total hours scheduled is 344 hours. The required direct care staffing hours for a census of 49 residents is 375 hours. The facility is short by 31 direct care staffing hours.

An interview on at approximately 11:31 a.m. with the Administrator acknowledged the facility did not have the minimum direct care staffing hours required for a census of 49 residents. The Administrator is currently looking to hire a second direct care staff for the night shift from 10:30 p.m. to 6:30 a.m.

CLASS III

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

Based on record review and interview the facility failed to provide therapeutic diets as ordered by the resident's health care provider for 2 out of 3 (Resident #1, #2) sampled residents.

Findings include:

During a record review on at approximately 1:00 p.m. it was revealed Resident #1's health assessment indicated instruction in low fat, no added salt, no concentrated sweets diet.
Resident #2 had a health assessment that indicated a 1800 calorie ADA 2 gram NA+ diet.

The facility does not accommodate therapeutic diets.
A review of the facility policies revealed their admissions/discharge packet contained a document that stated a resident would be discharged if they required a therapeutic diet.

An interview on at approximately 11:15 a.m. with the Staff #J, it was stated the facility offers only one

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selection and does not have any therapeutic diets.
On the same day at approximately 11:20 a.m. during a brief interview with Staff #H, it was stated the facility had 8 residents that are , and was not aware of their dietary needs.

On / at approximately 4:00 p.m. the Administrator acknowledged they did not offer therapeutic diets, and will take appropriate steps to address the therapeutic dietary needs that are required by certain residents.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Residence Retirement Ctr., Inc (The)
208 Marveline Drive
Lakeland, FL 33815

Dear Administrator:

Re: **CCR# 2013011209 & CCR# 20130111489**

This letter reports the findings of two complaint surveys that were conducted on , 2014, 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Paul Y Brown

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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