STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968143	03/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
A Welcome Home In Englewood	2015 E Dolphin Dr Englewood, FL 34223	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings: On [redacted] a Biennial survey was completed at A Welcome Home in Englewood an Assisted Living Facility (ALF).

The following is a description of non-compliance:

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interview, the facility failed to ensure 1 (Resident #1) of 1 resident record reviewed had a health assessments (1823) which included the date of examination.

The findings include:

Record review for Resident #1 found the resident was admitted to the facility on [redacted]. The record included one 1823. This 1823 did not include the date of examination.

On [redacted] at 1:00 p.m., the Administrator stated she had not realized the date of the examination was not on the 1823.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, record review, and interview, the facility failed to date and plan at least one week in advance menus to be served. The facility failed to post these menus. They failed to follow the approved menus and they failed to complete and maintain a substitutions log.

The findings include:

On [redacted] at 11:55 a.m., the noon meal was observed being served to Resident #1. The meal consisted of an egg sandwich with a pickle, a cup cake, and a diet coke to drink. The facility had a white board used to write the daily meal to be served. It was observed the white board listed egg sandwich for the noon meal.

Record review found the facility had a 3 week cycle menu approved by a licensed dietitian on [redacted]. The Monday noon menu on week 1 called for Pork Cutlet, brown gravy, southern style black-eye peas, vegetable medley, cornbread, forest pears with beverage of choice. The Monday noon menu on week 2 called for Rancher's chicken, succotash, calico coleslaw, cornbread, sliced apples, beverage of choice. The Monday noon menu on week 3 called for country fried steak, brown gravy and mashed potatoes, green beans, biscuit, snicker doodle and beverage of choice.

On [redacted] at 12:15 p.m., the Administrator stated they do not complete a substitution log. They know what the resident likes and that is what they serve.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
A Welcome Home In Englewood
2015 E Dolphin Dr
Englewood, FL 34223

Dear Administrator:

This letter reports the findings of a Biennial survey that was conducted on , 2014 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 , 2014 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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