STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911336	**02/26/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Kimberly Place Of Port Charlot	**26315 Northern Cross Road Punta Gorda, FL 33983**	
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= A

Specific Tag Findings:

These are the results of a Biennial survey that took place on . . . and at Kimberly Place of Port Charlotte, an Assisted Living Facility (ALF).

The following is a description of non-compliance:

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation and interview, the facility failed to post menus that were dated at least one week in advance and to have a current menu posted in an area visible to all residents.

The findings include:

1. Observation on . . . . . at 9:10 a.m. revealed that a menu was posted on the wall in the dining . . . . . Menu was not dated a week in advance. Further observation revealed the menu was approved on . . . . and expired on . . . . . The current menu that will expire on . . . . was observed in the kitchen in an area that residents had no access too and therefore was not visible to all residents.

2. Administrator stated at the time of observation on . . at 9:10 a.m., it was a mistake and the facility had a current menu that was approved by a dietitian on . . . . . He said that the menu was kept in the kitchen and agreed it is an area that residents had no access to.

Class . .

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Kimberly Place Of Port Charlot
26315 Northern Cross Road
Punta Gorda, FL 33983

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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