STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965612	03/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Mathison Retirement Center	**3637 West Highway 390 Panama City, FL 32405**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments
An unannounced complaint survey was conducted at Mathison Retirement Center located in Panama City, FL on to review CCR 2013013392. Deficient practice was identified during the survey.

0092-Food Service - General Responsibilities 58A-5.020(1) FAC
Based on observation and staff interview, the facility failed to ensure food was stored in a safe manner.

The findings include:

An observation of the salad refrigerator was conducted on in the presence of the Food Service Director (FSD) at approximately 9:50 AM. The salad refrigerator contained 1 bowl with approximately 3 cups of prepared pimento cheese covered with plastic wrap and dated ., 1 bowl of prepared egg salad covered with plastic wrap and dated , 1 bin with approximately 1 quart of prepared carrot and raisin salad with no date. The FSD stated all items stored in the refrigerator should be dated and they keep egg salad for 2 days and pimento cheese for 1 day. The walk-in refrigerator was then observed to contain approximately 22 covered bowls of prepared salad with lettuce, tomatoes, onion and cheese with no date and approximately 36 covered bowls of prepared cut fruit with no date.

The following is an excerpt from www.fda.gov concerning food storage:

If fresh leafy greens are cut or chopped within the food establishment, the cut product must be discarded if not sold or served within 7 days of the time the product was cut (3-501.18). The product must be marked to indicate the date by which disposal is required, unless the cut product is held less than 24 hours from the time it was cut. (3-501.17)
If a container of commercially processed and packaged cut leafy greens is opened in a food establishment, the product must be discarded if not sold or served within 7 days of the time the package was opened (3-501.18). The product must be marked to indicate the date by which disposal is required, unless the product is held less than 24 hours from the time the container is opened. (3-501.17)

The 2009 Food Code defines "cut leafy greens" as fresh leafy greens whose leaves have been cut, shredded, sliced, chopped, or torn. The term "leafy greens" includes iceberg lettuce, romaine lettuce, leaf lettuce, butter lettuce, baby leaf lettuce (i.e., immature lettuce or leafy greens), escarole, endive, spring mix, spinach, cabbage, kale, arugula and chard (7). The term "leafy greens" does not include herbs such as cilantro or parsley. Lettuce and other leafy greens cut from their root in the field with no other processing are considered raw agricultural commodities (RACs) and are not included in the definition of "cut leafy greens" and are therefore not considered a PHF/TCS Food, as defined and applied in the 2009 Food Code.

The website also stated prepared home-made or store bought salads may be stored refrigerated 3-5 days.

Class III

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	AL11965612	03/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Mathison Retirement Center	3637 West Highway 390 Panama City, FL 32405	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Based on observation, resident interviews and staff interviews the facility failed to follow an approved planned menu, failed to prepare foods using standardized recipes and failed to post or make the planned menu readily available to residents in the facility.

The findings include:

An interview was conducted with the Food Service Director (FSD) in the presence of the Administrator on at approximately 1:15 PM. He stated the facility was not using approved planned menus at this time, they were just planning the meals from day to day. The Administrator stated they did not have planned approved menus and they had not had them for approximately 6 months. The Administrator confirmed she was aware of the requirement and stated this was the 3rd dietary manager and they had just got away from using the planned menus. The Administrator produced menus but they were not approved by a registered dietitian, licensed dietitian/nutritionist, or by a dietetic technician supervised by a registered dietitian or licensed dietitian/nutritionist.

An interview was conducted with employee B (a cook) on at approximately 9:35 AM. Employee B stated they do not utilize standard recipes to cook food. She stated she just cooks the food from experience and they have been trying to get the kitchen in order.

A tour of the facility was conducted on at approximately 8:45 AM. No menus were observed posted in the facility.

Interviews were conducted with residents # 1, 6, 7, 8 and 9 on at various times throughout the survey on . All 5 of the residents confirmed no menu was posted or available in advance. The menu for the lunch was available at the time of the meal or just prior to the meal beginning in the dining . The facility was not using a planned menu so they did not make one available to the residents.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Mathison Retirement Center
3637 West Highway 390
Panama City, FL 32405

Dear Administrator:

Re: CCR #2013013392

This letter reports the findings of a state licensure complaint 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 me at (850) 412-4540.

Sincerely,

Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure
XG90

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