STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910486	03/12/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Barkley Place	36 Barkley Circle Fort Myers, FL 33907	

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
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:
These are the results of a Change of Ownership (CHOW) survey that took place on . . through . . . . at Barley's Place, An Assisted Living Facility (ALF) located in Fort Myers, FL.

The following is description of non-compliance:

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interview, the facility failed to obtain a complete Health Assessment 1823 form for 1 (Resident #11) of 16 residents sampled.

The findings include:

Record review for Resident #11 found that she was admitted to the Assisted Living Facility (ALF) on . . . . . Health Assessment review for Resident #11 revealed that the assessment was missing the residents Medical History and Diagnosis and whether resident needed assistance with self-administration or not. Furthermore, at the part that the medication list was to be included the following wording was noted: see attached. There was a stapled Medication list to the assessment but it was not signed.

The findings were discussed with the Administrator during exit on . . . . . at 3:40 p.m.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, record review and interview, the facility failed to have a current dated menu posted a week in advance; to have record of regular and therapeutic menus as served, with substitutions noted before or when the meal is served for 6 months; and have evidence of resident's participation in menu planning.

The findings include:

Meal observation on . . . . . at 12:00 p.m. revealed that there was no menu dated and planned at least one week in advance for both regular and therapeutic diets. Observation was made for both dining areas. The only menu posted was the one of the lunch that was to be served that day. The menu was not dated.

Record review revealed that the facility's dietician approved only the dinner menu on . . . . . The menu for breakfast and lunch was last approved on . . . . and expired on . . . . . .

The facility utilized a 6 week cycle for dinner but only 1 week cycle for breakfast and lunch. The lunch menu had 8 choices. Further review revealed that facility did not have a substitution log for menus served the last 6 months. In addition, the facility did not have proof of resident's participation in menu planning.

Interview with Food Manager on . . . . . at 12:50 p.m., revealed that facility utilizes a 6 week cycle only for

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dinner. He said that residents chose to have a light lunch and the main meal to be at dinner, therefore a 6 week cycle was to be utilized. Resident's breakfast and lunch was at a 1 week cycle. He said, "It's because the residents were given choices for breakfast and lunch." He stated that all the choices were included at the one week cycle menu provided. He also stated that the dietitian approved only the menu for dinner on . . . . 2013. Surveyors stated: menus should be approved annually. Food manager stated, "What is annually?" Surveyors stated, "Every year." He stated, "I didn't know, I can call her now to have her approve all meals." He further stated that he never utilized a substitution log because he always followed the menu approved by the dietitian. Surveyor stated, "Who is responsible for today's menu?" He stated, "Me." When surveyor asked the food manager what the residents had for Thanksgiving and Christmas, he stated, most probably turkey and did not have a record or recall the specific menu for both holidays since there was no substitution log utilized. He said he was unaware of the requirement. When surveyor asked how he handled resident's food complaints he stated that he meets on a monthly basis with residents but he did not have a record of the meetings. He stated "Someone has to write down what we talk about? I did not know that."

A resident stated during a confidential interview conducted on . . . . at 10:02 a.m., "The mashed potatoes are kind of lumpy, I spoke with the chef and he knows about it. Lots of black eye beans and greens that I don't like but the chef knows about it. I don't know ever since the change the Owners here the food is different."

A resident stated during confidential interview on . . . . at 11:20 a.m.,
"I give the food about 60%; it's just different than what I used to eat back home. We had less fish there, it was just different, we had more steak and burgers, veggies. The chef knows about it, I talk to him about it, but there is no change yet. I see here lots of beans and rice and fish. The portions are ok. My favorite meal is breakfast."

The findings were discussed with Administrator on . . . . at 3:40 p.m.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on personnel record review and staff interview, the facility failed to obtain a Level 2 background re-screening for 1 (Staff C) of 5 sampled employees.

The findings include:

Staff C has a hired date of . . . . . The only background screening contained in the record has a date of . . . . , prior to employment. The required 5 year re-screening was not found in the file. A request was made for the most current background check and one could not be provided.

During this request on . . . . . at approximately 2:05 p.m., the Business Manager said that she would call Staff C and have him go for his fingerprints. On . . . . . the business manager provided documentation that she had registered Staff C for a background check on . . . . .

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Barkley Place
36 Barkley Circle
Fort Myers, FL 33907

Dear Administrator:

This letter reports the findings of a Change of Ownership (CHOW) survey that was conducted on 2014 by representatives 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 19, 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 surveyors. 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 From

Headquarters
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