STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967258	**03/28/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lafeta Family Home Care	**1061 Division Street Jacksonville, FL 32209**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced biennial re-licensure survey with Limited Nursing Services (LNS) and Limited Mental Health (LMH) standards was conducted at Lafeta Family Home Care in Jacksonville, Florida on , 2014. Deficient practice was identified as a result of the survey.

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, record review and staff interview, the facility failed to prepare and serve therapeutic diets as ordered by the health care provider for 2 (Residents #1, and #2) of 3 residents.

The findings include:

An observation of the noon meal on at approximately 1:00 p.m. revealed that 2 residents (Residents #2 and #3) were served a regular diet as per the regular menu.

A review of the most current Resident Health Assessments (AHCA Form 1823) for Residents #1, #2, and #3 revealed that Resident #3 was ordered a regular diet, however, Residents #1 and #2 were ordered low-fat, low-chc diets by their health care providers. Resident #1's Health Assessment was dated , and Resident #2's Health Assessment was dated . (photos obtained)

A review of the menu provided by the administrator on revealed that it was a regular diet. There were no therapeutic provisions observed on the 4-week rotating diet forms. (photos obtained)

An interview with the administrator on at approximately 2:30 p.m. revealed that the regular diet was all that she had.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Lafeta Family Home Care
1061 Division Street
Jacksonville, FL 32209

Dear Administrator:

This letter reports the findings of a state biennial licensure with Limited Nursing Services and Limited Mental Health 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

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JG/JM/sm
Enclosure

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