STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968304	05/13/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
The Palms	7015 32nd Ave East Braden River, FL 34208	
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= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A change of ownership (CHOW) state licensure survey was conducted on and .

The Palms, assisted living facility, had a deficiency at the time of the visit.

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

Based on record review, interview and observation, the facility did not follow its own established menu, thereby ensuring that five of five residents' nutritional needs were necessarily being met (#1-5) in that it could not assure that all of the meals residents prepared/ate were nutritionally comparable to those meals that had been reviewed/approved by a dietetic professional.

Findings include:

A review of the facility's internal dietary policy found the following: "The Palms honors the Nutritional Dietary expectations set forth by Law and Rule. However, The Palms also honors resident rights which allows the clients to choose between the house menus or shopping for and preparing their own food choices under supervision, unless there is a doctor's order which states otherwise." All three residents interviewed (#1-3) verified the fact that they shopped for themselves as well as cooked virtually all of their meals under staff oversight; two family members interviewed further underscored that this system was in place. Resident #2 was observed preparing a protein milkshake for himself at approximately 11:50am on . Finally, resident record review found a waiver from // signed by Resident #1 stating "in order for increased independence, residents at The Palms are permitted to participate in meal preparation, planning and shopping in an ALF setting. Client does not wish to follow ALF dietary regulations and instead wishes to determine own meal plan." In an interview with the administrator and her assistant at approximately 1:30pm on , they stated that "they were attempting to uphold the resident's right to choose what they wanted to eat, and by focusing on food planning, shopping, and preparation skills, this daily life skill set was being addressed ."

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
The Palms
7015 32nd Ave East
Braden River, FL 34208

Dear Administrator:

This letter reports the findings of a change of ownership (CHOW) state licensure survey that was conducted on , 2014, and , 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiency 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(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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