| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11910317 | 07/07/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Guardian Home Ii Alf Llc | 902 West Canal Street New Smyrna Beach, FL 32168 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**Revisit Corrected Tags:**
0010-Admissions - Continued Residency-07/07/2014
0078-Staffing Standards - Staff-07/07/2014
0085-Training - Nutrition & Food Service-07/07/2014

**Revisit New Tags:**
0093-Food Service - Dietary Standards-58a-5.020(2) Fac

**List of Tags Cited:**
St - A - 0000 - - Initial Comments
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

**0093-Food Service - Dietary Standards 58A-5.020(2) FAC**
Based on facility record review and an interview with the administrative designee, the facility failed to ensure that all regular and therapeutic menus to be used by the facility,must be reviewed annually by a licensed or registered dietitian for 11 of 11 residents at the facility.

The findings include:

A review of the menus currently used in the facility have not been approved during the last 12 months. The approved menus expired on . 2014. This was confirmed in an interview with the administrative designee on , 2014 at 1:45 pm.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Guardian Home II ALF LLC
902 West Canal Street
New Smyrna Beach, FL 32168

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 2014 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

**The deficiency shall be corrected no later than , 2014.**

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 (904) 798-4201.

Sincerely,

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

JPL/JM/sm
Enclosure

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