STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966266	07/08/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Canterbury Dreams	**675 Canterbury Rd Clearwater, FL 33764**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0052-Medication - Assistance With Self-Admin-07/09/2014
007(7/09/2014
0079-Staffing Standards - Levels-07/09/2014
0093-Food Service - Dietary Standards-07/09/2014
0165-Risk Mgmt & Qa; Adverse Incident Report-07

Revisit Repeat Tags:

0085-Training - Nutrition & Food Service-58a-5.0191(6) Fac

Specific Tag Findings:

0000-Initial Comments

A revisit to the biennial state licensure survey of 5/28/14 was conducted on 07/08/14.

Canterbury Dreams, assisted living facility, had an uncorrected deficiency at the time of the visit.

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on interview and record review, the person designated in charge of the facility's food service still had not obtained the 2 hours of continuing education in nutritional topics pertinent to an ALF on an annual basis. Findings include:

In an interview with the facility manager at approximately 11:30am on , he stated that he had not yet taken any 2 hour nutrition update training. When asked "why," he explained that "he had been unsuccessful in locating a class or a provider that was available/convenient." A review of the manager's personnel file found no updated nutrition training since 2012.

(Please note: This is an uncorrected deficiency from the survey).

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Canterbury Dreams
675 Canterbury Rd
Clearwater, FL 33764

Dear Administrator:

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

Attached is the provider's copy of the State (5000-3547) Form, which indicates the uncorrected 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,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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