STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963945	07/28/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Brandon	700 S. Kings Avenue Brandon, FL 33511	
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 complaint survey, CCR# 2014004574, was conducted on .

Emeritus at Brandon, assisted living facility, had a deficiency at the time of the visit.

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

Based on interview and observation, the facility did not offer snacks to at least 8 of eleven residents interviewed (#3; 4; 5; 7; 8; 9; 10; 11).

Findings include:

During resident interviews conducted on . between 11:30am and 2:20pm, they stated that facility staff did not come around to their . to offer them snacks. In addition, although some of the individuals acknowledged the presence of a ounge area where two (2) beverage dispensers containing water and lemonade were located, as well as a tray used to hold cookies and crackers, this tray was empty by the time AHCA had arrived (11am). According to the eight residents interviewed, "the tray of cookies and beverages is brought out around 8:30am while several residents are still in the dining breakfast. Other residents hoard/take virtually all of the foodstuffs to their and none of the snack foods are replaced/refilled by the facility the rest of the day. Throughout the remainder of the investigation, the tray in the lounge was observed to be empty (until about 2:30pm).
In an interview with the resident services director at approximately 2:40pm on , no explanation for the lack of snack availability was offered.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Emeritus at Brandon
700 S. Kings Avenue
Brandon, FL 33511

RE: CCR# 2014004574

Dear Administrator:

This letter reports the findings of a complaint 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 deficiency that were 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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