STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967434	09/17/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Orlando Lutheran Towers	404 Mariposa Street Orlando, FL 32801	
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
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Initial Comments
The biennial re-licensure survey was conducted on . . . . . Orlando Lutheran Towers Assisted Living Facility with Extended Congregate Care had deficiencies found at the time of the visit.

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on a record review and an interview the facility failed to note substitutions before or when the meal is served. Also, keep the file in the facility for 6 months.

Finding:

During interviews with the resident on . . . . . at 12:07 PM at lunch, the residents stated they received Ravioli instead of meatloaf on . . . . . .

A review of the substitution log on . . . . . showed there were no substitutions noted for . . . . . Further review revealed there was no substitution log kept for the past 6 months.

In an interview at 3:15 PM with the Food Service Designee (Staff E), he stated he was new and did not know he had to note substitutions or keep a substitution log.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on a personnel record review and interview the facility failed to ensure 1 of 7 staff (Staff C) had a Level II Back ground screening in their record.

Findings:

On . . . . . a personnel record review was completed for Staff C. The record review revealed she was hired on . . . . . Further review revealed her Level II Background Screening was in Process.

On . . . . . at approximately 3:50 PM a telephone call was made to The Agency for Health Care Administration Background Screening Unit. The Representative stated that the screening for Staff C was received . . . . . and was not readable. The Representative stated that a Certified Letter went out via United States (US) Mail to Staff C, stating the results were not readable. The Representative further stated that the letter was returned to their Unit. It was explained there are no current results for Staff C background screening and she should not be working.

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On ..... at approximately 4:10 PM in an interview with the Human Resource Manager revealed he sent Staff C out for a Level II background screening but did not realize the results were not in her file. He stated he had no results in regards to Staff C's Level II Background Screening. He further stated he would send Staff C out immediately for a Level II Background Screening. According to the Human Resource Manager staff C would be taken off the schedule and not allowed to return to work until the results were clear.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Orlando Lutheran Towers
404 Mariposa Street
Orlando, FL 32801

RE: Biennial Re-Licensure

Dear Administrator:

This letter reports the findings of a state licensure 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 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 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(s). Should you have any questions please call Lorraine Henry at 407-420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

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