STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967442	11/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Golden Abbey Ormond Beach	1410 Hand Avenue Ormond Beach, FL 32174	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
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

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR #2014010773 was conducted on)14. Golden Abbey in Ormond Beach had deficiencies found at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation and interview, the facility failed to post the Agency for Healthcare Administration (AHCA) poster including the telephone number of the Florida Hotline.

The findings include:

A tour of the facility was conducted on at 9:15 AM and a Agency for Health Care Administration poster was not observed.

An interview with the Administrator at 12:35 PM on confirmed the facility did not have an AHCA poster.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, staff and resident interviews the facility failed to post weekly planned menus in a location that can be easily available for 47 out of 47 residents.

The findings include:

An observation of the main dining 11 at 11:35 AM revealed a daily menu posted. A weekly menu was not observed.

A staff interview was conducted on at 11:40 AM with Employee D and he stated " We don' t post a weekly menu. A daily menu is posted for lunch & dinner in the morning. The weekly menu is kept in a book in the kitchen." Employee D confirmed residents did not have access to kitchen.

An interview was conducted on at 11:45 AM with Resident #3 who stated " We never know what we ' re going to eat. I have multiple food milk, egg, cheese, meats. I have asked them over and over again to post the weekly menu and it hasn't been done ".

An interview was conducted on at 12:20 PM with the administrator who confirmed a weekly menu is not posted.

Class III

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	AL11967442	11/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on employee personnel file review the facility failed to ensure 1 of 3 sampled employees last background screened between , 2005 & , 2008 were re-screened by , 2014 (Employee A).

The findings include:

A review of Employee A's personnel file revealed a hire date of . Employee A had a level 1 background screening dated . There were no other background screening results located in Employee A's file.

A review of the Agency for Health Care Administration's Background Screening Website on revealed that Employee A was last screened on . Employee A's determination of eligibility read "A new screening is required".

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Golden Abbey Ormond Beach
1410 Hand Avenue
Ormond Beach, FL 32174

RE: CCR #2014010773

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on , 2014 by a representative 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. Should you have any questions please call this office at .

Sincerely,

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

RS/JM/sm
Enclosure

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