STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911225	11/13/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At River Oaks	**925 South River Road Englewood, FL 34223**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0092 - 58a-5.020(1) Fac - Food Service - General Responsibilities S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= B
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:
An unannounced Biennial and Extended Congregate Care (ECC) survey was conducted on through at Emeritus at River Oaks, an Assisted Living Facility (ALF) in Englewood, Florida.

The following is a description of non-compliance:

0092-Food Service - General Responsibilities 58A-5.020(1) FAC
Based on observation, the facility failed to provide a safe and sanitary environment.

The findings include:

On from 12:15 p.m. until 12:45 p.m. lunch service was observed in the dining It was observed that 14 out of 14 residents were being served by Staff I. Staff I was observed to have her thumb on the surface of the plates that contained food. Staff I was observed rubbing her hands on her pants, and did not use hand sanitizer, or wash her hands before serving the residents.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observations, staff interviews, and resident interviews, the facility failed to conspicuously post menus at least one week in advance.

The findings include:

1. Observation made on at 11:30 a.m., approximately 15 residents were seated in the Building D dining being served their lunch. The only menu that was observed was items always available. Further observation revealed no lunch or dinner menus were posted.

2. Interview conducted with Staff B on at 11:30 a.m., revealed the menus are usually posted in the dining the menu board. This staff member acknowledged that no menus were posted at the time of the interview.

3. Interview with the Dining Services Director on at 12:10 p.m., revealed the menus are to be posted on the menu board located in the dining He pointed to the board and said, "But they aren't there, I'll get them posted right now."

4. Interview conducted on at 12:15 p.m. with Resident #17, revealed that she was unaware of the menu choices for the day and she was given a choice of fish or pork once she was seated in the dining

Class

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0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation, the facility failed to maintain a clean and decent living environment.

The findings include:

1. On [redacted] at 10:18 a.m. during an observation of [redacted] 26, a strong smell of [redacted] was noted and dried brown shoe prints were observed on [redacted] Also, during this observation it was noted that the carpet in the living area of the [redacted] heavily staines.

2. On [redacted] at 10:30 a.m., stains were noted to be on the carpet in [redacted] Also at this time three plastic chairs on the outside patio of [redacted] were noted to be dirty, and 1 plastic chair had a stained cushion.

3. On [redacted] at 1:30 p.m., a large stain was observed on the carpet in [redacted] midway between front door and kitchenette area.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Emeritus At River Oaks
925 South River Road
Englewood, FL 34223

Dear Administrator:

This letter reports the findings of a state licensure survey that was completed on 2014 by representatives 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Acting Field Office Manager

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Enclosure: State Form

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com