STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966792	**12/10/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Guardian Elder Care Services Inc (the)	**10930 S W 143 Court Crossings, FL 33186**	
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= B

Specific Tag Findings:

0000-Initial Comments

An Abbreviated Biennial Survey was conducted on . Guardian Elder Care Services Inc.(The) had the following deficiency found at the time of the survey.

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

Based on observation, record review and interview the facility failed to note meal substitution before or when the meal is served.

Findings Included:

Observation made on at 11:30 AM for the lunch the residents were served Soup or beans(6oz), Spanish omelet(4 oz.), white rice(1/2 c), carrots(1/2 c), mixed salad(1/2 c), dressing(1 tbls), ice cream(1/2 c), drink(8oz).

Review of the menu has the lunch listed to be served the same. Review of the last six months menu; was noticed that no substitutions had been noted on the menu.

Interview with Administrator on at 1:30 PM. Acknowledge that facility had not kept writing the substitution on the menu.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Guardian Elder Care Services Inc (the)
10930 S W 143 Court
Crossings, FL 33186

Dear Administrator:

This letter reports the findings of an abbreviated biennial 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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