STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965311	12/05/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Rosewood Manor Of Vero Beach,	3710 14 Th Street Vero Beach, FL 32960	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR#2014011675, was conducted on [redacted] 3 and 5, 2014 at Rosewood Manor Of Vero Beach. The facility had a deficiency found at the time of the visit.

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observations, record review and interviews, the facility failed to ensure meals were prepared using standardized recipes; substitutions of the approved menu were documented before or when the meal is served; and, failed to ensure no more than 14 hours elapsed between the end of the evening meal containing a protein food and the beginning of the next meal.

The findings include:

a) On [redacted] at 12:00 PM, the lunch served was substituted from the meal that was approved on the menu. The residents were served chicken, macaroni and cheese and peas instead of beef tips, noodles and beans. At 3:20 PM, one of the food service managers (Staff F) was interviewed and stated she had not yet documented the substituted items. She stated she thought the facility was on "week one" of a four cycle menu but was not sure because she did not follow the menu. She stated they prepared meals based on what was available in the kitchen. There were no standardized recipes available to show the facility was preparing meals on the approved menu using recipes approved by the dietician.

b) On [redacted] at 4:30 PM, the residents in the north wing (back of facility) were served dinner. Most residents were finished eating by 5:00 PM. On [redacted] at 8:15 AM, the administrator was observed assisting with the transport of breakfast to the north wing. During interviews with a food service manager (Staff E) on [redacted] at 10:00 AM and with the administrator at 10:15 AM, they acknowledged that the north wing was served dinner at 4:30 PM and breakfast at approximately 8:15 AM daily, more than 14 hours between the end of dinner and the start of breakfast. The front dining [redacted] also served food more than 14 hours apart, with dinner served at 5:00 PM (some finished at 5:30 PM), and breakfast service beginning for some residents at 8:00 AM.

The above findings were reviewed with the administrator during interview at 2:00 PM on [redacted]

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Rosewood Manor Of Vero Beach,
3710 14th Street
Vero Beach, FL 32960

RE: CCR #2014011675

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene -Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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