STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967997	12/10/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Arbor Village Home	5977 Nw Baynard Dr Port Saint Lucie, FL 34986	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on , 2014 at Arbor Village Home. The facility had deficiencies found at the time of the visit.

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC
Based on observation, interviews and record review, the facility failed to ensure an ongoing activities program was provided with diversified individual and group activities in keeping with each resident's needs, abilities, and interests; and, failed to consult with the residents in selecting, planning, and scheduling activities.

The findings include:

On at 1:45 PM, the activities calendar was observed on the wall. It included one activity per day for 2 hours. The activities for 2014 consisted of monopoly, bird watching, movies, arts and crafts, cafe' time and bingo.

During interview with Resident #2 at 1:00 PM on , he stated the facility did not have any activities. He stated he was not interested in any of the above listed activities on the calendar. Resident #1 stated during interview at 12::30 PM on , that the facility did not have any scheduled activities that he was interested in.

During interview with Staff A at 1:15 PM on he acknowledged the activities calendar did not have scheduled activities that the residents participated in. He stated the residents didn't want to play games that the facility had available. He was unable to show documentation of residents' participation in or planning of activities.

These findings were reviewed with the administrator during interview at 11:45 AM on

Class III

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	AL11967997	12/10/2014
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Based on observation, record review and interviews, the facility failed to ensure the menu approved by the registered dietician (RD) was followed with substitutions of equal nutritional value documented at the time of the meal or before, effecting 5 out of 5 sampled residents (Residents #1-#5).

The findings include:

On _____ at 12:00 PM, the lunch served to Resident #1, #2 and #3 was observed. The meal consisted of a bologna and cheese sandwich, sweet potato pie and soda. Review of the menu approved on _____ indicated the residents were to receive vegetable soup, grilled ham and cheese sandwich, carrot-raisin salad, fresh fruit and a beverage. There were no substituted items of equal nutritional value served for the soup, vegetables and fruit. At 1:15 PM on _____, Staff A acknowledged during interview that the menu items noted above were not served and substitutions had not been documented.

During interview with Resident #2 at 1:00 PM, he stated the facility did not serve desserts. Resident #1 stated during interview at 12::30 PM that the facility did not serve desserts but instead served a snack. Interview with Staff A at 1:15 PM revealed the facility had dessert items available (cookies and cake were observed) but that the items were served as the scheduled snack in the afternoons.

Resident #1 and #2 also stated the dinner served on _____ consisted of beef, peas and mashed potatoes; and, lunch served on _____ was a sandwich with soup. The approved menu for _____ showed lunch was to include soup, a sandwich, cole slaw and apricots; and, chicken pot pie, peas and carrots, bread, pudding and milk for dinner. During interview with Staff A at 1:15 PM on _____, he was not able to show documentation of the changed menu items with substitutions of equal nutritional value.

Based on the findings, the facility did not ensure the residents' nutritional needs were met by offering a variety of meals adapted to the residents' food habits and preferences, and by following the approved menu with the provision of substituted items of equal nutritional value.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Arbor Village Home
5977 NW Baynard Drive
Port Saint Lucie, FL 34986

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on _ _ _ _ _ _ _ 10, 2014 by a representative from 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 95610 381- 5840 .

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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