STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953662	12/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Fairway Park Retirement Facility Corp	16324 S W 99th Court Miami, FL 33157	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on . Fairway Park Retirement Facility Corp. had deficiencies found at time of the survey.

0080-Training - Core & Competency Test 58A-5.0191(1) FAC

Based on record review and interview the facility administrator failed to participate in 12 hours of continuing education in the last 2 years.

The findings include:

Review of administrator file showed it did not contain documentation of 12 hours of continuing education in the last 2 years.

During an interview on at 3:00 PM, the facility administrator stated that she received 12 hour of continuing education in the last 2 years but she was unable to provide the documentation at the time of the survey.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on observation, record review and interview the facility failed to ensure that 3 out 3 staff (Staff A, B and C) have obtained, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an ALF.

The findings include:

Record review for Staff A, B and C had no documentation that they received a minimum of 2 hours continuing education, annually, in topics pertinent to nutrition and food service in an ALF. Staff A. B and C most current nutrition and food service training was dated .

During an interview on at 3:00 PM, the facility administrator stated that they received 2 hours continuing education in topics pertinent to nutrition and food service in an ALF but she was unable to provide the documentation at the time of the survey.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953662	**12/04/2014**
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0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on record review and interview the facility failed to provide a menu dated and planned at least one week in advance.

The findings include:

Observation on at 9:00 AM showed the menu posted in the facility's dining area was the one of the week ending .

During an interview on at 3:00 PM, the facility administrator stated they forgot to change the menu posted.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Fairway Park Retirement Facility Corp
16324 S W 99th Court
Miami, FL 33157

Dear Administrator:

This letter reports the findings of a standard biennial survey that was conducted on 4, 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,

Kristal Branton for

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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