STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910692	02/03/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
John Knox Village Of Florida,	840 Lakeside Circle Pompano Beach, FL 33060	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
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
An unannounced abbreviated Relicensure survey was conducted on [redacted] at John Knox Village of Florida. The facility had deficiencies found at the time of the visit.

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

Based on staff interview and record review, the facility failed to have the Administrator, who is responsible for total food services, comply with the food service continuing education requirements.

The findings include:

During an interview with the ALF Administrator on [redacted] at 11:30 AM, she stated she was in charge of supervising the dietary staff and the food services for the residents. However, she stated she has only had training related to being Administrator.

At this time, she confirmed she has not had the annual minimum two hours of continuing education training in topics related to nutrition and food service.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on interview and record review, the facility failed to implement a system/process to ensure that all dietary staff was aware of residents that were order therapeutic diets by their health care providers to ensure the dietary needs of a resident were met, for 4 out of 12 sampled residents (Residents #9, #10, #11 and #12). In addition the weekly menus failed to have the actual date the menus were

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reviewed and approved by the dietitian.

The findings include:

An interview was conducted with the ALF Administrator and the Director of Health Services on at 10:00 AM. They both stated that there were no residents who are prescribed therapeutic diets by their health care providers.

During the tour of the Second Floor Dining , starting at 11:00 AM and accompanied by a Dietary Aide, Staff C, it was observed that there was no documentation of residents who were prescribed therapeutic diets by their physicians. During an interview with this staff member at this time, she stated she is aware of four residents who are prescribed a diet, but she is not sure of a fifth resident. Also, she stated she is not aware of any residents who have food , intolerances or salt restrictions. She stated there used to be a list of residents with therapeutic diets in this ALF satellite kitchen, but the list disappeared two years ago when they were undergoing renovations.

An interview was conducted on at 1:15 PM with Dietary Aid #2, who was working in the 2nd floor dining . She stated she was only aware of three residents who are on diets and is not aware of any residents who have food intolerances or .

a. Review of the record for Resident #9 revealed a current admission date of with diagnoses including: ependent and . The 1823 Health Assessment, dated documented that the resident was prescribed a Calorie-Controlled, diet, lactose-intolerant and to scallops, by her physician.

b. Review of the record for Resident #10 revealed a current admission date of with diagnoses including: ependent and . The 1823 Health Assessment, dated documented that the resident was prescribed a Calorie-Controlled diet by her physician.

c. Review of the record for Resident #11 revealed a current admission date of with diagnoses including: with and . The 1823 Health Assessment, dated documented that the resident was prescribed an ADA diet) and a No Added Salt diet by her physician.

d. Review of the record for Resident #12 revealed a current admission date of with diagnoses including: and . The 1823 Health Assessment, dated documented that the resident was prescribed a , No Added Salt diet.

An interview was conducted with the Dietitian on at 1:10 PM, who stated she is not aware of

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any residents on prescribed therapeutic diets. Their diets are liberalized and most residents are able to choose what they eat. She further stated Nursing will inform her if a resident is having nutrition-related health issues. She only oversees the menu portion of the ALF kitchen operation and will only see a resident if there is a physician ' s order for a dietary consult. She stated she approves the menus every week, but confirmed that she does not write the actual date she signs and approves the menus.

An interview was conducted with the ALF Administrator who is the Director Food Service on at 2:00 PM who confirmed the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. .2015

Administrator
John Knox Village Of Florida,
840 Lakeside Circle
Pompano Beach, FL 33060

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state Relicensure survey that was conducted on . , 2015 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com