STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967442	02/13/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Golden Abbey Ormond Beach	1410 Hand Avenue Ormond Beach, FL 32174	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0030-Resident Care - Rights & Facility Procedures
Z815-Background Screening; Prohibited Offenses-(

Revisit Repeat Tags:
0000-Initial Comments-
0093-Food Service - Dietary Standards-58a-5.020(2) Fac

Specific Tag Findings:

0000-Initial Comments
An unannounced follow up survey was conducted at Golden Abbey Ormond Beach on 13, 2015 for complaint survey, CCR #2014010773. Golden Abbey Ormond Beach had deficiencies found at the time of the visit.

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, and staff and resident interviews the facility failed to post or have available daily and weekly planned menus in a location that can be easily accessible for 42 out of 42 residents.

The findings include:

Observation in the main dining the assisted living facility on at 8:45 AM a board was observed to the left of the pass-through window to the kitchen. The top of the board was titled "Menu for Today". The space for the menu was found to be blank. Further observation in the dining in the entire building found no evidence a weekly or daily menu was posted.

During an interview with the cook on at 8:50 AM at 9:00 a.m., he stated that keeps the menu for the week sitting on the top of a notebook. He stated he had not yet done the menu for the week. Review of the menu he provided from the kitchen found it was for week 4 and started on a Sunday. He was asked about the menu for the day and he stated he had not yet written it for the day.

During an interview with Resident #1 on at 9:00 AM, she stated she eats all of her meals in the dining She stated she had eaten breakfast in the dining the menu for the day was not posted nor did she see a weekly menu. She further stated that she never knows what is being served.

During an interview with the Administrator on at 9:25 AM the findings were confirmed. He was not able to provide evidence the menus were posted.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Golden Abbey Ormond Beach
1410 Hand Avenue
Ormond Beach, FL 32174

Re: CCR #2014010773

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2015 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2015.

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. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Jana Meyer, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

NH/JM/sm
Enclosure

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida