STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964320	**04/03/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
COUNTRY MANOR	**2806 WEST SAM ALLEN ROAD PLANT CITY, FL 33565**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

Country Manor Assisted Living, had deficiencies at the time of visit.

A Biennial Survey was conducted on

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

Based on observation and interviews, the facility failed to ensure that a three day supply of nonperishable food was on hand at all times.

Findings Include:

On at 10:40 a.m. during an observation and interview with Staff B; Staff B escorted the Surveyor to the emergency food closet in the rear hallway of the facility. Staff B confirmed that the facility has not replaced the three-day emergency food supply. Observed one case of 18 4.6 ounce cans of Vienna Sausages and empty shelves. The facility's current resident census is fifteen.

During an interview with the Administrator on at 10:50 a.m., the Administrator confirmed the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2015

Administrator
Country Manor
2806 West Sam Allen Road
Plant City, FL 33565

Dear Administrator:

This letter reports the findings of a Biennial state licensure survey that was conducted on . 2015 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
For Field Office Manager

PRC/src
Enclosure: State (5000-3547) Form

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