| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966997** | **05/13/2015** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **A & L HEALTH CARE, CORP #2** | **8208 NW 14TH STREET CORAL SPRINGS, FL 33071** | |

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

**0000 - Initial Comments**

An unannounced Abbreviated Relicensure survey was conducted on at A & L Healthcare Corp. #2. The facility had deficiencies found at the time of the visit.

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

Based on observation, record review, and interviews, the facility failed to ensure that diet orders were properly followed for 1 out of 6 residents (Resident #2).

The Findings Include:

During the lunch meal on at noon, Resident #2 was observed with a plate of pasta, beef, and peas that was not of a pureed consistency. It appeared to be of a mechanical soft consistency as pieces of the food were discernable. A taste of the pasta on Resident #2's plate revealed a consistency of soft with granules. A photo was taken of the resident's plate.

Record review of Resident #2's current Health Assessment (AHCA form 1823) dated documents the following diagnoses: Hearing Loss, Angiopathy, and Occlusion without Resident #2's diet order documented on his 1823 notes pureed diet

In an interview conducted on at 12:05 PM, Staff B, a Home Health Aide, stated she blends the food in the blender. The consistency of Resident #2's diet was pointed out to the Administrator. On at 12:06 PM, the Administrator stated, "This isn't pureed?" This writer asked her to taste the food. The Administrator tasted a bite of the paste on Resident #2's plate. She stated Resident #2 has not aspirated since he's been at the facility. This writer pointed out Resident #2's 1823 that documented pureed diet.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
A & L Health Care, Corp #2
8208 NW 14th Street
Coral Springs, FL 33071

Dear Administrator:

This letter reports the findings of a State Abbreviated Licensure Survey that was conducted on , 2015 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 (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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