STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964069	**05/19/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BROOKDALE MANDARIN	**10790 OLD ST RD** **JACKSONVILLE, FL 32257**	

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

0000 - Initial Comments

An unannounced biennial licensure survey with Limited Nursing Services (LNS) was conducted at Brookdale Mandarin in Jacksonville, Florida on , 2015. Deficiencies were identified as a result of the survey.

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

Based on observation and staff interviews, the facility failed to have on hand a 3-day supply of non-perishable food for a their current census.

The findings include:

On at 1 PM, an observation was made of the facility's non -perishable dry food storage. The storage contained several cans of apple sauce, lemon pudding, chocolate pudding, tapioca pudding and 1 can of beef stew. The census at the time of observation was 102 residents. There were no sources of protein foods and no vegetables in storage.

An interview with the executive director on at 1:30 PM stated that the facility will re-vamp the 3-day non-perishable foods to align with the disaster requirements. He acknowledged that there was not enough food in the storage support the 3-day non -perishable food supply for the 102 residents and facility staff.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale Mandarin
10790 Old St. Road
Jacksonville, FL 32257

Dear Administrator:

This letter reports the findings of a state biennial licensure with Limited Nursing Services 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 surveyors. Should you have any questions please call this office at .

Sincerely,

Jana Meyering,
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JG/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