STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967828	R **05/19/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
NEW GREENVIEW II ALF, INC	**2650 NW 15TH AVENUE MIAMI, FL 33142**	

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

0000 - Initial Comments

A Complaint (#2015001527) survey 2nd revisit was conducted on . New Greenview II ALF, Inc. with Limited Mental Health component had a deficiency found at time of the survey.

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

Based on observation, record review, and interview facility failed to have a menu dated menu prepared a week in advance and to have substitutions noted when or before a meal was served.

Findings included:

Observation on at 10:55 AM revealed the menu for 2015 was not posted. 's menus found posted on a wall in the kitchen (kitchen was unlocked but staff said that it is usually locked.).

On at 10:59 AM Staff B stated he didn't know where the menu was (menu was eventually located; did not match the food being prepared for lunch). Staff B stated that he posts a daily substitution menu on the bulletin board in the dining area and residents can see it there.

Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11967828

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
5/19/2015

Name of Facility
NEW GREENVIEW II ALF, INC

Street Address, City, State, Zip Code
2650 NW 15TH AVENUE
MIAMI, FL 33142

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix **A0025** Reg. # **429.26(7) FS; 58A-5.0182(1** LSC	Correction Completed **05/19/2015**	ID Prefix **AL241** Reg. # **58A-5.029(2) FAC** LSC	Correction Completed **06/19/2015**	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By State Agency	**Reviewed By** [signature]	**Date:** 6/25/15	**Signature of Surveyor:**	**Date:**
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
New Greenview Ii Alf, Inc
2650 Nw 15th Avenue
Miami, FL 33142

Dear Administrator:

This letter reports the findings of a Complaint survey second revisit conducted on
, 2015 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

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(s). Should you have any questions please call Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

YOSF

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com