STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966140	**06/15/2015**
NAME OF PROVIDER OR SUPPLIER **BISHOP GRADY VILLAS**	STREET ADDRESS, CITY, STATE, ZIP CODE **401 BISHOP GRADY COURT SAINT CLOUD, FL 34770**	

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

0000 Initial Comments

amended state form to delete tag 0032.

Complaint Investigation #2015002747 was conducted on Bishop Grady Villas had deficiencies found at the time of the visit.

0093 Food Service - Dietary Standards

Based on observations, record review and interview, the facility failed to ensure that menus were dated for the week in use and maintain on file for 6 months.

Findings:

Observations during the facility tour on at approximately 10 AM noted the menu was posted in the dining hall. The menu posted was not dated for the week in use but rather indicated Sunday day 12, Monday day 13, Wednesday day 14 Thursday day 15, Friday day 16, Saturday day 18 and were a 4 cycle menu.

In an interview on at approximately 1:30 PM, the Food Service Coordinator and the cook stated they were unable to locate the menu for 6 months. The staff member who was in charge of the kitchen was no longer employed there and they were both trying to re-organize the paperwork.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015 Amended
2015

Administrator
Bishop Grady Villas
401 Bishop Grady Court
Saint Cloud, FL 34770

RE: CCR #2015002747

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation 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. **Please forward documentation of correction to the Field Office.** 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 surveyor(s). Should you have any questions please call Lorraine Henry at

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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