RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Key Training Center
1380 North James Page Point
Lecanto, FL 34461

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by representative(s) of this office.

Enclosed 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 attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 this office at (386) 462-6201.

Sincerely,

for
Krista J. Mennella
Field Office Manager

KJM/amw
Enclosure
XG90

Alachua Field Office
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Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911736	07/09/2015
NAME OF PROVIDER OR SUPPLIER **KEY TRAINING CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **1380 N JAMES PAGE** **LECANTO, FL 34461**	

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

0000 Initial Comments

On unannounced biennial licensure survey was conducted at Key Training Center Assisted Living Facility in Lecanto Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0091 Training - Documentation & Monitoring

Based on record reviews and interviews the facility failed to maintain training documentation as required for 3 of 3 staff reviewed (A B and C).

Findings:

On a record review was conducted on direct care staff members A, B, and C. It was observed that all three staff members training documentation was missing the hours of training for each program.

On at approximately 2:28 PM an interview was conducted with the facility human resource director in reference to the missing training documentation. She stated the training hours our not on the training certificates because they have had at least three different training and they all do things differently, but she would insure that it would be corrected.

Class III

0093 Food Service - Dietary Standards

Based on observation, interview and record review the facility failed to ensure menu items were substituted with items of comparable nutritional value during the midday meal and a therapeutic diet was prepared and served as ordered by the physician for 1 (#3) of 1 resident reviewed receiving a therapeutic diet of 8 sampled residents.

Findings:

Record review of the menu prepared by a Registered Dietician and posted for the midday meal for revealed the residents' meal for that day was to include chicken nuggets (3 ounces), sweet potatoes (4 ounces), three bean salad (4 ounces) and peaches (4 ounces).

Observation of the midday meal on beginning at 11:31 AM, revealed staff prepared ham

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sandwiches with lettuce, peanut butter sandwiches, and strawberries. The staff were not observed to prepare a vegetable serving for the midday meal. The staff were not observed to measure portion sizes or the protein content of the ham or peanut butter sandwiches or the content of the bread slices used to make the sandwiches.

During interview on at 11:31 AM, the First Shift Resident Manager Assistant stated that she did not measure the portion sizes of the food items to determine whether the substituted items were of comparable nutritional value and met the portion sized recommended by the Registered Dietician. She stated that she served the residents of the home the indicated single serving size of each item that was written on the item package or container. She stated that the serving of and lettuce were being provided as a vegetable substitute for the three bean salad vegetable serving because no three bean salad was available in the home.

During interview on at 11:47 AM, the First Shift Residential Manager Assistant stated that Resident #3 was on a 1500 calorie controlled diet. She stated she did not track Resident #3's caloric intake measure portion sizes to ensure Resident #3 intake remained within his prescribed therapeutic diet. The First Shift Resident Manager stated that "I just give him less than the others get."

Record review of Resident #3's clinical record revealed Resident #3's Health Assessment (dated revealed documentation that Resident #3 was on a calorie controlled diet.

Record review of a clarified Physician's Order (dated revealed documentation that Resident #3 was on a prescribed 1500 calorie diet.

During interview on at 2:00 PM, the Residential Director/Administrator confirmed that the unmeasured serving of and lettuce being provided as a vegetable substitute for the three bean salad vegetable was not an adequate vegetable substitution. She confirmed that staff were not using correct procedures to determine portion size to adhere to the Registered Dietician's prepared menus. She confirmed that staff were not using proper procedures to ensure adherence to the nutritional parameters outlined in the posted menu developed by a Registered Dietician or proper portion control measures to ensure adherence to Resident #3's prescribed calorie controlled therapeutic diet.