STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964817	08/19/2015
NAME OF PROVIDER OR SUPPLIER **ARDEN COURTS MANORCARE HEALTH**	STREET ADDRESS, CITY, STATE, ZIP CODE **6125 RATTLESNAKE HAMMOCK ROAD NAPLES, FL 34113**	

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

0000 Initial Comments

An unannounced Biennial and Limited Nursing Services (LNS) survey was conducted on through at Arden Court an Assisted Living Facility (ALF) in Naples, Florida.

The following is a description of non-compliance:

0093 Food Service - Dietary Standards

Based on observation, record review, and interview the facility failed to have regular and therapeutic menus that included potion size reviewed annually by a licensed or Registered Dietitian, a Licensed Nutritionist, or a Registered Dietetic Technician supervised by a licensed or Registered Dietitian. The facility failed to maintain an adequate 3 day emergency food supply in relation to emergency milk supply for the residents.

The findings included:

1. Observation on / / at 10:50 a.m., revealed menu posted at dining areas approved on . The menu posted did not include portions.

During interview on at 11:50 a.m. the food manager said for the two years he has been in charge of the kitchen he did not have the menu approved by a dietitian. He said he was unaware of the requirement. He said he utilized a spread sheet for the portions and obtained a copy for the surveyor. Review of the speed sheet revealed that portions were not approved by a registered dietician. The approval portion of the sheet was blank.

2. Observation during tour conducted on / / at 10:59 a.m., revealed that there was no canned or dry milk in the cabinet were the emergency food supply was kept. The census in the facility at time of survey was 55 residents. The regulatory requirement is 16 oz. of milk per resident per day.

The Food Manager acknowledged at the time of the observation on at 10:59 a.m. that the facility lacked an adequate emergency food supply. He said he disposed of it the week before and he was planning on ordering more as soon as possible.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Arden Courts Manorcare Health
6125 Rattlesnake Hammock Road
Naples, FL 34113

Dear Administrator:

This letter reports the findings of a state licensure survey that was completed on , 2015 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for the deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of the identified deficiency. Submit summary and documents 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 deficiency 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

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