RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2015

Administrator
Canterbury Arms Assisted Living
7355 Canterbury Street
Brooksville, FL 34606

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on [redacted], 2015 by a representative 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than [redacted], 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

for

Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968528 | 09/08/2015 |
| NAME OF PROVIDER OR SUPPLIER<br>**CANTERBURY ARMS ASSISTED LIVING** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**7355 CANTERBURY ST BROOKSVILLE, FL 34606** | |

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

**0000 Initial Comments**

An unannounced Biennial licensure survey was conducted at Canterbury Arms Assisted Living Facility in Spring Hill, Florida on , 2015. Licensure deficiencies were identified as a result of the survey.

**0078 Staffing Standards - Staff**

Based on interview and record review the facility failed to obtain a written medical statement of freedom from communicable from a health care provider for 1 ( Staff B) of 4 staff records reviewed.
Findings:
A review of the personnel record for Staff B revealed that she was hired on . Further record review revealed that there is no statement from a medical provider stating freedom from communicable .

An interview was conducted with the administrator on at 4:15 PM. She confirmed that there is no written medical statement from a health care provider stating freedom from communicable .

Class III

**0093 Food Service - Dietary Standards**

Based on interview and record review the facility failed to ensure that menu's were reviewed by a dietitian annually.
Findings:
A review of the posted menu for the week starting revealed that the menu was was reviewed on by a licensed dietitian. Further review of the menu's revealed that were no menus reviewed since that date.
An interview was conducted with the Administrator on at 11:45 AM. She confirmed that she has not had any the menu's reviewed since .

Class III