STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967905	01/05/2016
NAME OF PROVIDER OR SUPPLIER **BAYSHORE GUEST HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **512 BAYSHORE RD** **NOKOMIS, FL 34275**	

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

0000 Initial Comments

An unannounced Biennial survey was conducted on 1/ /1 at Bayshore Guest Home, an Assisted Living Facility located in Nokomis, Florida.

The following is a description of the deficiency that was found at the time of the visit.

0093 Food Service - Dietary Standards

Based on observation, record review, and interviews, the facility failed to conspicuously post and follow the planned menus.

The findings included:

1. On 1/ at 11:45 a.m., residents were observed preparing to eat lunch in the dining . There was no menu posted as to what was going to be served. The facility's owner was present and said the menus are kept in the kitchen. The owner went into the kitchen and removed them from a wall. The owner confirmed the menu was not conspicuously posted and residents were not allowed in the kitchen.

2. On 1/ at 11:55 a.m., Staff B said she was not exactly going by the menu for lunch today and instead of serving baked ham, was serving ham and turkey sandwiches. The planned menu listed for supper was chicken salad on lettuce, carrot salad, toasted bread, and a brownie. Staff B said she was planning on serving baked chicken, boiled sweet potatoes, mixed vegetables, and a lemon meringue pie.

The facility's substitution log was reviewed from to 1/ . It indicated a different entree meal was served for lunch and dinner each day. The substitutions did not indicate the serving size of each item, i.e. ounces of meat.

3. In an interview on 1/ /1 at 12:42 p.m., the owner acknowledged the planned menus were not being followed and will get the Registered Dietitian to come in and work on those with her. The owner also said the menus are now posted outside of the kitchen.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Bayshore Guest Home
512 Bayshore Rd
Nokomis, FL 34275

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was 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 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 , 2016.** 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 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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