RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Sabal House
150 Crossville Street
Cantonment, FL 32533

RE: CCR #2015012312

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by a representative 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 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 surveyor. Should you have any questions please call me at (850) 412-4540.

Sincerely,

Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure XG90

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965159	**01/13/2016**
NAME OF PROVIDER OR SUPPLIER **SABAL HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **150 CROSSVILLE STREET CANTONMENT, FL 32533**	

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

0000 Initial Comments

A complaint investigation(CCR# 2015012312) was conducted at Sabal House assisted living facility (ALF) on , 2016. Sabal House ALF had a deficiency at the time of the investigation.

0093 Food Service - Dietary Standards

Based on interviews and record review, the assisted living facility failed to ensure a licensed or registered dietician annually reviewed the regular menus.

Findings include:

A review of the 2016 regular cycle 1 menu revealed there were no indications of a licensed or registered dietitian annual review.

During an interview on , 2016 at 1:15 pm, the Dietary Manager stated that she did not know if a dietician had reviewed the regular menus. She stated before the facility started the new regular menus; she would make sure that a licensed or registered dietitian reviewed and signed as an approval on the menus.

During an interview on , 2016 at 2:00 pm, the Administrator confirmed that a licensed or registered dietitian did not completed an annual review on the regular menus.

Class III