AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963901	01/07/2016
NAME OF PROVIDER OR SUPPLIER JOHN-NELL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1012 GULF ROAD TARPON SPRINGS, FL 34689	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

A complaint investigation (CCR 2015011207 and 2015011445) was conducted at John-Nell Manor on / /. John-Nell Manor had deficiencies at the time of the investigation.

0092 Food Service - General Responsibilities

Based on observation and interview, the administrator failed to perform all food service responsibilities in a safe manner.

Findings included:

During a tour of the facility at 9:56 AM on / /, the interior of the facility ' s resident food freezer was observed. Three bags of what appeared to be peeled and cut sweet potatoes were observed. There was no labeling as to content or storage date on the 3 bags. Additionally, a plastic package of unidentified frozen food was observed in the same area of the freezer without a label or date.

The administrator was interviewed at 10:11 AM on / / and acknowledged the lack of required labeling and dates on the food in the freezer. She stated that she had cut up the sweet potatoes and put them in the freezer. The administrator also indicated that the unidentified frozen package contained homemade banana fritters that she made.

Class III

0093 Food Service - Dietary Standards

Based on observation, interview, and record review, the facility failed to properly maintain a required menu substitution list for 6 months, noted before or when a meal is served.

Findings included:

A food service and dining review was conducted on / /. The registered dietitian approved menu was posted and indicated the meal to be served was 3 oz. Roast Turkey, 1/2c Boiled Potatoes, 1 c Green Beans, 1/2c Fruit Medley, 1 Bread, 1T Margarine, ½ cup Skim Milk, 1 c Coffee or Tea.

At approximately 12:00 PM on / / , the administrator was asked what meat she was carving. The

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administrator stated that she had prepared roast beef.

At approximately 2:00 PM on / / , the administrator was asked for a copy of the facility ' s menu substitution list, which she provided. A review of the substitution list showed a single entry dated . When asked why she did not notate the substitution list for substituting the roast beef for the roast turkey during the lunch meal, the administrator stated that she thought the menu read roast beef and apparently she was mistaken.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

I, 2016

Administrator
John-Nell Manor
1012 Gulf Road
Tarpon Springs, FL 34689

RE: CCR #2015011445 &2015011207

Dear Administrator:

This letter reports the findings of two complaint surveys that was conducted on , 2016 by representative(s) 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(s). Should you have any questions please call **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

PRC/clt
Enclosure: State (5000-3547) Form
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