STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965534	03/22/2016
NAME OF PROVIDER OR SUPPLIER **IMPERIAL CLUB**	STREET ADDRESS, CITY, STATE, ZIP CODE **2751 NE 183 STREET** **AVENTURA, FL 33160**	

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

0000 Initial Comments

A Complaint (2016002766) Survey was conducted on . Imperial Club had deficiencies identified at the time of the survey.

0094 Food Service - Food Hvaiene

Based on observations, record review, and interview, the Assisted Living Facility failed provide dietary services in a safe and sanitary manner.

Findings included:

Facility tour on at 11:12 AM revealed the facility providing dining services on the first, third, and fourth floor. The facility's kitchen and where the resident's meals were prepared was also on the first floor.

Further observations on at 12:11 PM to 1:43 PM with the health inspector found the facility had multiple violations on the first and three floor dining area.

Interviews with the Executive Director and Director of Nursing on / at 1:43 PM acknowledged the findings observed during the health inspection. The Executive Director stated she was recently hired at the facility and she was going to correct the violations.

The health inspection revealed the following violations:
-Violation #18. Cleanliness
Employee must not wear jewelry in food service areas.

-Violation #22. Refrigeration facilities/Thermometers
Provide hot holding thermometer at hot plate area.

-Violation #29. Cleanliness of equipment
Resurface or replace damaged discolored cutting boards.

-Violation #30. Methods of washing
Provide chemical test paper at 3-compt. sink.

-Violation #38. Vermin control
Remove old rodent droppings from floors in Dry Storage .

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Violation #39. Other facilities and operations
Repair hole in wall under Sink 3rd FL.
Clean dirt from cabinet floor. 3rd Fl
Repair leak at hand sink drain. 3rd Fl
Repair holes in walls and ceiling near hood system and below 3-compt. sink.
Clean floors and corners of dirt and food parts throughout kitchen.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Imperial Club
2751 Ne 183 Street
Aventura, FL 33160
RE: CCR #2016002766

Dear Administrator:

This letter reports the findings of a complaint licensure survey 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

XG90

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