STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967189	04/06/2016
NAME OF PROVIDER OR SUPPLIER **PRINCETON VILLAGE OF PALM COAST**	STREET ADDRESS, CITY, STATE, ZIP CODE **100 MAGNOLIA TRACEWAY PALM COAST, FL 32164**	

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

0000 Initial Comments

A complaint investigation, CCR# 2016000738, was conducted at Princeton Village Of Palm Coast on , 2016. Princeton Village Of Palm Coast had deficiencies found at the time of the investigation.

0085 Training - Nutrition & Food Service

Based on staff interview and employee record review, the facility failed to ensure the person designated by the Administrator as responsible for the facility's food service and day to day supervision of food service staff received annually a minimum of 2 hours of continuing education in topics related to food service. (Acting Food Service Administrator)

The findings include:

Record review and interview with the Administrator on at 12:46 PM found the last Food Service Director was terminated from the facility on // . Further interview found that the Acting Food Service Director began in the position on // . Record review for the Acting Food Service Director found the most recent training she received related to food service was on . The findings were confirmed by interview with the Administrator and the Acting Food Service Director on at 2:15 PM. Both confirmed the most recent training that could be provided was from .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Princeton Village Of Palm Coast
100 Magnolia Traceway
Palm Coast, FL 32164

RE: CCR #2016000738

Dear Administrator:

This letter reports the findings of a state licensure complaint 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 this office at -4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

NH/JM/sm
Enclosure
XG90

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