STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942717	04/18/2016
NAME OF PROVIDER OR SUPPLIER **DEERWOOD PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **8700 A C SKINNER PARKWAY** **JACKSONVILLE, FL 32256**	

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

0000 Initial Comments

A biennial licensure survey with Limited Nursing Services was conducted at Deerwood Place on 2016. Deficiencies were identified.

0085 Training - Nutrition & Food Service

Based on employee record review and staff interview, the facility failed to ensure the food service designee for the facility obtained annually a minimum of 2 hour continuing education in food service and nutrition. (Employee E, Kitchen Manager).

The findings include:

During an interview with the Administrator on at 9:30 AM she was asked for the name of the Food Service designee for the facility. She stated it was the Kitchen Manager (Employee E) from the nursing home located in the same building as the assisted living facility.

The Kitchen Manager was asked to provide evidence of the training he had related to food service and nutrition. On at 4:40 PM the Kitchen Manager provided evidence of training he received on . He stated he became responsible for food service at the Assisted Living Facility on . He stated he enrolled in a Food Service Manager program and provided evidence he enrolled on . He stated he did not have any evidence of training from the program to provide.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Deerwood Place
8700 A C Skinner Parkway
Jacksonville, FL 32256

Dear Administrator:

This letter reports the findings of a state biennial licensure with Limited Nursing Services 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 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 surveyors. Should you have any questions please call this office at 904/798-4201.

Sincerely,

Dana Meyering

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

AF/JM/sm
Enclosure
XG90

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