STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965534	R / /

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IMPERIAL CLUB	**2751 NE 183 STREET AVENTURA, FL 33160**

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

0000 Initial Comments

A Compiaint (CCR#2016002766) Revisit Survey was conducted on May 11, 2016. Imperial Club had the following deficiency identified at time of the survey:

0094 Food Service - Food Hvaiene

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

Findings included:

Facility tour on / at 10:00 AM revealed the meals are served on the first floor dining , the third floor and fourth floors. Observations made from 11:30 AM to 11:45 AM of residents served their meals from the kitchen on the first floor and meal are placed in a warmer cart to deliver meals to third and fourth floors.

Record revew of the Department of health inspection dated / shows an Unsatisfactory and violations pending reinspection on / .

The health inspection revealed the following violations: Violation #37. Garbage disposal
Provide additional dumpster or additional pick up to prevent over flowing dumpsters
Clean around dumpster area

Violation #38 Vermin control
Vermin proof exterior door

Violation #39. Other facilities and operations
Repair hole in wall under Sink 3rd FL.
Clean ceiling vent and tile throughout food service area

On / at 9:50 AM the Administrator stated, "The inspector was here on Maonday and we corrected all of the violations we had. The one on the report are new one and the inspector said she will be coming Friday. We have already corrected the new violations".

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Imperial Club
2751 Ne 183 Street
Aventura, FL 33160

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2016by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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 (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

BBT7

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