AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910145	**06/20/2016**
NAME OF PROVIDER OR SUPPLIER **SANDPIPER ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **6439 FIRST AVENUE, SOUTH SAINT PETERSBURG, FL 33707**	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

Lic #7268

A Complaint survey (CCR2016003403) was conducted on . The Sandpiper ALF had a deficiency at the time of the visit.

0093 Food Service - Dietary Standards

Based on observations, interviews and record reviews, the facility failed to serve food as planned and approved, failed to make available or post the menus for residents to see, and failed to note substitutions as they occurred.

Findings included;

On at 11:50 AM, the menu in use by the facility was observed to be posted in the kitchen only. A sign on the kitchen door states , "Residents not allowed in kitchen". 10 of 10 residents who were interviewed between 11:45 AM and 6:30 PM stated that the menu is never posted where it can be seen. They do not know what will be served for the next meal. They also stated that it probably doesn't matter because they always have the same thing for breakfast and lunch. Staff A, B and C all confirmed that menus are not conspicuously posted or accessible to residents.

The approved menus were not followed as evidenced by the following:
Week 4 lunch: a cookie was served instead of crackers with soup because the facility did not have any crackers, according to Staff C.
Week 4 dinner: no vegetable was served. Staff C could not give a reason as to why he did not prepare a vegetable as stated on the menu.

Staff C also stated that he served grilled pork loin, baked potato and applesauce for dinner on . The menu showed Hamburger with , tater tots, vegetable and fruit. He stated that he must have read the wrong menu because he thought it was "Chef's Choice" on . Again, no vegetable was served. Staff C stated that he substitutes food often because residents don't like certain things. Observation of the substitution log revealed no entries made since .

An interview with the Administrator at 12:30 PM revealed that monthly meetings are held with the residents and that this would be a time when they could make suggestions for menu planning. She

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could not provide evidence that menu planning was discussed during these meetings. Interviews with residents revealed that they do not know that they can provide input into menu planning and that they just get served the same thing all of the time.

CLASS III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Sandpiper ALF
6439 First Avenue, South
Saint Petersburg, FL 33707

RE: CCR #2016003403

Dear Administrator:

This letter reports the findings of a state 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 **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

For Patricia Reid Caufman
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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