

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/20/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953664	(X3) DATE SURVEY COMPLETED 07/11/2016
NAME OF PROVIDER OR SUPPLIER MIDWAY MANOR RETIREMENT RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1754 ENSLEY AVENUE CLEARWATER, FL 33756	

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

0000 Initial Comments

Assisted Living Facility

On 07/11/2016, an unannounced complaint investigation (CCR# 2016005138) was conducted at Midway Manor ALF. Midway Manor ALF had a deficiency at the time of the investigation.

License # 8632

0093 Food Service - Dietary Standards

Based on observation and interview, the Assisted Living Facility failed to ensure the menus being used were posted in a conspicuous place easily accessible to all residents and the menus were outdated.

Findings included:

On 07/11/2016, during the facility tour, the only menu observed was noted to be posted in the kitchen. No residents were seen going in the kitchen during the survey with a date of "Week 2." During an observation of the lunch meal, it was observed that the lunch meal was written on an erasable board and listed noodles, chicken fricassee, brussel sprouts, & fruit salad, and the alternate was listed as egg salad. The menu that was provided to the surveyor listed noodles, chicken fricassee, zucchini melody, dinner roll or bread, margarine-1 pak, oranges w/mousse, and the alternate was listed as roast beef sandwich. No other menus were observed to be posted anywhere on the premises. In an interview with Staff #A at 12:00 pm, he stated that he did not have the items listed on the menu. On 07/11/2016 in an interview with the Administrator at 12:30 pm, he stated he did not know the menu had to be posted in a conspicuous place and not just listed on the erasable board, and he did not know the menus were outdated (the date on the menus was 07/11/2016, signed by the dietician).

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Midway Manor Retirement Residence
1754 Ensley Avenue
Clearwater, FL 33756

RE: CCR# 2016005138

Dear Administrator:

This letter reports the findings of a complaint 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 deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 the identified deficiency. 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 deficiency 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.

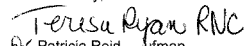
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Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Teresa Ryan**, RNC, at (727) 552-2000.

Sincerely,


Patricia Reid
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

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