STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968807	08/16/2016
NAME OF PROVIDER OR SUPPLIER **RSC WEST PALM BEACH LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2220 N AUSTRALIAN AVE 6TH FLOOR** **WEST PALM BEACH, FL 33407**	

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR# 2016005783 and CCR# 2016006343, was conducted at the facility on , , and / (License #12676).
The facility had a deficiency identified at the time of the investigation. Deficient practice identified at CCR #2016006343.

0093 Food Service - Dietary Standards

Based on interviews and record reviews, the facility failed to:
1) provide all menu items as listed, and
2) have current year's menu posted.

The findings include:

On at 12:15 PM, the menu observed posted in dining for week #2, and it was signed and dated by the dietitian for - . The menu for Thursday was listed as:

Lunch:
a) Ham, Brie and Apple Wrap
b) Potato Chips
c) Pickle Spear, Lettuce and Tomato
d) Applesauce with Cinnamon

Dinner:
a) Soup Du Jour
b) Baked Ziti with Marinara Sauce
c) Dinner Roll
d) Spinach Salad
e) Marble Cake (Regular or Sugar Free)

There was no applesauce with cinnamon available for the residents at lunch, nor was there marble cake available for the residents at dinner.

The Administrator provided Menus signed and dated by Registered Dietitian for 2016 - , 2017, but week 2 of these menus was different from the menu posted. Included in these menus were alternative choices of sandwiches available for lunch and dinner. There was no explanation as to why last year's menu was posted and followed instead of the current menu.

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All sampled residents interviewed state there are no desserts served with any of the meals. During interview with the Administrator on / , he confirmed that desserts are not always provided, but states he will buy cakes on occasion for the residents with his own money.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2016

Administrator
Rsc West Palm Beach Llc
2220 N Australian Ave 6th Floor
West Palm Beach, FL 33407

Dear Administrator:

This letter reports the findings of a State Licensure Survey that was conducted on , 2016 by a representative from 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 [redacted], 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 representative. Should you have any questions please call the field office at 561-381-5840.

Sincerely,

Arlene [redacted] Davis
Field Office Manager

AMD/ch
Enclosure

XG90

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