STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911132	10/25/2016
NAME OF PROVIDER OR SUPPLIER **OCEAN VIEW MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **624 S ATLANTIC AVENUE** **DAYTONA BEACH, FL 32118**	

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

0000 Initial Comments

A six month survey with Limited Mental Health was conducted on
The facility had a deficiency at the time of the visit.

0093 Food Service - Dietary Standards

Based on observation, facility record review, and staff interview, the facility failed to have the menu posted at all times, have portion sizes for food served, have menus signed annually by a Registered Dietician and failed to have an adequate emergency food and water supply for all 78 residents residing in the facility.

The findings include:

On at 9 a.m., there was a bulletin board in the hallway off of the dining a menu signed by a Registered Dietician on , 2015. It expired on , 2016. The Administrator on at 10 a.m. confirmed it had lapsed and needed to get a new one.

On at 1150 a.m. an observation of the lunch service was made. A long line of residents were seen of residents down the hallway past the living the facility office. There was a substitution menu in the hallway listing Tomato Soup, Baked Chicken Nuggets, Salad, and Orange Slices. The substitution menu did not list the portion sizes of the items. The main menu was located on the refrigerator in the storage " the kitchen(not accessible to residents). It revealed 6 ounces of soup, 3 ounces of egg salad, on bread 2 slices or 12 crackers, 1/2 cup of tomato salad and 1/2 cup of pineapple was to be served. The cook and server, Employee A on at 11:55 a.m. stated that he substituted everything on the menu. He did have the menu posted in the hallway but removed it and put it back on the refrigerator since he substituted it today.
He put on gloves and touched the food and put them on plates. He did not use any utensils. He stated he was giving 5 nuggets, a handful of salad, and one orange wedge. He had given bowls of tomato soup to some residents already in the dining . He confirmed he did not measure the food items on the plate. He had been in food service for years and he just knows how much to give. He placed the plates through a window and the residents came up to the window and took a plate and then went to the dining eat. After the food line was finished , many of the residents returned to the food line for a second helping of food around 1230 p.m.

The Emergency food supply was observed in a closet off of the kitchen on at 2:40 pm. There were 4 powdered milk with an expiration date of , 2015. There were 6 cans of grapefruit

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juice with a best buy date of ,2016. The emergency water supply was in the basement and was observed on at 3 p.m. There were 27 - 5 gallon containers equivalent to 135 gallons. The Administrator confirmed she did not have an adequate water supply for 3 gallons per day for 78 residents. They need 255 gallons. She stated she had used the emergency food and water supply when they evacuated during the hurricane (7 and 8th) . She had not replenished it yet. She also confirmed the powdered milk and grapefruit juice was out of date.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Ocean View Manor
624 S Atlantic Avenue
Daytona Beach, FL 32118

Dear Administrator:

This letter reports the findings of a state licensure six month survey that was conducted on , 2016 by a representative 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. Should you have any questions please call this office at -4201.

Sincerely,

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

LW/JM/sm
Enclosure
XG90

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