STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965781	10/31/2016
NAME OF PROVIDER OR SUPPLIER **AZALEA OPCO LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1701 MAYO STREET** **HOLLYWOOD, FL 33020**	

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

0000 Initial Comments

An unannounced Change of Ownership (CHOW) survey was conducted on 10/31/2016 at Azalea Opco LLC (License #10106). The facility had deficiencies at the time of the visit.

0010 Admissions - Continued Residencv

Based on resident record review and staff interview, it was determined the facility failed to ensure each resident was assessed for continued residency, for 1 out of 2 (Resident #9) sampled records reviewed. As evidence of the facility failure to ensure that health assessments (AHCA Form 1823) were updated at least every 3 years and/or upon significant health changes.

The findings include:

A review of Resident #9's record revealed that her most current and only AHCA Form 1823 contained in her file was dated . Record review failed to reveal an updated health assessment completed for this resident, as required every 3 years.

During an interview conducted on / at 2:41 PM with the Administrator, she reviewed the file and confirmed that the facility had no other AHCA Form 1823 to review and acknowledged the findings.

Class III

0093 Food Service - Dietarv Standards

Based on observation, record review and interview, the assisted living facility failed to ensure the facility's dietician approved menu was followed at all times .As evidenced by not serving the proper portion size of protein for a census of 28 residents.

The findings include:

A record review conducted on / at 12:00 PM of the facility's posted dietician approved lunch menu for / revealed the menu to be ; 3 ounces Beef Stroganoff, 1/2 cup noodles,1/2 cup California vegetable medley, 3/4 cup tossed salad with dressing, 1 slice bread with margarine, 1/2 cup Peach & lime gelatin, and 8 ounces beverage. Further observation of the daily menu revealed a substitution was being made for the beef stroganoff, in lieu of 3 ounces of beef stroganoff 3 ounces of Salisbury steak would be served.

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SUMMARY STATEMENT OF DEFICIENCIES
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In an observation conducted on 10/31/16 at 12:40 PM of the facility's lunch meal served to the residents in the dining room, 8 of the 25 residents eating at 12:00 PM were only served a half portion of Salisbury steak.

During an observation conducted on / at 12:44 with Staff D (the cook), she weighed a half portion of Salisbury steak and confirmed that it weighed only 2 ounces.

In an interview conducted on / at 12:50 PM with Staff D, she stated she served the 8 residents half orders of Salisbury steak because they don't eat all their food.

In an interview conducted with the Administrator on / at 12:51 PM, she also observed the facility's lunch meal with the half portion of Salisbury steak, weight of the Salisbury steak and confirmed the findings.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Azalea Opco LLC
1701 Mayo Street
Hollywood, FL 33020

RE: Change of Ownership Survey (CHOW)

Dear Administrator:

This letter reports the findings of a change of ownership 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

XG90

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