STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932401	10/31/2016
NAME OF PROVIDER OR SUPPLIER **VILLA RIO VISTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **1115 SE 6TH TERRACE** **FORT LAUDERDALE, FL 33316**	

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

0000 Initial Comments

A licensure complaint survey, CCR# 2016009249, was conducted on 10/31/16 at Villa Rio Vista. The facility had a deficiency identified at the time of the survey.

0093 Food Service - Dietary Standards

Based on observation, interview, and record review, it was determined that the facility failed to post the approved menu and failed to follow the approved menu.

The findings include:

During the kitchen/food service observation tour conducted on I/ at 10:30 AM, it was noted that there was a white menu board located at the entry door to the dining . A closer observation of the menu board noted that the day and date documented on the board was the lunch meal for Saturday of . Upon entering the dining, the cook (Staff A) was interviewed concerning the menu board. Staff A stated, she had been off for the weekend and had not been given the approved menu for I/ from the Administrator. Staff A then went to Administrator's office to get the approved menu who returned to inform the surveyor that they would be using approved menu Cycle #1.

A review of the approved menu noted that the lunch meal included; Corned Beef, Boiled Potatoes, Carrots, Cabbage and Applesauce. The approved dinner menu included; Chicken Gumbo, Chicken Salad Sandwich, Tomato Juice, and Cookies. Following the review it was noted Staff A to state that the approved menu for the lunch and dinner meal would not be followed. Staff A then stated to the surveyor that the lunch meal would include; Chicken Parmesan, Noodles, Broccoli, Salad, and Cookies, The dinner meal would include: Hot Dog on , Baked Beans, Chicken Soup, and cake. When asked why the approved menu was not going to be followed Staff A replied that some of the foods had not been purchased that included the corned beef, chicken salad, potatoes, cabbage, applesauce and carrots. Staff A stated, that the the menu is not being followed because food items for meals are not being thawed in time for lunch and dinner preparation. During the observation of the lunch meal preparation on I/ , it was also noted that there was no mozzarella cheese available for the Chicken Parmesean. Staff A was observed to cook breaded chicken pieces, cover with tomato sauce, and sprinkle parmesan cheese over the top and serve. Staff A stated, she was unaware on how to prepare Chicken Parmesean and did not have a standardized recipe to follow for the preparation of Chicken Parmesean.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Villa Rio Vista
1115 Se 6th Terrace
Fort Lauderdale, FL 33316

RE: CCR #2016009249

Dear Administrator:

This letter reports the findings of a state licensure 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/dlt
Enclosure

XG90

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