STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967795	10/26/2016
NAME OF PROVIDER OR SUPPLIER ANGUILLA CAY SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1021 NORTH RIDGE ROAD LANTANA, FL 33462	

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR# 2016009154, was conducted on at Anguilla Cay Senior Living. The facility had deficiencies identified at the time of the survey.

0092 Food Service - General Responsibilities

Based on observation and interview, it was determined that the Administrator and designee (cook) failed to perform the food duties in safe and sanitary manner.

The finding included:

During the kitchen/food service observation tour conducted on at 10:30 AM accompanied by the facility Administrator and cook, the following sanitary conditions were noted:

1) Numerous live flying insects noted in the food preparation area, food serving area, food storage and dish machine . It was noted that the entry/exit door opened directly to the outside and was noted to be left open for short periods of time during the observation. The cook confirmed that the flies are a daily concern and the Administrator, stated that he was aware of the issue but has not acted upon the fly/insect issue.

2) The cook was noted to have facial hair (mustache and beard) but failed to wear a facial hair /protector throughout the lunch meal preparation and serving of the lunch meal. The cook stated, he was unaware that a facial hair /protector was required.

3) Reach-in refrigerator #2 and reach in freezer #1 failed to have thermometers. Reach-in freezer #1 was noted to have a heavy buildup of ice and was heavily soiled. Reach-in refrigerator #2 was noted to have a heavy build-up of dried foods and dirt on the bottom of the unit.

4) Reach-in refrigerator #1 had numerous bottles and cans of condiments (10) that failed to have a documented date of opening. Reach-in refrigerator #2 had numerous left-over foods containers (5) of food that failed to document the food and the leftover date. Other containers of foods that had a documented left-over date (3) were over 10 days old and were not identifiable.

5) The 3-compartment sink was noted to be heavily soiled and was not being cleaned after each use.

6) The food preparation floor , food serving floor, food storage and dish were heavily soiled with trash, food debris and dirt.

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7) Soiled brooms, mops and dust pan were being stored in the clean dish machine room area.

8) A test of the chemical level of the dish machine revealed a level of over 200 PPM which can be toxic when a film of the chemical is left on resident dishware and silverware. The safe regulatory level is 50 PPM.

9) A test of the cleaning rag bucket revealed a Quaternary chemical level of over 400 PPM which can be toxic when left on food preparation surfaces. The safe regulatory levels of the Quaternary chemicals is 50-100 PPM.

11) Food storage shelving (4) were noted to be soiled with dried food and dirt/dust.

12) Trash/garbage containers were noted to not be covered when not in use and were noted to have live insect activity.

13) Soiled cleaning rags (3)were noted to be located on clean preparation and serving counters. The cook was unaware the soiled rags must be stored in a chemical solution when not in use.

Class III

0093 Food Service - Dietary Standards

Based on observation, interview and record review, it was determined that the residents' (Census of 28) nutritional needs were not being met. As evidence of the facility failure to offer a variety of foods, failure to prepare foods by the use of standardized recipes and failure to follow food portion sizes.

The findings included:

1) During 4 confidential interviews conducted on , the residents voiced concerns that included:

(a) Four out of four residents interviewed describe the facility food as "lousy, terrible and inedible. These residents also complained about food serving temperatures, small food portions, menu lacking a variety of foods, no snacks between meals or at bedtime, and no special sugar free/ foods or snacks available.

(b) Three out of four of these residents interviewed stated that there is a resident food committee. However, recommendations or food complaints made to the administration have not been implement.

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The residents have been told that there is no money for food improvements.

(c) Two out of four residents interviewed voiced concerns that meal hours are not followed and that they sit for long periods of times without being served.

(d) Two out of four residents interviewed voiced that on many occasions they just do not eat the meals being served and go on outings to the grocery store to purchase there own foods for consumption.

(e) Two out of four residents stated, that they are afraid to make food complaints to the administration and "just eat the meals being served" and "not complain".

2) During review of the approved facility cycle menu and review of the lunch menu for it was noted that the lunch menu documented for every day of the cycle menus was "Your choice of deli sandwich", " Macaroni Salad , Potato Salad, and Cole Slaw", and "Fresh Fruit Cup or Fresh Fruit". Interview with the facility cook (Staff A) on revealed that only ham or turkey sandwiches are available only on wheat bread. Observation of the lunch meal on noted that only ham and turkey sandwiches were available along with only potatoes salad, tuna salad, chicken salad, and egg salad. It was also noted that a slice of small honeydew dew melon was placed on each entree plate for the dessert.

3) During the review of the approved cycle menu it was noted that the portions were not included on the menus. Interview with the administrator on revealed that menu portions are documented on a separate sheet that was not available for the facility cook to follow. Interview with the cook on revealed that he was unaware the there are regulatory requirements of standard food portions to be served. Review of the portion sheet that was supplied by the consultant dietitian documented serving for breads, starches, meat/protein, vegetables, and fruits. There were no documented portions for the egg salad, tuna salad, and chicken salad that were being served for the lunch meal of . The portion was also noted not to include 16 ounces of milk or equivalent served each day. Further review of the portion sheet documented all desserts have a Sugar free comparable choice and that deli sandwiches are made on wheat bread.

4) During the observation of the lunch meal on , it was noted that the chicken salad, tuna salad, potato salad and egg salad were being served utilizing only a #16 scoop (1/4 --1/3 of a cup or 2 ounces). A review of the portion sheet revealed documentation that a #8 scoop (4 ounces or 1/2 cup) should have been utilized to include a minimum 2 to 3 ounces of chicken, fish and 1/2 cup of cooked potato. During an interview with the cook on it was revealed that he was unaware of the portion sheet or that a #16 was an insufficient portion. The cook further stated that the facility just purchased #8 scoops earlier this week but they have not been put into service.

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5) During the observation of the lunch meal on 10/26/16 the cook was asked for the standardized recipes that were utilized for the preparation of meals. The cook stated that he did not follow any recipes or utilizes recipes for the preparation of the foods on the cycle menu. The cook located a large box of recipes in the dietary office but he could not locate specific standardized recipes used for resident meals. The Administrator then informed the surveyor that a book of standardized recipes that are required to be utilized for the preparation of the cycle menus was found in the administrators office.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Anguilla Cay Senior Living
1021 North Ridge Road
Lantana, FL 33462

RE: CCR #2016009154

Dear Administrator:

This letter reports the findings of a complaint 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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