STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942717	**12/14/2016**
NAME OF PROVIDER OR SUPPLIER **DEERWOOD PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **8700 A C SKINNER PARKWAY JACKSONVILLE, FL 32256**	

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

0000 Initial Comments

On 14, 2016 a complaint survey CCR#2016011233 was conducted at Deerwood Place Assisted Living Facility, License number 6007. Deficient practice was identified during the survey.

0093 Food Service - Dietary Standards

Based on interview, observation and record review, the facility failed to ensure that foods were held at the appropriate temperatures to prevent and minimize potential for food borne illness and failed to ensure that residents dietary concerns regarding food temperatures were being addressed timely.

The findings include:

An interview was conducted with Resident #3 at 10:15 am on . He stated that sometimes the food is just bad. He stated, the taste is not good and it is too .

An interview was conducted with Resident #4 at 11:35 am on . She stated that the food taste, temperature, and texture is not good. The food is always and still is. She stated that she has complained about the food numerous times. She stated that a few months ago the food got worse. She stated that they have meeting every week and it is the same thing, nothing has changed. She stated that there are alternate foods but they are not better. She stated that one time she had to take it to the activities heat it up herself. She stated that one time she asked a staff member to warm her food and they told her she had to wait until they serve everyone else before they can heat up her food.

An interview was conducted with Resident #5 at 1:35 pm on / . She stated that the she and other residents in the facility have been having problems with the temperature of the food for at least the last three to four months. She stated that the food is and quality is not good. She stated that it has deteriorated since the new company came in. She stated that some residents will not eat the food because it is too . She stated that food does not taste good. She stated that they have weekly meeting and they discuss the temperature of the food.

An interview was conducted with the Administrator at 9:30 am on . She stated that residents have been complaining about the quality and temperature food being . She stated that the food for the Assisted Living Facility comes from the skilled nursing side. The facility contracted out with a third party company for dietary services in the beginning of 2016. She stated that when the residents started complaining about the food a company came out to service their equipment in , and they needed a heating element. She stated that she sent over the information to the corporate office.

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An interview was conducted with Employee B at 10:15 am on 11/14/2016. She stated that residents have complained about the temperature ( ), timing and the quality of the food. She stated that residents state the food is just and it dosen't taste good. She stated that residents have been complaining before the new food service company took over but the complaints are worse. She stated that when the residents complain she takes the concern to her boss.

An interview was conducted with Employee C at 10:30 am on . Employee C stated that the residents have been complaining about the food being too . She stated that the residents stated that the food is late and does not taste good.

An nterview with Employee D, Dietary Manager at 10:50 am on . She stated that the residents have been complaining about the temperature of the food being too . Employee D stated that the heating element on the steam table needs to be replaced and they have put the request in with their corporate office,

An interview was conducted with Employee E at 11:15 am on . She stated that the residents complained about the food being and not tasting good. She stated that the residents have been complaining for a couple of months.

An interview was conducted with Employee A, Administrator at 12:13 am on . She stated that Food and Service Company sent the invoice on / and the invoice showed a recommendation for a new element for the steam table. She stated that she was waiting on the estimate from the company. She stated that she received the estimate on 12/6/ 2016 and the estimate was sent over to Corporate on the same day.

An observation of the tray line and temperatures was conducted at 12:49 pm on / . Employee D checked the temperature on the steam table during the tray line. The thermometer read 126.6 degrees Fahrenheit (F) for the pork lion. The Dietary Manager confirmed the temperature of 126.6 degrees Fahrenheit and pulled the pork lion from the steam table during the tray line. She stated that she did not know how long it was under the 135 degrees F so she was going to throw it away. An interview was conducted with one of the employees on the tray line at 12:50 pm and she stated that all but seven residents had received their food. They were just finishing passing trays for dining area and was going to pass trays for the residents who were in their .

At 1:05 pm on , the surveyor requested a test tray. The surveyor tested the food immediately after receiving the test tray. The test tray revealed that the food was not at an acceptable temperature for hot food. The food was .

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An interview was conducted with a representative from the food service equipment company at 9:00 am on via telephone. The company stated that on / / , they went out to the facility to see about the steam table. The facility should have been provided a sales order with the recommendations from the technician on the same day (/ /). The representative stated that on / an invoice was sent and then if an estimate was needed an estimate would have been sent over.

An interview was conducted with Employee D at 9:15 am on / via telephone and she confirmed that the Food and Service equipment gave them a sales ticket on the day they came to facility and the recommendations were on the ticket. Employee D stated that she was waiting on the estimate from the service company to get the heating element fix. She stated that when she got the estimate it was faxed over to their corporate office.

Review of the sales order dated / / showed that technician recommended replacing the heating element, and also the safety reset tripping from element is shorting out.

Review of the estimate dated on / showed an estimate to replace the element on the steam table. The administrator stated that she did not receive the estimate on / / although that was was the date written on it. She stated that she did not receive the estimate until . She stated that on that on the same day ( ) she sent the request to corporate. She stated that she is waiting on the corporate office to get the heating element replaced.

Review of the Food Committee Meetings showed that on there were discussions about the quality of the food, on / / there were discussions about the food being and the quality, on / / there were discussions about the food being awful, and on there was a discussion about food temperatures.

Review of the Resident/Patient Concern form dated / showed that Resident #5 complained about the meal being served and just plain unappetizing and incredible in many cases.

Review of the Resident/Patient Concern form dated showed that Resident #5 complained about the quality of the food.

Review of the Food Preparation policy showed that the cook ensures that all food is held at the appropriate temperatures greater than 135 degrees for hot food.

Evidence Photos Obtained.

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Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
Deerwood Place
8700 A C Skinner Parkway
Jacksonville, FL 32256

RE: CCR #2016011233

Dear Administrator:

This letter reports the findings of a state licensure 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 4, 2017.** 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,

Amanda Wisehart

Amanda Wisehart
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JG/AW/sm
Enclosure
XG90

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