STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968395	**01/05/2017**
NAME OF PROVIDER OR SUPPLIER **AVON MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **4531 SW 34TH DRIVE** **FORT LAUDERDALE, FL 33312**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on 1/5/2017 at Avon Manor ALF (License #12308). The facility had deficiencies identified at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on records review and interview, the facility failed to have in 1of 3 sampled residents' file a completed health assessment (AHCA form 1823) available for review for (Resident #1).

The findings include:

During residents' record review on I/ , it was noted that Resident #1 did not have in her file a completed health assessement. The Demographic records /Face Sheet reviewed indicated that Resident #1was admitted to the facility on I/ .

During an interview with the Administrator on I/ at 2:30 PM, he reported that he did not have a health assessment completed for Resident #1 as of the date of the review (I/).

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, record review and interviews, the facility failed to ensure that substitutions to the menus were noted on the current menu and kept on file for at least 6 months.

The findings include:

During lunch observation conducted on I/ at 11:45 AM, Employee B was observed retrieving a set of frozen food products to reheat for lunch. The noted items were frozen cooked rice, chicken, and frozen sauce. An interview with Employee B, immediately after, confirmed that she was reheating the chicken to serve for lunch. Additionally, she indicated that the chicken was served the day prior. She reported that there were other meats available at the facility but she had to substitute what was on the menu since there was chicken left over from day before.

During an interview with Resident #3 at 12: 05 PM, she confirmed that she had chicken the day before. However, she stated that she had no issues with eating the chicken again two days in a row. Review of the menu for / revealed that it was supposed to be Roast Turkey, Sweet Potato, Green Beans, Mixed Salad with salad dressing and pudding. Review of the menu for I/ and five

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previous months did not reflect any substitutions ever noted. The substituted items were not written on the menu or anywhere else.

During an interview with the Administrator immediately after on / / , he confirmed that he often does not provide what is on the menu to satisfy the facility's diverse ethnic residents. Additionally, he admitted failing to document the substitutions on the menus.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on records review and interview, the facility failed to ensure that 1 out of three employees (Employee C)'s records were maintained at the facility.

The findings included:

During record review on / , it was noted that Employee C identified as a relief worker on weekends did not have any of her training records at the facility during the visit. The copy of the background screening and all other required training certificates were missing. Additionally, it was noted that Employee hired on was a Certified Nursing Assistant.
During an interview with the Administrator on / at around 1:00 PM, he reported that Employee C had completed the trainings. However, he had stored them somewhere in a cabinet and that it would take him sometimes to find them.
At the time of the Exit meeting at around 3:00 PM, the Administrator did not produce any of the copies of the certificates for completed training for Employee C.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
Avon Manor
4531 SW 34th Drive
Fort Lauderdale, FL 33312

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2017 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 , 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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