

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967636	(X3) DATE SURVEY COMPLETED 04/06/2017
NAME OF PROVIDER OR SUPPLIER SMALLVILLE II	STREET ADDRESS, CITY, STATE, ZIP CODE 10631 JANE EYRE DRIVE ORLANDO, FL 32825	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A re-licensure survey was conducted on . Smallville II, license # 11623, had deficiencies at the time of the visit. 0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC Based on observation and interview the facility failed to post the menu in use and dated for the current week, and note substitutions before or at the time a meal was served. Findings: Observation of the menu posted on the bulletin board in the dining area revealed a menu dated for the week of 20-26, 2017, week 1 in the 4 week menu cycle. In an interview with the administrator on at 8:50 AM, he said he forgot to change the menu. When he flipped the page, he found that a menu for the current week (4/3-4/9 2017) was not available. He stated that his current menu ends on and he had the new menu from the dietician ready to make copies, but he had not posted it. Observation of a week 3 menu, which was the menu to be used in the rotation on the date of the survey, revealed that chicken was to be served for dinner on . On at 10:30AM, when the caregiver who worked the evening of . was asked what was served, she stated they had BBQ ribs, corn bread and a vegetable instead. No substitution was noted on the menu. She said she forgot to note the substitution. Class III		