STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968783	**04/13/2017**
NAME OF PROVIDER OR SUPPLIER **ARBOR TERRACE AT CITRUS PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **13810 SHELDON RD** **TAMPA, FL 33626**	

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

0000 - Initial Comments

Assisted Living Facility

On , , 2017, a biennial state licensure survey with extended congregate care (ECC) was conducted at Arbor Terrace of Citrus Park, Assisted Living Facility. A deficiency was identified at the time of the visit.

(License # 12657)

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

Based on interview, and record review, the facility failed to ensure that their menu was reviewed or supervised annually by a licensed, registered dietitian or licensed nutritionist to ensure the meals meet the nutritional standards per requirement. The facility failed to provide the original signature of the reviewer, registration or license number, and date reviewed.

Findings included:

During a record review a copy of the current menu was requested for review at 8:50 am on during the entrance with the Administrator. At 9:45 am the administrator and the dietary manager provided a menu dated for 2016. Surveyor inquired about the approved menu for 2017 and the Administrator stated the regional director would be contacting the dietician that was located in another state at time of survey.
During an interview with the administrator on at 4:28 pm, the administrator confirmed that there were no approved or updated menus available at time of survey.

Class III