STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964731	**04/19/2017**
NAME OF PROVIDER OR SUPPLIER **HARBOR POINT ALF, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **1045 HARBOR LAKE DRIVE** **SAFETY HARBOR, FL 34695**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation, (CCR# 2017001584), was conducted at Harbor Point ALF, Inc. on . Harbor Point ALF, Inc. had a deficiency at the time of the investigation.

(License # 9270)

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

Based on observation, interview, and record review, the facility failed to ensure that substitutions were noted before or when meals were served and kept on file in the facility for six months.

Findings included:

A dining and food service review was conducted on . The administrator was asked for documentation including the facility's menu substitution log (Substitution Log). A review of the Substitution Log showed inaccurate information concerning substitutions made to their menu. The logs showed the dinner section marked "lunch out" for the months of through (Photographic Evidence Obtained). Additionally, all of the substitution logs dated from through contained a fax timestamp in the bottom left corner of -10:01, which was the date of the survey.

An interview was conducted with the administrator at 11:40 AM on . The administrator acknowledged that the Substitution Log was inaccurate concerning the notation of "lunch out" meals. When asked why all of the Substitution Logs had a fax timestamp of - 10:01, they stated that they were unable to provide an explanation.

Class III