

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/04/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953263	(X3) DATE SURVEY COMPLETED 07/26/2017
NAME OF PROVIDER OR SUPPLIER YOUNG AT ADULT CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 26563 SANDHILL BLVD. PUNTA GORDA, FL 33983	

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

0000 - Initial Comments

An unannounced complaint survey for CCR# 2017006787 was conducted at Young at , an Assisted Living Facility (license #8481) in Port Charlotte, Florida.

The complaint contained 2 allegations, of which 1 was substantiated with a deficiency.

The following is description of the deficiency.

0092 - Food Service - General Responsibilities - 58A-5.020(1) FAC

Based on observation and interview the facility failed to provide nutrition in a safe and sanitary manner for facility residents. The person in charge of providing meals failed to perform their duties in a safe and sanitary manner.

The findings included:

During an observation on during the breakfast meal and lunch meal, several observations of the Owner, the Cook, Staff A, and B failed to wash their hands before handling food with their bare hands. Specifically, during breakfast, observation of Resident Assistant () Staff B cooking eggs. She did not wash her hands before cooking the eggs. Observed Staff B going into a drawer for a utensil and back to cooking. Licensed Practical Nurse Staff A and Staff B were observed serving breakfast to the residents sitting at the tables. Observed Staffs A and B not washing their hands before serving and touching the inside of the bowls.

During an observation on during cleaning of the kitchen area, Staffs A and B did not the kitchen counters or cooking / cooking prep areas. Staff B said there is a spray bottle of "bleach and water" used to the kitchen counters. Staff B said she did not use it on the cooking prep or cooking areas.

During preparation for lunch on , the Cook had not washed his hands and was observed peeling potatoes with a knife. He was holding each potato in one hand and peeling with a knife with the other. He continued to cut up the potatoes without washing his hands. As the Cook was doing this, he would stop to go into the cabinets, remove pots, fill with water and put on stove. He would rummage through the drawers looking for utensils. He would use the utensils on the food, vegetables and gravy, and place the dirty utensils directly on the counter top. The Cook had removed 3 bags of frozen vegetables from the freezer. Once defrosted, he used 2 bags and put the third, defrosted bag back into the freezer.

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/04/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953263	(X3) DATE SURVEY COMPLETED 07/26/2017
NAME OF PROVIDER OR SUPPLIER YOUNG AT ADULT CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 26563 SANDHILL BLVD. PUNTA GORDA, FL 33983	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Class III		