STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968280	**08/25/2017**
NAME OF PROVIDER OR SUPPLIER **M H TENDER CARE III**	STREET ADDRESS, CITY, STATE, ZIP CODE **36 BRONSON LN** **PALM COAST, FL 32137**	

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

0000 - Initial Comments

An unannounced complaint survey (CCR #201706506) was conducted at M H Tender Care III from . . . . . to . . . . . . The facility had licensure deficiencies at the time of the visit.

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

Based on observation, record review, and interview, the facility failed to maintain a log of menu substitutions, and failed to have menus reviewed annually by a Registered Dietician.

The findings include:

On at 11:16 a.m., Resident #5 stated she thought the menu was on the refrigerator, butshe did not pay attention to it because she said they do not follow it.

On . . . . . at 12:46 p.m. Employee A was observed to prepare and serve lunch to the residents. She served spaghetti, Salisbury steak, beans and salad. Review of the facility's printed menu stated today's lunch was to be beef stew, noodles, mixed vegetables and salad. Employee A stated if they do not have what is on the menu, she proceeds with a substitution but does not record it. She stated she did not know she had to record substitutions.

The Administrator on . . . . . at 12:50 p.m. stated that she thought Employee A was following the menu.

Further review of the printed menu showed that wghile they had the name of the RD, they were not signed indicating they were current. The Administrator confirmed this on . . . . . at 5:08 p.m. She stated she did have a signed copy somewhere, but by the end of the survey it was not produced.

Class III