STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964499	**09/18/2017**
NAME OF PROVIDER OR SUPPLIER **NEW HORIZONS GROUP HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **109 EAST CLAY AVENUE** **BRANDON, FL 33510**	

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

0000 - Initial Comments

Assisted Living Facility

On , a biennial relicensure survey in conjunction with a capacity increase appraisal, to add an additional five beds, was conducted at New Horizons Group Home (Lic. #9058). Deficient practice was identified during the survey related to the biennial licensure. It is recommended that the capacity increase be approved.

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

Based on observation, record review and interview, the facility failed to follow the menu approved by a dietician and failed to make substitutions that were nutritionally equivalent to the items listed on the menu.

Findings included:

At 12:30pm, the noon meal served to the residents was observed to be tuna fish sandwich, crackers and juice. Per the menu, the items listed for the lunch were chicken, potato salad, tomato salad, soda crackers, jello and beverage.
Interview with the staff member who had prepared/served the meal at 12:40pm indicated that "although we had the ingredients for the potato salad and tomato salad, I didn't serve them because I had asked the residents what they wanted for lunch, and they didn't say tomato or potato salad."

Class III