STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965603	**11/01/2017**
NAME OF PROVIDER OR SUPPLIER **BRIDGE ASSISTED LIV AT LIFE CARE CENTER OF ORLANDO**	STREET ADDRESS, CITY, STATE, ZIP CODE **3201 ROUSE ROAD** **ORLANDO, FL 32817**	

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

0000 - Initial Comments

A Complaint investigation #2017011699 was conducted on . The Bridge Assisted Living at Life Care Center of Orlando, license #9958, had deficiencies related to this complaint at the time of the visit.

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

Based on record review and interview the facility failed to maintain 6 months of menus available for review and did not maintain a log of substitutions made the previous 6 months.

Findings:

Review of the 5 week rotational menu cycle was conducted. The date on the menu was and was signed by a licensed dietician. Each week was laminated and had a date marked in dry erase marker on the bottom for the week it was served. There were no other menus for the past 6 months available for review.

In an interview with kitchen manager on at 11:15AM, he confirmed the above findings.

Class III