STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967440	**12/19/2017**
NAME OF PROVIDER OR SUPPLIER **BANANA RIVER VILLAS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1275 N BANANA RIVER DRIVE, UNIT 5** **MERRITT ISLAND, FL 32952**	

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

0000 - Initial Comments

A Relicensure survey was conducted on . Banana River Villas, License #11441, had deficiencies at the time of the visit.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on personnel record review and interview, the facility failed to obtain a statement from a health care provider documenting freedom from ( ) for 1 of 4 sampled staff records reviewed (administrator).

Findings:

Review of the administrator's personnel record revealed a hire date of . The last documentation to confirm freedom from was dated .

On at 2 PM, the owner said he did not have current documentation to confirm freedom from for the administrator.

Class III

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

Based on record review and interview, the facility failed to maintain menus with substitutions noted before or when the meal was served on file for 6 months.

Findings:

Review of the substitution log for the facility revealed only one substitution was noted for 2017. The substitution was made on , 2017.

On at 11:30 AM, staff A revealed the facility made substitutions for holidays and birthdays but these substitutions were not documented as required.

Class III