STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965540	**01/09/2018**
NAME OF PROVIDER OR SUPPLIER **FRUITVILLE HOLDINGS - OPPIDAN, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **4024 FRUITVILLE ROAD** **SARASOTA, FL 34232**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on at Fruitville Holdings- Oppidan, Inc., an assisted living facility (license #9876) in Sarasota, Florida.

The following is description of the deficiencies.

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on record review and staff interview, the facility failed to ensure the Administrator or person designated as responsible for the facility's food service obtain, annually, a minimum of 2 hours continuing education related to nutrition and food service in an assisted living facility.

The findings included:

A review of the Administrator's employee file revealed she had attended a 2 hour food service designee training on . There was no documentation of attending another training beyond this.

During an interview on , the Administrator agreed there was no further documentation of having attended any further annual updates beyond .

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and staff interview, the facility failed to maintain documentation of the appointment of a health care surrogate, health care proxy, guardian or the existence of a Power of Attorney (POA) for 1 (Resident #6) of 2 resident records reviewed.

The findings included:

A review of Resident #6's file revealed resident's contract was not signed by Resident #6. Resident #6's file contained no documentation of the existence of a POA.

During an interview on at 4:15 p.m., the Administrator agreed Resident #6's file contained no POA paperwork.

Class III