STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911189	**01/11/2018**
NAME OF PROVIDER OR SUPPLIER **TAYLOR HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **3937 SPRING PARK ROAD** **JACKSONVILLE, FL 32207**	

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

0000 - Initial Comments

A complaint investigation (CCR #2017010094) was conducted at Taylor Home Assisted Living (State License #5926) on , 2018. Deficiencies were identified at the time of the investigation.

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

Based on resident and staff interview and document review the facility failed to provide a therapeutic diet as ordered by the health care provider for 1 of 3 residents reviewed (resident #1).

The findings include:

During an interview with Resident #1 on at 10:45 AM. He stated he is not receiving a diet as ordered by his physician. Review of the Health Assessment for Resident #1 showed that on , a physician indicated on the form that he was to have a diet.

Record review of the menus provided by the facility to residents were reviewed on , and found not to identify items that would enable residents to comply with therapeutic diets as required by 58A-5.020(2) FAC.

During an interview with the food service manager on at 11:45 AM he agreed that food items that would help a resident to comply with a therapeutic diet were not identified on the menus.

During an interview with the Administrator on at 1:00 PM he reviewed the menus and confirmed the menus did not contain therapeutic diet choices.

Class III