STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965162	12/11/2017
NAME OF PROVIDER OR SUPPLIER **WATERMARK OF GULF BREEZE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **101 MCABEE COURT GULF BREEZE, FL 32561**	

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

0000 - Initial Comments

An unannounced complaint survey for allegations contained within CCR#2017010614 was conducted at The Watermark of Gulf Breeze, license #9964, in Gulf Breeze FL on . . . . . At the time of the survey, deficient practice was identified.

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

Based on observation, record review, and interview the facility failed to provide documentation that 1 of 4 residents sampled for unintentional weight loss received nutritional shakes as ordered by a physician.

The findings were:

On . . . , a record review was conducted on resident #4, which revealed the resident had an order to receive nutritional shakes with each meal signed by the physician on . There was no documentation in the resident's chart to show that the resident had been receiving nutritional shakes. The resident was discharged from the facility on .

On at 10:08am, an interview was conducted with Staff A. Staff A stated, "I am aware resident #4 was supposed to receive nutritional shakes three times a day with meals. The shakes were available for the residents daily and resident #4 was receiving the shakes. There is no documentation that we have to show resident was receiving the shakes."

On . . . . at 9:54am, an interview was conducted with Staff B. Staff B stated, "We keep all shakes in a refrigerator daily on the floors, I am sure resident #4 received her shakes when she was supposed to get them. We do not keep any documentation to show the resident was receiving them."

On . . . . at 10:15am, an interview was conducted with the Head Chef. The head chef stated, "We make sure staff are aware of the residents that have needs for a therapeutic diet. We send out nutritional shakes to each floor daily for the staff to give them to the residents. There is no documentation kept of how many we send out with each meal."

On at 10:49am, an interview was conducted with Executive Director(ED). The ED stated, "Everyone is aware that resident #4 was required to have national shakes and the staff were giving the resident the shake they were required to have. We do not keep any documentation to show when resident received the shake."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965162	**12/11/2017**
NAME OF PROVIDER OR SUPPLIER **WATERMARK OF GULF BREEZE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **101 MCABEE COURT** **GULF BREEZE, FL 32561**	

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