STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968832	**06/25/2018**
NAME OF PROVIDER OR SUPPLIER **THE INN AT AGING GRACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2408 SOUTEL DR** **JACKSONVILLE, FL 32208**	

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

0000 - Initial Comments

A complaint investigation (CCR #2018001645) was conducted at The Inn at Aging Grace (Lic. #12669) on . A deficiency was identified.

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

Based on facility record review and staff interview the facility failed to ensure the regular and therapeutic menus were reviewed duplicate by a registered dietician annually for 23 of 23 residents.

The findings include:

A review of the facility menus revealed a 4-week cycle menu that was updated by the registered dietician on . Menus must be updated annually.

During an interview with the house manager on at 2:05 p.m. stated the most recent review of the menus by the registered dietician was on . She agreed the menus needed to be updated and said she would contact the consultant dietician as soon as possible.

Class III