STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967434	**07/17/2018**
NAME OF PROVIDER OR SUPPLIER **ORLANDO LUTHERAN TOWERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **404 MARIPOSA STREET** **ORLANDO, FL 32801**	

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

0000 - Initial Comments

The re-licensure survey was conducted on . . . . . Orlando Lutheran Towers Assisted Living Facility (Windsor) with Extended Congregate Care (ECC) had deficiencies at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record reviews and interview, the facility failed to ensure a health assessment (form 1823) was complete and accurate for 1 of 2 sampled residents (#6).

Findings:

Review of the record for resident #6 revealed an admission date of . A review of the current 1823, dated , found the name, address, phone number and license number was not completed by the provider who signed the form.

Class III

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

Based on dietary record review and interview, the facility failed to maintain 6 months of menus on file as required by 58A-5.020(2) FAC.

Findings:

Review of the dietary record revealed no record of the menus served in the past 6 months.

On . . . at 1:20 PM, the dietary manager stated she was new and did not know she was supposed to keep the menus on file for at least 6 months.

Class III