STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910101	**01/10/2019**
NAME OF PROVIDER OR SUPPLIER **LAKELAND MANOR ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **747 BON AIR ST** **LAKELAND, FL 33805**	

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

0000 - Initial Comments

Assisted Living Facility

A Biennial licensure survey was conducted on .

The Lakeland Manor Alf, Assisted Living Facility /License #1047, had deficiencies at the time of this visit.

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

Based on observation, interview, and record review, the facility failed to ensure that menu items were substituted with foods of comparable nutritional value.

Findings included:

A review of the facility's registered dietitian approved lunch menu served on showed a dinner roll or bread. An observation of the lunch meal in the assisted living section (AL) and secured personal care unit (PCU) showed no dinner roll or bread, nor any other bread, were served. Residents in AL and residents in PCU were served nothing in the place of a dinner roll or bread.

The administrator was interviewed at 4: 00 PM on concerning the bread that was not provided during the lunch meal. The administrator gave no explanation as to why the facility did not follow its menus or provide a substitution for the bread that was on the day's menus.

Class III

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

Based on records review and interview, the facility failed to provide a signed copy of a resident's contract with the facility, a signed informed consent for unlicensed staff to assist with medications and signed and executed documentation of the , , of a health care surrogate, health care proxy, guardian or the existence of a power of attorney, where applicable, for 1 of 2 resident records reviewed (#9).

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

Findings included:

On , a review of Resident #9's records was conducted at the facility. The review revealed a contract in Resident #9's record that was not signed by either the resident or a representative. The contract in the resident's records (photographic evidence obtained) had a notation, on the signature pages, that the resident's representative, a family member, had given verbal consent and that the facility was awaiting the representative's signature. The resident's record was also missing a signed informed consent for unlicensed staff to assist with medications. There was no documentation in the record that Resident #9 had a legal representative who was authorized to sign on the resident's behalf.

Resident #9 was admitted into the facility on , and had been residing in the facility continuously for about 6 months. Resident #9 was diagnosed with .

In an interview with the Assistant Administrator at 3:30pm, the Assistant Administrator stated that Resident #9 was not able to sign the contract or the informed consent, and that the resident's family member agreed to the contract verbally on and indicated signatures would be forthcoming. They were also still trying to obtain a copy of the legal documentation establishing the legitimacy of the resident's representative.

Class III