

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968964	(X3) DATE SURVEY COMPLETED 02/28/2019
NAME OF PROVIDER OR SUPPLIER SUMMER VISTA ASSISTED LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 3450 WIMBLEDON DR PENSACOLA, FL 32504	

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

0000 - Initial Comments

A biennial licensure survey including limited nursing services and extended congregate care was conducted in conjunction with a complaint for allegations contained within CCR# 2019001543 at Summer Vista Assisted Living Community from [redacted] to [redacted]. Deficient practice was found at the time of the survey for the licensure.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and staff interview, the facility failed to ensure each employee had evidence of a negative [redacted] examination documented on an annual basis for 1 of 3 sampled employees. (employee C)

The findings include:

Review of employee C's (resident aide) file revealed a date of rehire as [redacted]. The last documented [redacted] exam was dated [redacted]. An interview was conducted with the Executive Director on [redacted] at 11:30 AM. She stated the Business Office Manager (BOM) is responsible for ensuring the annual [redacted] exam is up to date in each employee file. An interview was conducted with the BOM on [redacted] at 11:32 AM. She stated they use an employee tracking form that shows what will be expiring and she makes a list each month of all expiring items. She stated she just missed employee C's [redacted] was expiring.

Class III

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

Based on staff interview and file review, the facility failed to have available the annual review of the menus by a registered dietitian or licensed nutritionist with the original signature of reviewer, their license number, and the date reviewed.

The findings are:

On [redacted] at 12:49 pm, during review of the kitchen files the kitchen manager was asked to show the menus signed by a dietitian. He said the last signed menus were 2018. He said he had thrown all those menus away when the new menus came in [redacted]. The kitchen manager/chef has signed those for [redacted]. (Photographic evidence obtained)

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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The current menus in use were reviewed. They did not have the original signature, license number or date signed by the dietitian. He was asked who the dietitian was and he produced a copy of a membership with some national dietetic association with a name and expiration date. It was explained that the state licensure was required. The kitchen manager left the office and returned about 12:55 pm on _____ with a license of a dietitian. This was not the same name which was produced earlier. He then said he did not have signed menus by a dietitian. The menus went into effect on _____. He was told by corporate the menus were being taken to the dietitian a couple of weeks ago but they have not been returned to me for my files. An interview was conducted with the Executive Director of record on _____ at 11:10 am. She was asked if she had been told by the kitchen manager that the kitchen is currently using unsigned menus. She left the conference room and returned about 11:30 am and said the signed menus are on their way to the facility. Class III		