STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969243	**05/14/2019**
NAME OF PROVIDER OR SUPPLIER **SEASIDE VILLA ADULT LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **610 PALM DR** **SATELLITE BEACH, FL 32937**	

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

0000 - Initial Comments

The re-licensure survey was conducted on at Seaside Villa, Satellite Beach. A deficiency was found at the time of the visit.

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

Based on observation and interview the facility failed have menus dated and planned at least 1 week in advance for both regular and therapeutic diets.

Findings:

During a tour of the facility on at 9:30am, this surveyor observed the menu posted on the wall in the common area. The menu was not dated for the week in use.

In an interview with the administrator on at 10:30am, she confirmed the findings.

Class III