STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965546	05/22/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savannah Court Of Bartow	290 Idlewood Avenue Bartow, FL 33830	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D

Specific Tag Findings:

0000-Initial Comments

A complaint survey, CCR #2014002040, was conducted on .

The Savannah Court of Bartow, assisted living facility, had a deficiency identified at the time of the visit.

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on interview and record review, the person designated by the administrator as being in charge of the facility's food service and food service staff (D) had not obtained all of the minimum training requirements.

Findings include:

An interview with the administrative designee at approximately 1:40pm on indicated that Staff D was responsible for the facility's food service and its dietary staff. A review of Staff D's personnel file found that the latest nutritional update completed was from . According to the designee, no subsequent 2 hour training in nutritional topics pertinent to an ALF had been obtained by Staff D.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

_____, 2014

Administrator
Savannah Court of Bartow
290 Idlewood Avenue
Bartow, FL 33830

Dear Administrator:

Re: **CCR# 2014002040**

This letter reports the findings of a complaint survey that was conducted on , 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiency identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Paul M Brown

For Patricia Reid Caufman
Field Office Manager

PRC/kpr
Enclosure: State (5000-3547) Form

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