STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911216	09/09/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bahia Oaks Lodge	2186 Bahia Vista Street Sarasota, FL 34239	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:
An unannounced complaint survey CCR# 2014007355 was conducted at Bahia Oaks Lodge, an Assisted Living Facility in Sarasota, Florida.

The complaint had two allegations which were not confirmed. The following is description of the deficiencies found at the time of the visit:

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on record review and interview, the facility failed to follow physician orders for therapeutic diets for 4 (Residents #2,#4,#5 and #6) of 8 sampled residents.

The findings include:

1. A review on of Resident #2's Resident Health Assessment AHCA Form 1823 dated , documents she has been prescribed a mechanical soft - honey thick diet.

2. A review on of Resident #4's Resident Health Assessment AHCA Form 1823 dated , documents she has been prescribed a controlled diet.

3. A review on of Resident #5's Resident Health Assessment AHCA Form 1823 dated , documents she has been prescribed a consistent diet or diet.

4. A review of Resident #6's Resident Health Assessment AHCA Form 1823 dated , documents she has been prescribed a mechanical low fat /low , 2 gram diet.

5. During an interview on at 11:10 a.m. with Employee B, she explained she is unable to identify which residents receive a therapeutic diet. The cook states there used to be a list near the tray line, but there hasn't been a Dietary Manager until recently, so she doesn't know what happened to it.

6. During an interview on at 1:45 p.m. the Dietary Manager explained she had no knowledge of which foods on the menu would be a selection or meet the specialty diets prescribed.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Bahia Oaks Lodge
2186 Bahia Vista Street
Sarasota, FL 34239

RE: CCR #2014007355

Dear Administrator:

This letter reports the findings of a state licensure 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 deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies 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 this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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