STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911395	04/28/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
RESIDENTIAL PLAZA AT BLUE LAGOON	5617 NW 7 STREET MIAMI, FL 33126	

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

0000 - Initial Comments

A Standard Biennial survey was conducted on - . Residential Plaza at Blue Lagoon with Limited Mental Health (LMH) and Limited Nursing Services (LNS) services component had deficiencies at the time of the survey.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28 FS

Based on record review and interview the facility failed to demonstrate that procedure for responding to resident's complaint was implemented.
Findings included:
Record review of the facility's "Grievance Procedures" showed "Resident complaints will be documented and the response documented in the Residents Services/ Case log.
Record review of the facility's "Resident Meeting notes" for the months of 2015, 2015, and 2015 showed that the residents complained the food taste and combination. The residents also complained about the dining services. There was no documentation of the respond to the complainants to ensure resident concerns were addressed.
Interview conducted on at 11:45 AM, Resident #9 stated "I do not like the food. They give soup to us every night. The soup taste horrible. They hired a new chef. He is cooking better than the previous one. The administration knows everything but they do nothing. I spoke with the staff in several occasions but I do not receive a respond."
Interview conducted on at 12:00 PM, Resident #10 stated "I do not like the food. We do not like the type the food and how the food is elaborated. They know that this is a big problem but they do nothing about it."
Interview conducted on at 11:15 AM, Resident #11 stated "I do not like the food. They serve soup every day at dinner. The soup taste horrible. The administration knows that we do not like the food. They said that they are going to resolve everything soon."
Interview conducted on at 12:00 PM, Resident #12, "We have problem with the food. I do not like the taste and combinations. I participated in resident's meeting. I spoke in different occasions. No one respond my concerns."
Interview conducted on at 1:15 PM, Staff K, stated "We do not document the response of resident's concerns. We verbally answer the respond to them."
Interview conducted on at 2:35 PM, Staff A, stated that we were in the process of hire a new kitchen supervisor. We were working to correct all the problems related with resident's food at this time.
Class III

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

Based on record review and interview the facility failed provides food based on habits and preferences. The facility failed to encourage residents to participate in menu planning for four out of eighteen (Resident #9, 10, 11, 12) sampled residents.
Findings included:

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0093 Continued From page 1

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Interview conducted on at 2:35 PM, Staff A, stated that we were in the process of hire a new kitchen supervisor. We were working to correct all the problems related with resident's food at this time.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Residential Plaza At Blue Lagoon
5617 Nw 7 Street
Miami, FL 33126

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey that was conducted on , 2015 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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