AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965546	**02/04/2016**
NAME OF PROVIDER OR SUPPLIER **SAVANNAH COURT OF BARTOW**	STREET ADDRESS, CITY, STATE, ZIP CODE **290 IDLEWOOD AVENUE BARTOW, FL 33830**	

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

0000 Initial Comments

Assisted Living Facility

A biennial relicensure survey was conducted at Savannah Court of Bartow on . Savannah Court of Bartow, Assisted Living Facility, had a deficiency at the time of the visit.

0093 Food Service - Dietary Standards

Based on observation and interview the facility failed to ensure menus were posted, where residents can see menus.

Finding include:

On 12:06 P.M. A food service observation of dining area was conducted. Surveyor did not observed menus posted at this time.

On 12:15 P.M. During an interview's with resident's # 4 #5, #7 and #9 all confirmed they not made aware of what's on the menus on a daily basis. Resident #5 stated, " No menus are posted for breakfast or lunch, I just know when they serve it to me." On at 12:29 P.M. During a interview with resident #4 she stated, " I don't know what we are having for lunch today, when you find out,let me know."

During an interview with the Assistant Administrator on 12:40 P.M. The Administrator confirmed findings. The Administrator, stated " We normally have a menu posted on the back of the dining door, not sure what happened today." surveyor observed this area with the administrator and she confirmed no menus posted.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on , 2016, 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiency. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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.

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

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,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547