| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965763 | 10/04/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**BARRINGTON TERRACE - FT MYERS** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**9731 COMMERCE CENTER COURT FORT MYERS, FL 33908** | |

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

**0000 Initial Comments**

An unannounced Relicensure and Extended Congregate Care survey was conducted from through at Barrington Terrace, an Assisted Living Facility (license #10100) in Fort Myers, Florida.

The following is description of the deficiencies.

**0092 Food Service - General Responsibilities**

Based on record review and interview, the facility failed to ensure the person responsible for the facility's food service completed the food and nutrition service module of the core training course.

The findings included:

Record review for the Dining Director found a hire date of /. His Job description designating him as the individual responsible for the facility's food service program.

On at 12:30 p.m. the Executive Director (Administrator) said the Dining Director is in charge of the facility's food service program. She said he has not completed Core Training.

On at 12:35 p.m., the Dining Director said he has not completed Core Training. He has not completed the food and nutrition service module of the core training course. He is not a certified food manager, certified dietary manager, registered or licensed dietitian, a dietetic registered technician or a health department sanitarian.

Class III

**0093 Food Service - Dietary Standards**

Based on observation, record review and interview, the facility failed to ensure its menus were dated and posted. That the approved menus had portion sizes and when approved the Registered Dietitian included their license number.

The findings included:

On at 12:00 p.m. it was observed that the facility had no weekly planned and dated menus posted.

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

Record review found that the current menus being used by the facility had a signature followed by "R.D." (Registered Dietitian). There was no license number on the menu. The facility had a copy of the current license for a Dietitian/Nutritionist. The was not the individual who had approved the facility's menu. The menu did not include portion sizes. The menus were dated , 2016 through , 2016.

On at 12:30 p.m., the Dining Director said the menus he is using is from the previous facility that he worked at. He said he does not have any menus with portion sizes on them. He said he does not have a copy of the registered dietitians license that signed the menus. He said he does not date the menus.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Barrington Terrace - Ft Myers
9731 Commerce Center Court
Fort Myers, FL 33908

Dear Administrator:

This letter reports the findings of a state licensure survey that was completed on 2016 by representatives 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. **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 deficiencies. 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.

Thank you for the assistance provided to the surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

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