Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11963806	A. BUILDING: _____ B. WING _____	11/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ORMOND IN THE PINES	101 CLYDE MORRIS BLVD ORMOND BEACH, FL 32174

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A re-licensure survy, emergency preparedness survey and complaint investigation #2019004526 was conducted in Ormond in the Pines from [redacted] to [redacted]. The facility had deficiencies at the time of the survey.	A 000		
A 080	429.52( ) FS; 58A-5.0191(1) FAC Training - Core & Competency Test 429.52 (1) Administrators and other assisted living facility staff must meet minimum training and education requirements established by the Department of Elderly Affairs by rule. This training and education is intended to assist facilities to appropriately respond to the needs of residents, to maintain resident care and facility standards, and to meet licensure requirements. (2) The department shall establish a competency test and a minimum required score to indicate successful completion of the training and educational requirements. The competency test must be developed by the department in conjunction with the agency and providers. The required training and education must cover at least the following topics: (a) State law and rules relating to assisted living facilities. (b) Resident rights and identifying and reporting [redacted], neglect, and [redacted]. (c) Special needs of elderly persons, persons with mental illness, and persons with [redacted] and how to meet those needs. (d) Nutrition and food service, including acceptable sanitation practices for preparing, storing, and serving food. (e) Medication management, recordkeeping, and proper techniques for assisting residents with self-administered medication.	A 080		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 080	Continued From page 1 (f) Firesafety requirements, including fire evacuation drill procedures and other emergency procedures. (g) Care of persons with ' s and related . . . . . . 58A-5.0191 Staff Training Requirements and Competency Test. (1) ASSISTED LIVING FACILITY CORE TRAINING REQUIREMENTS AND COMPETENCY TEST. (a) The assisted living facility core training requirements established by the department pursuant to Section 429.52, F.S., shall consist of a minimum of 26 hours of training plus a competency test. (b) Administrators and managers must successfully complete the assisted living facility core training requirements within 3 months from the date of becoming a facility administrator or manager. Successful completion of the core training requirements includes passing the competency test. The minimum passing score for the competency test is 75%. Administrators who have attended core training prior to , . , and managers who attended the core training program prior to , . , shall not be required to take the competency test. Administrators licensed as nursing home administrators in accordance with Part II of Chapter 468, F.S., are exempt from this requirement. (c) Administrators and managers shall participate in 12 hours of continuing education in topics related to assisted living every 2 years as provided under Section 429.52, F.S. (d) A newly hired administrator or manager who has successfully completed the assisted living	A 080		

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A 080	Continued From page 2 facility core training and continuing education requirements, shall not be required to retake the core training. An administrator or manager who has successfully completed the core training but has not maintained the continuing education requirements will be considered a new administrator or manager for the purposes of the core training requirements and must: 1. Retake the assisted living facility core training; and 2. Retake and pass the competency test. (e) The fees for the competency test shall not exceed $200. The payment for the competency test fee shall be remitted to the entity administering the test. A new fee is due each time the test is taken This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Administrator repeated core training and testing following a period of 2 years in which 12 hours of continuing education in topics related to assisted living was not completed. The findings include: Review of the employee file for the Administrator, hired , revealed she was core trained on . Record review of the training certificates in the Administrator's employee file revealed she had 6 hours of training in a Disaster Workshop on , 2 hours of ECC training on , .5 hours of Fires Safety training on , 1 hour of Resident Rights training on , and 1 hour of "Welcome to ALF World" training on . Photographic evidence was	A 080		

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A 080	Continued From page 3 obtained. There were no other training certificates with the length of training in the Administrators file from the time period of to . The findings were confirmed during an interview with the Administrator on at 4:35 PM. During a telephone interview with the Administrator on at 9:12 AM, she stated she was not able to locate any more training for the most recent 2 years and would send evidence by email of training prior to the training available in her employee file that would support she had the required continuing education since her core training. She responded by email on /219 at 3:21 PM, that she could not find her core certificates. An email response was sent on at 3:36 PM and she was asked again if she had more training between the time frame of to but it was not produced. Class III	A 080		
A 085	58A-5.0191(7) FAC Training - Nutrition & Food Service (7) NUTRITION AND FOOD SERVICE. The administrator or person designated by the administrator as responsible for the facility's food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility. This requirement does not apply to administrators and designees who are exempt from training requirements under paragraph 58A-5.020(1)(b). A certified food manager, licensed dietician, registered dietary technician or	A 085		

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A 085	Continued From page 4 health department sanitarian is qualified to train assisted living facility staff in nutrition and food service. This Statute or Rule is not met as evidenced by: Based on employee record review and staff interview, the facility failed to ensure the food service designee for the facility obtained annually a minimum of 2 hour continuing education in food service and nutrition. (Employee B). The findings include: Record review for the Dietary Manager (Employee E) revealed his last food service-related training was a Food Safety Fundamentals computerized training for 1 hour on and a 2-hour training on . During an interview with the Administrator she ws notified the person designated by the Administrator as responsible for the facility's food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility. She confirmed on at 3:00 PM she did not have evidence the Dietary Manager had the required training. Class III	A 085		
A 093	58A-5.020(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2010,	A 093		

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A 093	Continued From page 5 which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current summary of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2010, which are incorporated by reference and available for review at: http://iom.edu/Activities/Nutrition/SummaryDRIs/~/media/Files/Activity%20Files/Nutrition/DRIs/New%20Material/5DRI%20Values%20SummaryTables%2014.pdf. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs	A 093		

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A 093	Continued From page 6 and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day.	A 093		

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A 093	Continued From page 7 Snacks are not considered to be meals for the purposes of ⌄ the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has . . . . . with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority This Statute or Rule is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure the menus used by the facility were reviewed annually by a licensed or registered dietician, had portion sizes indicated, and were retained for 6 months for the 53 residents that resided at the facility The findings include: On . . . . . at 12:00 PM the weekly menu was observed on a credenza across located in a small common area near the dining room. Record review of the menu found it did not include potion sizes. It was signed by a registered dietician (RD). The signature did not have a date. During an interview with dietary staff member	A 093		

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A 093	Continued From page 8 (Employee F) working in the small kitchen next to the dining room on at 12:02 PM, she was asked how she determine how much of each item on the menu to serve each resident. She stated she serves 4 ounces of meat, and 1 cup of the starch. She was asked if she had menus with serving sizes to follow. She stated the menus were in a book. She was not able to provide them. The Administrator and Wellness Director were both asked on at 1:00 PM, for the facility copy of the weekly menus that were in use with the serving sizes, proof that it was reviewed annually by the RD, and proof that the facility was maintaining 6 months of menus. During a follow up interview with the Administrator on at 3:00 PM, she stated the menus were in the computer and that she was not able to provide the current menus with serving sizes. She was asked if she had anything to support the menu that was currently used was approved annually by the RD. She stated she called the RD and the RD said it was her fault for not dating the menus. She did not have anything additional to provide. During further interview with the Administrator on at 4:36 PM, she was asked again is she had a way to show when the 4 cycles of menus were used in order to determine the facility maintained 6 months of menus. She stated she had not way to determine the menu that was used each week. On at 8:49 PM, the Administrator provided signed and dated menus by email. A review of the menus revealed they were not the same menus in use at the time of the survey and	A 093		

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A 093	Continued From page 9 they were not signed by the same RD. Class III	A 093		