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
	AL11964477	A. BUILDING: _____ B. WING _____	01/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE PORT CHARLOTTE	18440 TOLEDO BLADE BLVD PORT CHARLOTTE, FL 33952

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A 000	Initial Comments An unannounced complaint survey for complaint #2019016585 was conducted on [redacted] at Brookdale Port Charlotte, an assisted living facility in Port Charlotte, Florida. Complaint #2019016585 was substantiated at tag A0010, A0025, A0026, A0030, and A0093. The following is description of the deficiencies.	A 000		
A 010	429.26(&9) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination shall be based upon an assessment of the strengths, needs, and preferences of the resident, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (2) A physician, physician assistant, or nurse practitioner who is employed by an assisted living	A 010		

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A 010	Continued From page 1 facility to provide an initial examination for admission purposes may not have financial interest in the facility. (9) A , ill resident who no longer meets the criteria for continued residency may remain in the facility if the arrangement is mutually agreeable to the resident and the facility; additional care is rendered through a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident are being met. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to- medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in rule 59A-36.002, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days. (b) A resident requiring care of a may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care provider,	A 010		

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A 010	Continued From page 2 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care provider, the resident must be discharged from the facility. (c) A [redacted] ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements a interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training.	A 010		

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A 010	Continued From page 3 (g) Continued residency criteria for facilities holding an extended congregate care license are described in rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to determine the continued appropriateness of residence of an individual in the facility for 1 (Resident #1) of 3 residents reviewed. The findings included: Record review of Resident #1's file on , revealed a Health Assessment Form 1823 (1823) dated indicating Resident #1 did not require 24 hour nursing or , , care. A physician's progress note was in the chart dated which indicated Resident #1 had in , , staff reported they had noticed a general decline, and her daughter reported Resident #1 was sleeping more during the day. In the treatment section of the progress note the physician wrote: "Continue care in secured Memory Care environment with 24 hour nursing availability and supervision. , progressive decline." Following the date of this progress note, the Incident Log and Resident #1's chart revealed a on in which she was sent to the emergency room (ER), a on , a on in which she was sent to the ER, a on to which she was sent to the ER. At the time of survey, Resident #1 was not in the facility. On at 4:00 p.m., the Administrator said Resident #1 had been sent to the hospital a few days prior for pains. There was no documentation of this in the file.	A 010		

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A 010	Continued From page 4 On . . . . . at 1:40 p.m., the Health and Wellness Director (HWD) said the physician's progress note was from a physician service that sees some of their patients. The HWD said she was new to the facility and was unsure if they reviewed the progress notes or not. The HWD admitted they do not offer 24 hour nursing care. The Regional Registered Nurse Case Manager (RN CM) was present with the HWD. On at 1:42 p.m., the RN CM said the protocol would be to review the physician's progress note and follow up with the doctor and explain those types of services were not offered at the facility. The RN CM said this follow up conversation should be documented in the progress notes. Review of progress notes for this and surrounding days revealed no documentation of contact with the physician regarding this and no updated was 1823 found. On . . . . . at 1:45 p.m., the Administrator said the note was written by a physician service that comes to the facility to see patients. The process is supposed to be if there are changes they are to tell the HWD about the changes and the physician and the HWD would document on the portal. The Administrator said she had not been aware of that note by the physician and agreed they do not provide 24 hour nursing care. The Administrator said the HWD that worked here at the time is no longer employed by the facility and she can provide no documentation this was addressed by anyone at the facility. On . . . . . at 4:00 p.m., the Administrator reiterated she had not been aware of the physician's note regarding Resident #1 indicating a need for 24 hour nursing care. The	A 010		

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A 010	Continued From page 5 Administrator said if she had known, she would have addressed it. Class III	A 010		
A 025	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of . . . . . or . . . . . or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such . . . . . or . . . . . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 59A-36.007 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.	A 025		

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A 025	Continued From page 6 (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on staff interview, family interview, and record review, the facility failed to provide care and services appropriate to the needs of the residents and deemed appropriate by the health care provider as necessary to treat resident's condition for 1 (Resident #5) of 3 resident files reviewed. The findings included: On at 12:09 p.m., in an interview with Resident #5's daughters, they explained she had a recent and broke her thumb. The daughters said the doctor ordered her to go to the orthopedic doctor after the , and ordered , medication and a , for her thumb, and it looked like the facility lost the order. The daughters said they spoke to the Health and Wellness Director (HWD) said she didn't know about the order and there was a delay of about a week in following up on the order. A review of Resident #5's file revealed a nursing	A 025		

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A 025	Continued From page 7 progress note dated , stating the daughter was notified of resident's but no description of the was in the note. A further nursing progress note was dated stating Follow Up resident . No complaint of . Able to move all extremities. An order was found in the chart from the facility's physician service dated . This order stated: 1. Thumb , right. 2. referral re: acute first phalanx . 3. monitor for , control, let me know if its not controlled, if so tell me what she is getting for , that is not working. This order was not noted by a nurse until at 4 p.m. The nursing progress note on at 16:31 p.m. (4:31 p.m.) indicated an , , had been made for the next day with the orthopedic center. Review of the facility incident log revealed no entry regarding a for Resident #5. On at 2:34 p.m., in an interview the HWD said she was not sure why there was a delay with noting the order. The HWD said the daughter asked about it and maybe the order wasn't here and they had to call the doctor for it. The HWD was unable to find any documentation regarding this. The HWD was unsure whether Resident #5 currently had the , or not. On at 2:39 p.m., in an interview Staff A said she cared for Resident #5 on a regular basis. Staff A said Resident #5 has no , that she was aware of. On at 4 p.m., in an interview the Administrator said Resident #5 had the , but was non compliant with wearing it. The Administrator had no explanation for the delay in the order.	A 025		

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A 025	Continued From page 8 Class III	A 025		
A 026	59A-36.007(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests. (b) The facility must consult with the residents in selecting, planning, and scheduling activities. The facility must demonstrate residents' participation through one or more of the following methods: resident meetings, committees, a resident council, a monitored suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities must be available at least 6 days a week for a total of not less than 12 hours per week. Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours towards the required 12 hours per week of scheduled activities. An activities calendar must be posted in common areas where residents normally congregate. (d) If residents assist in planning a special activity	A 026		

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A 026	Continued From page 9 such as an outing, seasonal festivity, or an excursion, up to 3 hours may be counted toward the required activity time. This Statute or Rule is not met as evidenced by: Based on observation and resident and staff interview, the facility failed to provide an ongoing activities program and post a current activities calendar in common areas where residents normally congregate. The findings included: During a tour of the facility on at 9:35 a.m., three activity calendars were posted throughout the facility, one located in the front hallway, one posted in the hallway near # , and one posted in the hallway near # . All three calendars were dated for . Further observations were made throughout the day: 9:56 a.m.: 5 residents observed sitting in lobby, music playing on television (TV). No activities; 10:22 a.m.: 5 residents still in lobby, music playing on TV, no activities; 10:46 a.m.: 6 residents sitting in lobby, still music on TV, one resident there since first observation sleeping, no activities going on; 11:25 a.m.: 7 residents sitting in lobby, still music on TV, no activities going on; 2:15 p.m.: 2 residents in sitting area in lobby, no activities going on; 2:51 p.m.: no activities; 3:45 p.m.: no activities; On at 11:05 p.m., in an interview Resident #2 said regarding activities, it was the same routine, the girl that did them had an injury	A 026		

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A 026	Continued From page 10 and would be out for . weeks and they hadn't been offering much. Resident #2 said sometimes even when the activities person is there, there are no activities and she is doing other duties. On at 10:54 a.m., in an interview Resident #3 said there was an activities person, but she had been out for 3 weeks on sick leave. Resident #3 said since she has been out they were not providing as many activities as she would like. Resident #3 said that day there had been no activities and nothing the day before either. Resident #3 said when there is an activity they will announce it over the loudspeaker and she gets an activities sheet. She showed a stack of calendars with nothing for , . She said she didn't get one because the activities person isn't there. On at 10:40 a.m., in an interview Resident #4 said ordinarily they have activities, but the activities person had been out with an injury about 3 weeks and it may be for a total of 6 weeks. Resident #4 said the business office person tried to help out as much as she could, but she was the business office person and is busy. Resident #4 said you can't go by the calendar. On at 4 p.m., in an interview the Administrator said the activities person is on sick leave. The Administrator agreed there had been no activities that day and they had been having staffing issues with staff being moved everywhere. Class III	A 026		

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A 030	Continued From page 11	A 030		
A 030	59A-36.007(6) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 59A-36.006, F.A.C. (b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the	A 030		

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A 030	Continued From page 12 facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and universal precautions; and, 8. The requirements for coordinating the delivery of services to residents by third party providers. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. (g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical	A 030		

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A 030	Continued From page 13 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.	A 030		

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	AL11964477	A. BUILDING: ______ B. WING ______	01/10/2020

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A 030	Continued From page 14 (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care ..., and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally ..., the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes	A 030		

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A 030	Continued From page 15 in policies, procedures, and services to the staff of the facility, governing officials, or any other person without [illegible], interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, [illegible], and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder [illegible] Hotline operated by the Department of Children and Families, and, if applicable, [illegible] Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder [illegible] Hotline operated by the Department of Children and Families, and [illegible] Rights Florida.	A 030		

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A 030	Continued From page 16 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated [illegible] or [illegible] under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation and resident and staff interview, the facility failed to ensure all residents were treated with consideration and respect and with due recognition of personal dignity for 4 (Resident #6, #7, #8, and #9) of 35 residents observed during the dining experience. The findings included: On [illegible] at 11:05 a.m., in an interview Resident #2 said the meals can be a little slow. On [illegible] at 10:40 a.m., in an interview Resident #4 said dining service had been going through some changes. Resident #4 said one night she was seated at 5 p.m., and didn't get served until 6:20 p.m. She said she counted 5 people that got up and left and some were in	A 030		

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A 030	Continued From page 17 wheelchairs. Resident #4 said people are used to it now and not even coming down until late instead of just sitting there. Hours listed in the dining room indicated breakfast was at 8:00 a.m., lunch was at 12:00 p.m., and dinner was at 5:00 p.m. The menu at the table listed iceberg wedge salad, roast beef au jus, citrus tilapia, hamburger, egg salad plate, mashed potato and orange glazed carrots. On a dining observation was made between 11:40 a.m. and 1:00 p.m. At 11:40 a.m. Resident #6, #7, #8, and #9 were the first residents to be seated at dining tables in the dining room. They had been escorted there by staff. By 12:20 p.m. 32 residents were observed to be in the dining room with no meals on the tables. At 12:30 p.m., lettuce salads began being delivered. At 12:35 p.m. 3 residents were served hamburgers. At 12:40 p.m. the main meal began being served. All other residents were served and at 12:58 p.m. Residents #6 and #7 were served their meal. At 1:00 p.m. Residents #8 and #9 were served their meal. Residents #6, #7, #8 and #9 received their meal as listed on the menus at the tables: roast beef au jus, mashed potatoes and carrots. They were the last to be served. On at 4:00 p.m. in an interview, the Administrator said there had been staffing issues and she pulled from other areas to help in the kitchen. The Administrator had no explanation why Residents #6, #7, #8, and #9 waited 1 hour and 20 minutes for their meal or why they were the first seated and had been the last to be served. Class III	A 030		

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A 093	Continued From page 18	A 093		
A 093	59A-36.012(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, 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	A 093		

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A 093	Continued From page 19	A 093		

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 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

Agency for Health Care Administration

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A 093	Continued From page 20 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. 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 and resident and staff interview, the facility failed to ensure menus were dated and planned at least one week in advance and that planned menus were conspicuously posted or easily available to residents. The findings included: During a tour of the facility on at 9:35 a.m., menus observed posted near the nurses office were dated for through	A 093		

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A 093	Continued From page 21 and . . . . through . . . . . . On . . . . . at 11:05 a.m., in an interview Resident #2 said they don't know what is being served until they get in the dining room. She explained there is a menu at the table. Resident #2 said if she doesn't like what is on the menu she makes something in her room as she had canned soup & eggs she could make in the microwave. On at 10:40 a.m., in an interview Resident #4 said dining service had been going through some changes. Resident #4 said you don't know what the meal is until you get there and that determines whether some of the people stay or not. The hours listed in the dining room indicated breakfast was at 8:00 a.m., lunch was at 12:00 p.m. and dinner was at 5:00 p.m. The menu at the table listed iceberg wedge salad, roast beef au jus, citrus tilapia, hamburger, egg salad plate, mashed potato and orange glazed carrots. On a dining observation was made between 11:40 a.m. and 1:00 p.m. At 11:40 a.m., Residents #6, #7, #8, and #9 were observed to be seated at dining tables in the dining room. They had been escorted there by staff. By 12:20 p.m. 32 residents were observed to be in dining room with no meals on the tables. At 12:30 p.m., lettuce salads began being delivered. At 12:35 p.m., 3 residents were served hamburgers. At 12:40 p.m., the main meal began being served. All other residents were served and at 12:58 p.m., Residents #6 and #7 were served their meal. At 1 p.m., Residents #8 and #9 were served their meal. Residents #6, #7, #8, and #9 received the meal as listed on the menus at the tables. They	A 093		

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A 093	Continued From page 22 were the last to be served. On [redacted] at 4:00 p.m., in an interview the Administrator agreed the posted menus were out of date. She said the chef had recently been terminated and they were in the process of hiring. She said there had been staffing issues and pulled from other areas to help in the kitchen. Class III	A 093		