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
	AL11967095	A. BUILDING: _____ B. WING _____	03/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THORNTON GARDENS II	1516 MONTCALM STREET ORLANDO, FL 32806

(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 Complaint investigation (2020005452) was conducted at Thornton Gardens II Assisted Living Facility on and . The facility had deficiencies at the time of the visit.	A 000		
A 093 SS=D	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	A 093		

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A 093	Continued From page 1 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 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	A 093		

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A 093	Continued From page 2 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. 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 menu review, observations and interviews the facility failed to plan at least one week in advance to ensure that menu was served according to what was prepared by the dietitian, did not maintain a variety of foods and did not maintain a 3 day supply of non-perishable	A 093		

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A 093	Continued From page 3 emergency food, dairy and water for drinking and meal preparation for the 5 residents of the facility to be used for emergencies. Findings: Review of the menu posted that was dated from through was conducted along with staff A, the caregiver present on at 9:20 AM to determine if food was available for the week that was included on the menu that was prepared by the dietitian. The following foods were to be served were not available: 1. The breakfast menu for noted waffles were to be served for breakfast. Staff A said at the time there were no waffles or dinner rolls to be served with lunch. There were no buns to be served with dinner nor was there any macaroni salad or any food items available to make the macaroni salad. 2. The lunch menu for noted roast pork, carrots, yellow rice, broccoli and slice cake. The dinner menu noted tomato soup-2 slices of bread, turkey, banana pudding and a banana slice. The staff said there was no roast pork, carrots, tomato soup, banana pudding or banana's and no dinner rolls. 3. The lunch menu for noted baked fish, baked potatoes, corn Brussel sprouts, rolls. The dinner menu notes cream of chicken soup, 2	A 093		

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A 093	Continued From page 4 slices of bread, Tuna salad, potato salad, ice cream. The staff said there was no fish, corn, brussel sprouts or tuna. 4. The lunch menu for . . . . . noted roast beef, au gratin potatoes, lima beans, jello with fruit and a dinner roll. The dinner menu noted macaroni and cheese, smoked sausage, green beans, and chocolate pudding. The staff said there was no roast beef, au gratin potatoes, lima beans, jello with fruit, macaroni and cheese, smoked sausage, green beans or chocolate pudding. 5. The lunch menu for noted Turkey, stuffing, mashed potatoes, mixed vegetables, dinner rolls. The dinner menu noted pot pies, vegetables, mixed vegetables, mixed fruit and dinner rolls. The staff said there was no turkey, mixed vegetables or dinner rolls. The facility had 5 residents observations revealed there was only 3 small pot pies in the freezer. Observations of the food stored in the refrigerator's freezer at the time revealed there was only 4 packages of ground beef. The packages were , roll that was cut in half and placed in 4 bags and a small package of chicken , a 12 ounce (oz) bag of green peas and a 12 oz bag of stir fry, a package of butter milk biscuits, sausage patties and hash browns. There was not a variety of foods available to be	A 093		

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A 093	Continued From page 5 served the residents as required. Further observations on at 9:25 AM revealed the only food available on the shelf that staff A identified as the shelf use to store the non-perishable emergency food was a 29 ounce can of pears and a 29 ounce can of fruit cocktail, a bottle of salad and a 24 ounce can of spaghetti sauce. There was no water observed. Staff A said at the time that there was no other nonperishable food and water available at the facility. The facility did not maintain a 3-day supply of nonperishable food, for the 5 residents based on weekly meals the facility had with residents to serve, there was also no any non-perishable dairy items. On at 9:30 AM, the administrator arrived and was informed of all the findings. A review of the menu was conducted with her and she confirmed the findings. The administrator said the stores were limiting food supply and she had planned on going shopping today. She said included in her comprehensive emergency management plan (CEMP) that was approved that she could use to obtain water and the facility did not have to have water on . She said the plan was not located at the facility she had took it home to review, she said she would provide it to the agency via email. On a review of the facility's CEMP provided via email from the administrator, revealed it was approved on and noted the facility would have 72 hours supply of food and water, 15-20 gallons of water would be stored.	A 093		

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A 093	Continued From page 6 Class III	A 093		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and	A 152		

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A 152	Continued From page 7 personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observations and interviews, the facility failed to provide and maintain a home-like and decent environment in which to provide a safe living environment for the residents of facility. Findings: Observations in the room located in the of the facility by the dining area that was resident #3's room revealed there was a large brown stain in the ceiling, and it was cracked. Further observations revealed inside of her bedroom closet were large brown stains in the ceiling and a large hole. Resident #3 said when it rained it leaked in her closet. Continued observations revealed in the front living room of the facility there was also stained ceiling with a crack. On at the administrator said at the time she did obtain a quote, however because of the restrictions with visitors entering the facility she could not get it repaired now. Class III	A 152		