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 |
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| | AL11966320 | A. BUILDING: _____ B. WING _____ | R 07/15/2021 |

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| NEW ERA ASSISTED LIVING | 815 WEST DAUGHTERY RD LAKELAND, FL 33809 |

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| {A 000} | Initial Comments<br><br>A revisit to complaint investigation (complaint number: 2021006598) was conducted at New Era Assisted Living Facility on . . . . . . . Deficiencies were identified at the time of survey. | {A 000} | | |
| A 093 SS=D | 59A-36.012(2) FAC Food Service - Dietary Standards<br><br>(2) DIETARY STANDARDS.<br>(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.<br>(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.<br>(c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a | A 093 | | |

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| A 093 | Continued From page 1<br>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.<br>1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences.<br>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.<br>(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.<br>(e) Therapeutic diets must be prepared and served as ordered by the health care provider.<br>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.<br>2. The facility must document a resident's refusal | A 093 | | |

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| A 093 | Continued From page 2<br><br>to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal.<br>(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 [illegible] the time between meals.<br>(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 [illegible].<br>(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 [illegible] 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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation and interview, the Facility failed to serve the lunch meal in a safe and sanitary manner.<br><br>Findings Included: | A 093 | | |

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| A 093 | Continued From page 3<br><br>During observations of the dining room, conducted on . . . . . at 10:50am, each of the eleven tables had two to four Styrofoam bowls of blueberry pie with a dairy whipped topping. There were no residents present in the dining room. None of the food was covered. The room temperature of the dining room was seventy-eight degrees. At 11:10am, there were a variety of drinks placed at each place setting on each table. None of the drinks were covered. The whipped topping on the blueberry pies were starting to melt. There continued to be no residents in the dining room. At 11:20am other food items were set at each table setting. The ice in the beverages were melting and the whipped topping on the blueberry pies were now completely melted. The air temperature in the dining room continued at seventy-eight degrees. The continued to be no residents present. None of the food or beverages were covered.<br><br>During an interview with Staff A, conducted on at 11:50am, Staff A agreed that food and beverages especially dairy products should not be left at room temperature for extended times and food and beverages should be covered.<br><br>During a telephone interview with the Owner, conducted . . . . . at 12:05pm, the Owner agreed that staff should not have left beverages, food including dairy products at room temperature and that food and beverages should have been covered.<br><br>(photographic evidence obtained)<br><br>Class III | A 093 | | |

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| {A 152} | Continued From page 4 | {A 152} | | |
| {A 152} SS=D | 59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other<br><br>(3) OTHER REQUIREMENTS.<br>(a) All facilities must:<br>1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.;<br>2. Be maintained free of hazards; and,<br>3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.<br>(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:<br>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,<br>2. A closet or wardrobe space for hanging clothes,<br>3. A dresser, or other furniture designed for storage of clothing or personal effects,<br>4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and,<br>5. A comfortable chair, if requested.<br>(c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.<br>(d) Residents who use portable bedside commodes must be provided with privacy during use.<br>(e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not | {A 152} | | |

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| {A 152} | Continued From page 5<br>be . . . . . .<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation and interview, the Facility failed to maintain a clean, safe, and decent living environment free of hazards. Furthermore, the Facility failed to ensure that all existing architectural, structural, and appurtenances were maintained in good working order.<br><br>Findings Included:<br><br>During observations, conducted on . . . . . from 10:42am through 11:47am, revealed that:<br><br>In the yard:<br><br>-There was trash that included Styrofoam, plastic, and paper cups, a plastic food container lid, and other trash and debris. There was a stack of chairs in the middle of the side yard near the parking lot. In the middle of the front yard, there was a dirty/dusty glass top table by itself. There was a stack of clutter alongside the front of the building near the entrance that included washing machine, a headboard, bedrails, a dolly, and other items. The fence was broken to the side yard. In the of the building just outside of one egress, there were stacks of bedrails and the sidewalk seen through the glass door had a black discoloration consistent with mold/mildew.<br><br>Hallways:<br>-The windows overlooking the smoking area and in the main living room were visibly dirty with smudges, smears, and dirt/dust. The baseboards and trim throughout were covered in extreme dust accumulation. The kitchen door was covered in brown and red drips and spills from beverages and/or food | {A 152} | | |

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| {A 152} | Continued From page 6<br><br>Main Bathroom:<br>- The mirror had aged brown spots that was unsightly. The sink and counters were visibly dirty. There was an unsightly hole around the edge of the sink. The floor was visibly dirty with extreme dust and grime accumulation caked in the corners and behind the toilet. The paint was chipped and peeling away from both sides of the bathroom entry door.<br><br>Shower room:<br>-The mirror was aged and worn with many unsightly spots. The shower area had stained/discolored tile consistent with bio-growth, mildew, and/or hard water. The bathmat had black discoloration consistent with dirt and/or bio-growth. The floor was visibly dirty. There was bio-growth covering the walls above the shower wall tiles and covering the air vent. There was a rusted metal wire holder alongside the bathroom entry door which was unsightly.<br><br>Resident rooms and bathrooms:<br>-In . . . . . , the bathroom had a metal soap holder that was covered in soap scum and corrosion. The metal toothbrush holder was covered in dust and a white substance. The metal towel rack in the shower was broken. The soap holder in the shower area was covered in dust and soap scum. The caulking was peeling away from around the sink. The floors were visibly dirty and there was dust accumulation to the base tile. There was only hot running water to the sink and no . . . running water.<br>-In , there was dirt/dust to the trim and base boards throughout the room and bathroom. The bathroom floor was visibly dirty especially surrounding the toilet area. The towel bar was broken. | {A 152} | | |

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| {A 152} | Continued From page 7<br><br>-In , there was a broken dresser missing a drawer. The bathroom floor was visibly dirty. The toilet was full feces and used toilet paper. The sink visible dirty with dirt, dust, brownish-orange spills of an unknown origin. There was a bar of soap on the sink with green and white substance on the top of it consistent with bio-growth. The mirror was dirty with smears and white spots. The soap dispenser was covered in dust. The soap holder in shower was covered in dirt, dust, and soap scum. The shower drain was covered in soap scum. The electrical outlet was covered in brownish smears of an unknown substance. The bedroom entry door was visibly dirty with smears of black/brown unknown substance.<br>-In , the double light switch and electrical outlet in bathroom was dirty with smears of a brownish unknown substance. The sink was visibly dirty. The bathroom floor was visibly dirty. The soap holder in the shower was covered in soap scum and dirt. The shower floor was visibly dirty with dirt and white pieces of unknown debris covering the drain. The bedroom entry door was visibly dirty with smears of a brownish unknown substance.<br>-In , the floor was visibly dirty covered in dirt, trash, debris, and cigarette butts. There was a broken dresser missing one drawer.<br><br>During an interview with Staff A, conducted on at 11:45am, Staff A agreed that all areas of the Facility needed to be cleaned which included trim, baseboards, windows, soap and toothbrush holders, showers, drains, toilets, sinks, floors, electrical outlets, light switches, and the yard. Staff A agreed that broken items needed to be repaired and that clutter needed to be removed. | {A 152} | | |

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| {A 152} | Continued From page 8<br><br>During a telephone interview with the Owner, conducted on at 12:05am, the Owner stated that she would get with Staff A for a detailed report of the findings and that the Facility was working on these areas. The Owner agreed that all areas of the Facility needed to be cleaned which included trim, baseboards, windows, soap and toothbrush holders, showers, drains, toilets, sinks, floors, electrical outlets, light switches, and the yard. The Owner agreed that broken items needed to be repaired and that clutter needed to be removed.<br><br>{photographic evidence obtained}<br><br>Class III | {A 152} | | |
| {CZ830} SS=D | 408.821 FS Emergency Management Planning<br><br>408.821 Emergency management planning; emergency operations; inactive license.-<br>(1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows:<br>(a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan.<br>(b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan.<br>(c) Submit necessary plan revisions within 30 days after notification that plan revisions are | {CZ830} | | |

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| {CZ830} | Continued From page 9 | {CZ830} | | |

required.
(d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health.
(2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers.
(3)(a) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area in which a state of emergency was declared by the Governor if the provider:
1. Suffered damage to its operation during the state of emergency.
2. Is currently licensed.
3. Does not have a provisional license.
4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months.
(b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan

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| {CZ830} | Continued From page 10<br><br>for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes.<br><br>(4) . . . Licensees providing residential or inpatient services must utilize an online database approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review, and interview, the Facility failed to have an approved comprehensive emergency management plan (CEMP). Additionally, the Facility failed to obtain services to test and maintain their generators.<br><br>Findings Included:<br><br>During an attempt to review the testing and maintenance logs for the generator, conducted on , there were no testing and maintenance logs provided. | {CZ830} | | |

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| {CZ830} | Continued From page 11<br><br>A review of the most recent CEMP approval document, conducted on , revealed that the approved CEMP document provided was dated . The Facility received a letter from the local emergency management office dated that stated that their most recent submission, unknown date, was not approved and that the Facility must provide additional documentation before approval was granted.<br><br>During an interview with Staff A, conducted on at 11:50am, Staff A was unsure of the approval status of the CEMP and was unaware of testing and maintenance logs for the generators.<br><br>During a telephone interview with the Owner, conducted on at 12:05pm, the Owner stated that the Facility had not sent the additional data to the local emergency management office and that there were no testing and maintenance logs for the generators.<br><br>(photographic evidence obtained)<br><br>Class III | {CZ830} | | |