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 |
|---|---|---|---|
| | AL11964119 | A. BUILDING: _____ B. WING _____ | 01/19/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| GABLES ESTATES ... INC | 1881 SW 37TH AVENUE MIAMI, FL 33145 |

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| A 000 | Initial Comments<br><br>An unannounced Standard Biennial Survey was conducted at Gables Estates ... Inc. on . Deficiencies were identified at the time of the 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 licensed or registered dietitian, a licensed | A 093 | | |

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| A 093 | Continued From page 1<br>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 to comply with a therapeutic diet and provide | A 093 | | |

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| A 093 | Continued From page 2<br><br>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 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 .<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 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 maintain a 3-day supply of nonperishable emergency food consisted of the major 5 food groups for its census of five residents. The available nonperishable emergency food supplies were observed to be expired and insufficient. The | A 093 | | |

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| A 093 | Continued From page 3<br>facility also failed to update/renew its menu.<br><br>Findings included:<br><br>Observation on ..... at 09:07 AM showed the facility had a census of 5 residents. At 09:40 AM, observed emergency food supplies in the bottom cabinets in the kitchen area which contained:<br>4 cans (12oz each) of Sirena Sardines, 6 cans (14 oz each) of Goya green beans, 3 cans (14oz each) of Goya red beets, 2 cans (14oz each) of Coco Lopez cream of Coconut, 2 cans (14oz each) of diet Monte no sugar added sliced peaches, 12 cans (4oz each) of Bumble bee light Tuna, 2 cans (4oz) of sausages. Also observed 2 cans (15.5oz each) of Goya small red beans with expiration date .<br><br>Further observations on showed that the facility's menu was approved on ..... and expired on .<br><br>On at 12:01 PM, the administrator stated that was the new menu the nutritionist sent to him. He then stated the Nutritionist was at the facility in the beginning of ....., this year. He stated, "she sent me this one for this year."<br><br>On at 04:43 PM, the administrator acknowledged the deficiencies. He stated, "I was sick; that's right I do not have emergency food. I will go buy them tomorrow."<br><br>Class III | A 093 | | |
| A 162 SS=E | 59A-36.015(3) FAC Records - Resident | A 162 | | |

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| A 162 | Continued From page 4<br>(3) RESIDENT RECORDS. Resident records must be maintained on the premises and include:<br>(a) Resident demographic data as follows:<br>1. Name,<br>2. ... ,<br>3. Race,<br>4. Date of birth,<br>5. Place of birth, if known,<br>6. Social security number,<br>7. Medicaid and/or Medicare number, or name of other health insurance ... ,<br>8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and,<br>9. Name, address, and telephone number of the health care provider and case manager, if applicable.<br>(b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C.<br>(c) Any orders for medications, nursing services, therapeutic diets, ... , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order.<br>(d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable.<br>(e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C.<br>(f) A ... record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their ... recorded semi-annually.<br>(g) For facilities that will have unlicensed staff assisting the resident with the self-administration | A 162 | | |

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| A 162 | Continued From page 5<br>of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract.<br>(h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C.<br>(i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C.<br>(j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S.<br>(k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S.<br>(l) If the resident is an ... recipient, a copy of the Department of Children and Families form Alternate Care Certification for ..., ..., ( ), CF-ES 1006, ..., which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families.<br>(m) Documentation of the ..., ... of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. | A 162 | | |

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| A 162 | Continued From page 6<br>(n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C.<br>(o) The resident's ..... , DH Form 1896, if applicable.<br>(p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility:<br>1. A log listing the names of residents participating in this arrangement,<br>2. The resident demographic data required in this paragraph,<br>3. The health assessment described in rule 59A-36.006, F.A.C.,<br>4. The resident's contract described in rule 59A-36.018, F.A.C.; and,<br>5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility.<br>(q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility.<br>(r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. | A 162 | | |

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| A 162 | Continued From page 7<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview the facility failed to ensure health assessment for Resident #1 had accurate information. The facility also failed to accurately obtain all the residents' information.<br><br>Findings included:<br><br>Review of Resident #1's record showed health assessment dated had a date of birth . Further review of Resident #1's record showed health assessment dated had a date of birth , and demographic information had a date of birth .<br><br>Review of Resident #2's record showed recorded were as follow:<br>(pounds)<br><br>On at 04:40 PM, during an interview with the administrator regarding significant change to resident #2, the administrator stated, "I wrote the approximately." When asked the administrator if he owned a scale to the residents, the administrator replied, "I used to have one. I don't have it anymore. I wrote the as approximate based on the health assessment. I do it for all the residents. I will go buy a scale tomorrow. I won't do it anymore. I will call the doctor and get the correct of the resident and fix the health assessment." | A 162 | | |

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| A 162 | Continued From page 8<br><br>Class III | A 162 | | |
| A 182 SS=I | 59A-36.019(3) FAC Emergency Mgmt - Plan Implementation<br><br>(3) PLAN IMPLEMENTATION.<br>(a) All staff must be trained in their duties and are responsible for implementing the emergency management plan.<br>(b) If telephone service is not available during an emergency, the facility must request assistance from local law enforcement or emergency management personnel in maintaining communication.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation and interview, the facility failed to ensure that the staff on duty was able to exercise her responsibilities to perform her assigned duties consistent with her level of education, training, preparation, and experience (Staff B). Staff B was unable to start the alternate power source (a portable generator) that would be used to cool the facility in the event of a loss of primary power.<br><br>Findings included:<br><br>Observation on . . . . . at 09:25 AM showed Staff B pulled the portable generator out of the storage onto the terrace. Staff B tried to pull the cord that would make the generator to run very slowly while saying "No puedo, I cannot".<br><br>At 09:36 AM on , Staff Staff B stated she could not start the generator, but she had some documents inside the facility to show the | A 182 | | |

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| A 182 | Continued From page 9<br>city was going to install a new generator that will automatically run by itself.<br><br>Class II | A 182 | | |