

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953664	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/24/2022
NAME OF PROVIDER OR SUPPLIER MIDWAY MANOR RETIREMENT RESIDENCE			STREET ADDRESS, CITY, STATE, ZIP CODE 1754 ENSLEY AVENUE CLEARWATER, FL 33756		
(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 (complaint numbers 2022007205 and 2022007240) in conjunction with a generator monitoring survey was conducted at Midway Manor Assisted Living Facility on Deficiencies were identified at the time of survey.	A 000			
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.firules.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	A 093			

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 093	Continued From page 1 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 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	A 093		

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A 093	Continued From page 2 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. 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 interviews and observation, the facility failed to ensure that 3 of 3 Residents (#5, #6, and #7) received diets prepared and served as ordered by the healthcare provider.	A 093			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MIDWAY MANOR RETIREMENT RESIDENCE

**1754 ENSLEY AVENUE
CLEARWATER, FL 33756**

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A 093	Continued From page 3 Findings Included: An observation conducted on _____ at 12:00PM revealed Resident #5, Resident #6 and Resident #7 was served a roast beef sandwich with fried bacon, french fries, and a bowl of fruit. A record review conducted on _____ revealed the 1823 of Resident #5, Resident #6, and Resident #7 required a _____ diet During an interview conducted on _____ at 1:35PM, Resident #5 stated, "They are doing nothing about a _____ menu". During an interview conducted on _____ at 1:40PM Resident #7 stated, "They won't change the menus for anyone". During an interview conducted on _____ at 1:45PM, Resident #6 stated there are no substitutions offered. During an interview conducted on _____ at 2:00PM, the Administrator confirmed _____ meals were not served to Resident #5, Resident #6, and Resident #7 as ordered by the healthcare provider. 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,	A 152		

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A 152	Continued From page 4 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 height 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 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 a record review, observation and interviews, the facility failed to provide laundry services to 3 (Resident #4, Resident #7, and Resident #8) of 3 residents that required laundry services by not ensuring laundry equipment was in good working order.	A 152			

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A 152	Continued From page 5 Findings included: A record review of the facility's resident lease contracts on _____, revealed on Page 3 of 12, section 1.1.3, "the facility is responsible for completing laundry for residents who require such assistance." An interview conducted on _____ at 10:00 AM with Resident #3, she stated no one has done her laundry in over a month, her clothes are just sitting there. An interview conducted on _____ at 10:50AM with Resident #4, he stated that the facility had not done his laundry in a while. An observation conducted on _____ at 1:50PM of the laundry equipment revealed that 1 of 2 washing machines were currently operational, and 1 of 2 dryers were currently operational. An interview conducted on _____ at 2:50PM with Resident #7, she stated that no one does her laundry. An interview conducted on _____ at 2:55PM with Resident #8, he stated that no one does his laundry. An interview conducted on _____ at 3PM with the Administrator stated "We have been needed them to get fixed quite often, they are very old. I have connected with a company that is going to deliver a washer and dryer system to the facility. Right now, they are having their laundry	A 152		

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A 152	Continued From page 6 done once a week since the machines have not been fully working." Class III	A 152		