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
	AL11942911	A. BUILDING: _____ B. WING _____	05/23/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BARNETT LAKEVIEW ALF INC.	3833 SW 33RD STREET HOLLYWOOD, FL 33023

(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 An unannounced Wellness Monitoring survey was conducted on . . . . . at Barnett Lakeview ALF Inc. The facility had deficiencies identified at the time of the survey.	A 000		
A 054	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known . . . . the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical . . . . . , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication.	A 054		

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A 054	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure the Medication Observation Records (MORs) were signed immediately after medication assistance was provided to a resident for 4 of 6 sampled MOR reviews for Resident #1, Resident #2, Resident #4, and Resident #6. The findings included: On at 11:47 AM, a random review of the MORs was conducted with Staff C Home Health Aide. The following medications were not signed off for the following residents: a) Resident #1 - On and at 8:00 AM, 4 medications were not signed off as provided. On at 5:00 PM, one medication was not signed off as provided. On at 8:00 PM, 2 medications were not signed off as provided. b) Resident #2 - On at 8:00 AM, 2 medications were not signed off as provided. c) Resident #4 - On and at 8:00 AM, 4 medications were not signed off as provided. d) Resident #6 - On at 8:00 AM, 4 medications were not signed off as provided. On at 5:00 PM, 4 medications were not signed off as provided. On at 8:00 PM, 4 medications were not signed off as provided. On at 12:10 PM, Staff C Home Health Aide stated she was working on signing off on the MORs for all the residents. She stated she had a resident that distracted her.	A 054		

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A 054	Continued From page 2 On at 12:15 PM, the Administrator informed her that she will need to sign the MORs immediately after she gives the medications. During an interview conducted on at 1:00 PM, the Administrator acknowledged the findings. Class III	A 054		
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	A 093		

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A 093	Continued From page 3 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 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	A 093		

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A 093	Continued From page 4 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 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:	A 093		

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A 093	Continued From page 5 Based on observation, interview and record review, the facility failed to have a 3-day emergency supply of nonperishable food, based on the number of weekly meals the facility has [redacted] with residents to serve, must be on [redacted] at all times. The findings included: On [redacted] at 10:17 AM, a Department of Health inspector conducted a complaint inspection at the facility. The inspector identified the following violations: 1) Can of evaporated milk was expired. 2) Frozen sausage not protected in the freezer. 3) Frozen meat was not stored in food grade containers. On [redacted] at 9:48 AM, a request was made to Staff C Home Health Aide to observe the daily and emergency food supply. Observations conducted revealed three refrigerators for daily food with little to no food stored in them. The frozen chicken and sausage were incorrectly packaged in plastic grocery bags and not freezer bags. Also identified were expired foods to include a dietary supplement with an expiry date of [redacted]; cheese salsa dip with an expiry date of [redacted]; and a lobster bisque with an expiry date of [redacted]. This surveyor observed the emergency food to be inadequate and not a 3-day supply of nonperishable food. On [redacted] at 10:15 AM, upon surveyor intervention, the Administrator came to the facility to deliver food. He stated he normally loads up around hurricane season. He stated, "We will	A 093		

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A 093	Continued From page 6 rewrap the sausage and other food, we will take care of it." On at 12:22 PM, the Administrator stated that he purchased hurricane food only. He did not purchase daily food. On at 1:00 PM, the Administrator acknowledged the findings. Class III	A 093		