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
	AL11969409	A. BUILDING: _____ B. WING _____	07/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR LIVING AT SARASOTA	5750 HONORE AVENUE SARASOTA, FL 34233

(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 survey for complaint #2022009476, 2022006806, 2022008726, 2022008406 was conducted on through at Angels Senior Living at Sarasota, an assisted living facility in Sarasota, Florida. Complaint #2022009476 was substantiated at A0093. Complaint #2022006806 was not substantiated. Complaint #2022008726 was not substantiated. Complaint #2022008406 was not substantiated. The following is a description of the deficiencies.	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.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	A 093		

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A 093	Continued From page 1 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 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	A 093		

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A 093	Continued From page 2 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 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	A 093		

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A 093	Continued From page 3 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 observation, record review and interviews, the facility failed to provide 5 of six residents (#3, #4, #7, #8 and #9) their prescribed diets. The findings included: 1. A review of Resident #4's closed record showed a prescribed diet of mechanical soft dated .. . . . . An interview was conducted with a resident (who wanted to remain anonymous) on at 11:15 a.m. She said she used to eat with Resident #4 all the time. On they were having dinner. Resident #4 was served a deli sandwich with white bread with potato chips. In an interview on at 2:05 p.m., Staff D-med tech said on ..... she notice Resident #4 was served a deli sandwich with white bread and potato chips. She had already eaten some of the sandwich with the bread. The sandwich was cut in quarters. She took the bread and potato chips. She cut up the meat and cheese from the deli sandwich into smaller pieces. On . . . . at 3:35 p.m., the memory care director said she saw Resident #4 eating her dinner on ..... She saw bread, potato chips and meat on her dish. 2. A review of Resident #3's diet order dated	A 093		

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A 093	Continued From page 4 . . . . . showed a "regular diet - please cut up her food in small bites, preference for ˘ foods and soft diet." A review of Resident #4's diet order dated showed mechanical soft diet. A review of Resident #7's diet order from the health assessment dated showed regular mechanical soft, . , , . . . diet. A review of Resident #8's diet order on her health assessment dated . . . . showed a regular mechanical soft diet. A review of Resident #9's diet order on his health assessment dated . . . showed a regular mechanical soft diet. Observation on at 11:30 a.m. was conducted for lunch in the memory unit. Residents #7, #8 and #9 were served macaroni and cheese with carrots. The carrots were approximately 3 - 4 inches long. Resident #3 was served eggs, whole toast, and whole strips of bacon. During this observation the memory care director confirmed this is not a mechanical soft diet with the toast and bacon. At approximately 11:45 a.m., the surveyor taste tested a carrot on an extra meal. The carrot was cooked but was crunchy and somewhat hard. Staffs D, Staff E- med tech, and the memory care director observed this. They all confirmed they heard the crunch and said the carrots were not for a soft diet. Class III	A 093		
A 152	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	A 152		

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A 152	Continued From page 5 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 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 observation and interview, the facility failed to provide residents, who live in the memory unit a safe, clean, descent living environment free of hazards. The facility failed to	A 152		

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A 152	Continued From page 6 maintain the memory care unit free of hazards in the event of a fire. The findings included: A tour of the memory unit was conducted on [redacted] at 10:51 a.m. The following were observed: Dining room chairs were heavily soiled, stained and with grime. Of the 20 dining table chairs, 18 chairs were heavily soiled and stained. The North emergency exit door in memory care unit had a sofa in front of the door blocking the emergency exit. In an interview on [redacted] at 11:40 a.m., the Memory Care Director confirmed the chairs need to be cleaned. She confirmed the sofa was placed at the North emergency exit door and stated the door is broken. She said the sofa has always been in front of the emergency door. On [redacted] at 12:50 p.m., Staff A (Medication Technician) said the chairs in the unit have always been dirty. She said they have asked to have them cleaned and no one has done anything. She said the sofa has been in front of the emergency exit door since she started at the facility; she came and found it there. On [redacted] at 1:10 p.m., Staff B (Resident Aide) said the sofa has been in front of the emergency exit door for a while now; it has been there since last year. She said she thinks the door is broken that is why it is there. Staff B confirmed the dining table chairs are dirty and need to be cleaned. On [redacted] at 4:00 p.m., observed the Memory Care North emergency exit door with sofa in front of door blocking the emergency exit. Also observed the dining table chairs lined up against	A 152		

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A 152	Continued From page 7 the wall with chairs heavily soiled and stained. On [redacted] at 9:02 a.m., Staff C (Med Tech) said the sofa was at the emergency exit door when he started and confirmed the dining table chairs need to be cleaned. Staff C states the chairs were in the condition they are in when he started working at the facility and no one has done anything about them. On [redacted] at 9:14 a.m., Administrator acknowledged the sofa placed in front of the memory care north emergency exit door and stated she knows she it is a fire hazard. The Administrator stated there is a latch at the bottom of the emergency exit door. The Administrator said the memory care dining room chairs are heavily soiled and dirty, and stated they should be kept clean. On [redacted] at 10:14 a.m., Staff D (med Tech) said, "the sofa was in front of the door since the last elopement at the facility last year and the door is broken and has been broken since then that is why the sofa is in front of the door." Staff D confirmed the chairs in the memory care dining room are heavily soiled. Staff D said," they have been like that for so long now, and no one does anything, they need to be cleaned." On [redacted] at 12:00 p.m., Maintenance Director confirmed he installed the latch on the bottom of the north exit emergency exit door in the memory care unit as instructed by the Administrator. The maintenance Director confirmed blocking the door with the sofa and installing the latch is a fire hazard. Class III	A 152		

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A 152	Continued From page 8 **Photographic Evidence Obtained**	A 152		