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
	AL11968586	A. BUILDING: _____ B. WING _____	06/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF VILLAGES CROSSING	13517 NE 86TH COURT LADY LAKE, FL 32159

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A 000	Initial Comments An unannounced re-licensure survey with Extended Congregate Care and Emergency Power Plan monitoring, in conjunction with a COVID-19 focused control survey, was conducted at Harborchase of Villages Crossing, on through . Deficiencies were identified at the time of the survey.	A 000		
A 036 SS=D	59A-36.007(10) CONTROL PROCEDURES (10) CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of . (a) The facility must implement a hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to materials or hygiene may include the use of -based rubs, handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an exposure to transmissible agents in , nonintact skin, and mucuous during the provision of personal services. Standard precautions include: hygiene, and dependent upon the exposure, use of gloves, gown, mask, protection, or a shield. (c) The facility must clean and reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations.	A 036		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 036	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to provide services in a manner that reduces the risk of transmission of [illegible] by failing to ensure that staff adhered to [illegible] control policies and procedures for proper [illegible]-hygiene during assistance with self-administration of medication for two residents (Resident #8 and Resident #9), and properly cleaning a [illegible], monitoring cuff after use on a resident (Resident #8), Staff A. Findings: During an observation on [illegible] at 12:40 PM, Staff A, Med Tech, was observed going into Resident #9's room to assist with self-administration of medications. Resident #9 requested additional assistance with transferring from a lift chair to his wheelchair. Staff A assisted the resident to transfer to his wheelchair. Staff A did not wear gloves and did not complete [illegible] hygiene before assisting the resident. During an observation on [illegible], at 1:13 PM, Resident #8 was lying in bed. Staff A, Med Tech, obtained [illegible], [illegible] of Resident #8 from his left arm. Staff A did not clean the [illegible], [illegible] cuff and placed the cuff into the medication cart. Staff A did not perform [illegible] hygiene prior to or after providing direct care to Resident #8. During an observation on [illegible], at 1:27 PM, Staff A assisted two residents (Resident #8 and Resident #9) with self-administration of medication. Staff A did not use [illegible] gel to sanitize her or soap and water to clean her [illegible] prior to assisting the residents with self-administration of medication. Staff A	A 036		

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A 036	Continued From page 2 completed medication assistance without cleaning her with soap and water or gel and moved from Resident #8's room to Resident #9's room without completing hygiene. During an interview on at 1:35 PM, Staff A, Med. Tech, she stated "I was taught to wash my before and after each resident when passing medications or assisting residents. I just forgot to clean my . The , cuff also should have been wiped down with sanitizing wipes after use." During an interview on at 5:53 PM, the Regional Director of Health and Wellness stated, "We expect staff to complete hygiene before and after each resident." She further stated that it is required for the , cuff to be wiped down with sanitizer wipes after use, and after the cleaning solution has dried placed into the medication cart. During an interview on at 5:53 PM, the Area Manager of Operations stated, "Our expectation is that hygiene must be completed before and after each resident contact." Review of the facility's policy titled, "Standard: Handwashing and Glove Usage", date issued , (revised), which read, "Gloves are used to protect both the Associates and the residents. The Associates are trained to use gloves that fit ... Gloves will be changed after each resident. All Associates should wash their : Before and after medication administration to a resident. Associates will use soap and water to wash their ." If continuation sheet 3 of 8	A 036		

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A 036	Continued From page 3 Review of the facility's policy titled, "Standard: Cleaning of Medical Equipment," issued [illegible] (revised [illegible]) which read, "The community will have a protocol in place to ensure that proper cleaning/ [illegible] of medical equipment that is being used between different residents is occurring as per the requirements. This include the cleaning/ [illegible] of ...non-critical devices such as [illegible] cuff(s.) 10. Other medical equipment that is used on the residents but does not come into direct contact with [illegible] and/or [illegible], includes but is not limited to: [illegible] cuffs. These will be wiped down with the recommended [illegible] wipes at the end of each use." Class III	A 036		
A 093 SS=D	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.	A 093		

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A 093	Continued From page 4 (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 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.	A 093		

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A 093	Continued From page 5 (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 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 [illegible] 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 [illegible]. (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has [illegible] 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	A 093		

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A 093	Continued From page 6 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 observation, interview, and record review, the facility failed to have the weekly menu conspicuously posted or easily available for residents and failed to retain six months of menu substitution logs on file. Findings: During a tour of the facility on . . . beginning at 9:30 AM, there was no evidence observed of a dietitian-approved weekly menu posted for the residents within the facility. During an interview conducted on at 9:45 AM, Resident #15 stated, "I have not seen a menu posted of our meals for six months." During an interview conducted on at 11:14 AM, the Director of Hospitality stated, "The menu is not posted because the printer does not work." During an interview conducted on . . . . . at 5:53 PM, the Area Manager of Operations stated, "The weekly menu needs to be posted for residents to see." After checking, she confirmed the dietitian approved menu was not posted as required. During an interview conducted on at 5:55 PM, the Regional Director of Health and Wellness stated, "The menu is to be posted in the	A 093		

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A 093	Continued From page 7 dining area for the residents to see." Review of the Hospitality Standards Manual, version , Page 40 paragraph titled "Week at a Glance-Unsigned" read, "This menu is a 11" x 17" document and is to be printed in color with the current dates of the week of service and posted in Signatures dining room." During an interview conducted on at 11:14 AM, the Director of Hospitality stated, "I have no [substitution] logs but ones which have been recorded beginning in , of 2022. The log will be maintained from now on." During an interview conducted on at 5:53 PM, the Area Manager of Operations stated, "We do not keep a substitution log." During an interview conducted on at 5:55 PM, the Regional Director of Health and Wellness stated, "A substitution log should be kept on file for six months." Review of the facility's menu substitution log sheets revealed no evidence of any completed or saved substitution logs. Review of the facility's Hospitality Standards Manual, version , Page 42 titled, "Menu Substitution Log" read, "Each week a new menu substitution log should be created and dated for the week. Any menu changes made to the menu signed by the registered dietitian should be required on the menu substitution log, including the reason for the substitution and name of the individual making the change." Class III	A 093		