

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966607	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/01/2022
NAME OF PROVIDER OR SUPPLIER HERON HOUSE OF LARGO			STREET ADDRESS, CITY, STATE, ZIP CODE 2050 EAST BAY DRIVE LARGO, FL 33771		
(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 investigation (#2022010815, #2022011435 and #2022011612) was conducted on _____ at Heron House of Largo. Deficiencies were identified at the time of the visit.	A 000			
A 026 SS=D	59A-36.007(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests. (b) The facility must consult with the residents in selecting, planning, and scheduling activities. The facility must demonstrate residents' participation through one or more of the following methods: resident meetings, committees, a resident council, a monitored suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities must be available at least 6 days a week for a total of not less than 12 hours per week. Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours towards the required 12 hours per week of scheduled activities. An activities calendar must	A 026			

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

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HERON HOUSE OF LARGO

**2050 EAST BAY DRIVE
LARGO, FL 33771**

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A 026	Continued From page 1 be posted in common areas where residents normally congregate. (d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to 3 hours may be counted toward the required activity time. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide an ongoing activities program six days a week for a total of not less than 12 hours per week. Findings Included: An observation on _____ from 9:00 am to 1:45pm there were no activities observed being conducted in the facility. In an interview with the Activities Director conducted on _____ at 9:09am she revealed that she was the only staff member doing activities and driving the van, and had been without an assistant for 3 to 4 weeks. She stated "During this time, when I am at the store or at the _____ with the residents the activities do go undone unless they can do self-directed activities." In an interview with Resident #6 conducted on _____ at 10:00am he stated "there are no activities. It is more than boring here." In an interview with Resident #7 conducted on _____ at 10:04am he stated that there had been no activities since he had been there. In an interview with Resident #8 conducted on _____ at 10:11am he stated " There are none. I just watch tv."	A 026		

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A 026	Continued From page 2 In an interview with Resident #4 conducted on at 12:40pm she stated "They don't do anything, I just read." In an interview with the Administrator conducted on at 12:47pm she admitted that activities were not being provided as they should be, and stated that their Activity Director was providing the facility transportation. She said they were actively interviewing to replace the prior Activity Assistant. Class III	A 026			
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.frules.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%202014.pdf . Therapeutic diets must meet these nutritional standards to the extent possible.	A 093			

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A 093	Continued From page 3 (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 4 (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 _____ 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	A 093			

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A 093	Continued From page 5 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 interview, observations and record review the facility failed to meet the resident needs of offering a variety of meals adapted to the food habits, preferences and physical abilities; failed to document refusals of diet and to provide notification to the residents health care provider for 1 (Resident #3) of one resident sampled . Findings included: An observation on _____ at 12:00pm during lunch at the in the memory Care unit. Resident #3 was observed to be seated at the table with lunch served. Staff C, Resident care aide (_____) was observed to make multiple attempts to encourage resident to eat, resident did not respond. Staff C did not cut meat in smaller pieces and did not sit to feed the resident. An observation on _____ at 12:15 p.m. staff C, resident care aide said to resident "you don't want to eat at least drink the juice; Staff C then proceeded to removed plate and dispose of food from table. An interview on _____ at 12:17 p.m. with the memory care supervisor she stated we can do over the _____ assist, but we do not feed our residents. An Interview on _____ at 12:51 p.m. interview	A 093			

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A 093	Continued From page 6 with the administrator she stated the 1823 states she is Total, no I guess the 1823 does not reflect where her health is right now. Usually, I check the I was not aware she had lost well she is hospice, and they know her no we have not put in place any inventions for nutrition. A resident record conducted on of Resident #3 on health assessment 1823 dated revealed Resident #3 was A resident record review conducted on for Resident #3 records revealed: An interview conducted on /2022 at 1:00 p.m. Interview the administrator she stated "Oh! Resident #3 will pick that fork and feed herself". We encourage her to eat if she doesn't want to eat, we can't force her. We are not documenting if she eats or not. My expectation is that if she is not eating the staff would let me know. An interview conducted on at 3:15 p.m. with Third party Hospice provider she stated I have been her case manager for the past two weeks; I know Resident #3 had received a 45-day notice because the facility could not meet her needs, she is very weak. I have not been informed that she is not eating and losing Class III	A 093			

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NAME OF PROVIDER OR SUPPLIER HERON HOUSE OF LARGO			STREET ADDRESS, CITY, STATE, ZIP CODE 2050 EAST BAY DRIVE LARGO, FL 33771		
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A 093	Continued From page 6 with the administrator she stated the 1823 states she is Total, no I guess the 1823 does not reflect where her health is right now. Usually, I check the . . . , I was not aware she had lost . . . , well she is hospice, and they know her . . . , no we have not put in place any inventions for nutrition. A resident record conducted on . . . of Resident #3 . . . on health assessment 1823 dated . . . revealed Resident #3 was . . . A resident record review conducted on . . . for Resident #3 . . . records revealed: . . . An interview conducted on . . . /2022 at 1:00 p.m. Interview the administrator she stated "Oh! Resident #3 will pick that fork and feed herself". We encourage her to eat if she doesn't want to eat, we can't force her. We are not documenting if she eats or not. My expectation is that if she is not eating the staff would let me know. An interview conducted on . . . at 3:15 p.m. with Third party Hospice provider she stated I have been her case manager for the past two weeks; I know Resident #3 had received a 45-day notice because the facility could not meet her needs, she is very weak. I have not been informed that she is not eating and losing . . . Class III	A 093			