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
	AL11953664	A. BUILDING: _____ B. WING _____	C 10/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWAY MANOR RETIREMENT RESIDENCE	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 investigation (#2022011417) was conducted at Midway Manor Retirement Residence Assisted Living Facility on . Deficiencies were identified at the time of survey.	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 be posted in common areas where residents	A 026		

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A 026	Continued From page 1 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 review of the facility Activity Calendar, observations and interviews, the facility failed to provide an ongoing activity program in keeping with resident's needs, abilities, and interests for five (Resident #1, #2, #3, #4, #7) of seven sampled residents. Findings included: A facility tour conducted on at 9:42 AM revealed several residents sitting in the facility main courtyard area smoking cigarettes and having positive interactions with one another. An interview was conducted with Resident #1 at 9:52 AM on . During interview Resident #1 stated, "There's zero activities for us here. None. They have them posted but they don't do them." An interview was conducted with Resident #2 regarding the facility Activity Program at 10:17AM on . During this interview Resident # 2 stated," There are none. Never." An interview was conducted with Resident #3 regarding the facility Activity Program at 10:26 AM on . During this interview Resident #3 stated," We just sit here and smoke or go to the store but there's never any activities." An interview was conducted with Resident #4 regarding the facility Activity Program at 10:33 AM	A 026		

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A 026	Continued From page 2 on . . . . . During this interview Resident #4 stated, "We used to have a lot of activities, but I guess we are in-between activities ladies right now. There's not really much going on . This is basically it. Sit around and smoke." An additional interview was conducted with Resident #7 regarding the facility Activity program at 11:06 AM on . . . . . During this interview Resident # 7 stated," They really don't do nothing, and it pisses me off." A review of the facility Activity Calendar was conducted on . The review of the Activity Calendar indicated that activities were offered Sunday - Saturday from 1pm - 2pm and 6pm - 7pm. Photo evidence obtained. An additional facility tour conducted on at 1:00 PM revealed several residents (including Residents #1, #2, #3, #4, #7) sitting in the facility' main courtyard chatting with one another and smoking cigarettes. No evidence of a staff member initiating or a resident participating in today posted activity (Bingo). These findings were discussed during an interview with the facility Resident Care Coordinator (RCC) at 1:18 PM on . . . . . During this interview the RCC stated," ... I'm not sure why activities didn't go on today. We do have a program. I will have to check on this." These findings were also discussed during interview with the facility Administrator at 1:33 PM on . During this interview the Administrator stated," Yes, I'm aware that we didn't do any activities today. Normally the person that comes in and helps us out with activities was sick today."	A 026		

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A 026	Continued From page 3 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.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 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 093		

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A 093	Continued From page 4 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 to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal.	A 093		

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A 093	Continued From page 5 (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 observations, record review and interviews, the facility failed to ensure their dining menu was posted or readily available for resident to review and failed to ensure substituted menu items were of a comparable nutritional value. Findings included:	A 093		

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A 093	Continued From page 6 A tour of the facility dining room was conducted on at 11: 50 AM revealed no evidence of posted dining menu. A dining menu was requested and provided by the Resident Care Coordinator (RCC). The dining menu revealed the scheduled lunch meal on was as follows: Chili Dog Cheese Cup Chili Cup Hot Dog Roll, Onion rings/Tator Tots or Fries Cole Slaw Fresh Fruit An observation of the facility lunch dining service was conducted on at noon. The meal provided was as follows: Quiche Tomato soup banana pudding. These findings were confirmed and discussed during an interview with the Administrator on at 2:02 PM. During this interview the Administrator stated, "yes, I was told that we didn't have the correct food today for the lunch meal. They should have came to me. I literally just place an order to get our food in." Class III	A 093		