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
	AL11910289	A. BUILDING: _____ B. WING _____	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANTATION ON SUMMERS LLC (THE)	147 SW SUMMERS LANE LAKE CITY, FL 32025

(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 re-licensure survey with Emergency Power Plan and Limited Mental Health monitoring, in conjunction with a complaint investigation (complaint number 2022012496) was conducted at Plantation on Summers LLC (The) on [redacted] through [redacted], [redacted]. One of the allegations in the complaint was substantiated. Deficiencies were identified at the time of the survey.	A 000		
A 026	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,	A 026		

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A 026	Continued From page 1 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 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 interview, record review, and observation the facility failed to provide an ongoing activities program for residents. Findings: During an interview on at approximately 9:47 AM, Resident #1 stated, "We don't really do anything. They put on the television up front and that's about it." During an interview on at approximately 9:55 AM, Resident #5 stated, "We have absolutely no activities." During an interview on at approximately 1:35 PM, Staff B, Med-Tech stated, "There is no staff here who specifically does activities. Sometimes the color or put something on the television. They don't have an activities director." During an observation on at 9:28 AM, it showed residents were observed sitting on the couch in the front living room area while the television was playing. None of the residents in the lobby were watching the television. One resident was observed sleeping on the couch. Two additional residents were observed sitting on	A 026		

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A 026	Continued From page 2 another couch looking around. In the dining room residents were observed ambulating in out of exit doors or siting at the dining table with no activities going on. In the main living room area and the dining room area no activities calendar was observed posted. During an interview on at approximately 9:31 AM, Resident #11 stated he has been at the facility for about two and half years and there are never any activities going on. During an interview on at approximately 9:56 AM, Resident #6 stated, "I do not feel they provide activities for us." During an interview on at approximately 11:12 AM, the Administrator stated, "We do not have an activity aide, I don't remember the last time we had one." Review of the policy and procedure titled, "Resident Recreational Activity Programs" effective reads, "The Activity Aide is responsible for generating a Circle of Life Community monthly activities calendar and executing the schedule of 6 days per week and not less than 12 hours per week. Calendar of monthly activities will be distributed to staff services." Class III	A 026		
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	A 093		

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A 093	Continued From page 3 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 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,	A 093		

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A 093	Continued From page 4 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. (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,	A 093		

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A 093	Continued From page 5 snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of [redacted] 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 [redacted]. (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 [redacted] 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 observation, record review, and interview, the facility failed to provide meals that were prepared using standardized recipes and failed to post a weekly planned menu for the residents. Findings include: 1) An observation on at 10:03 AM revealed there was a dry-erase board mounted on the wall to the left of the kitchen window with the following written on it: "Wednesday [redacted] 26, 2022, Lunch Salami Sandwich, its middle week." No other menus were posted in the facility. (Photographic evidence obtained.) An observation on at 11:30 AM	A 093		

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A 093	Continued From page 6 revealed the lunch meal being served to the residents consisted of a bologna sandwich, a bag of Doritos, a bowl of diced carrots, and vanilla pudding. During an interview on , at 11:35 AM, the Executive Director stated, "We do not have a printed menu posted. Our posted menu for the day is written on the dry-erase board." 2) Review of the menu prepared by the facility's registered dietitian revealed the lunch for was scheduled to be one cup of chicken rice soup, three ounces of lunch meat sandwich, one cup three bean salad, one cup of milk, two cookies, and one tablespoon of mayonnaise. An observation on at 12:05 PM revealed the lunch being served to the residents consisted of a slice of cheese pizza, green beans, pudding, and a drink. During an interview on at 12:37 PM, Staff A, Cook, stated, "I do not follow the exact menu created for the facility. I use it as a guideline on how many items need to be served for each meal." When asked how he the nutritional value of the meals if he is not following the planned menu, Staff A stated, "I don't know." During an interview on at 12:39 PM, the Executive Director was unable to explain how the nutritional value of the newly created meals was to ensure that the meals were meeting the nutritional needs of the residents. Review of facility policy titled, Food Service Requirements," effective and reviewed	A 093		

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A 093	Continued From page 7 . . . . . , revealed it stated, " . Procedure(s): 2. A Registered Licensed Dietitian plans all menus for the dietary manager ... 3. Food Support Workers (FSW) prepare and serve all hot meals according to approved menus ..." Class III	A 093		