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
	AL11969760	A. BUILDING: _____ B. WING _____	R 11/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CANTERFIELD OF FORT MYERS, LLC	18301 TRIFECTA LN FORT MYERS, FL 33967

(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 revisit survey was conducted on [redacted] at Canterfield of Fort Myers, LLC, an assisted living facility in Fort Myers, Florida. This was a follow-up to the complaint survey completed on [redacted]. The following is a description of the deficiency found at the time of the visit.	{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 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	{A 093}		

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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 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

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{A 093}	Continued From page 2	{A 093}		

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 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 record review, observation and

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{A 093}	Continued From page 3 interview, the facility failed to serve three (Residents #6, #21, and #22) of three residents reviewed the prescribed diet. The findings included: Observation on . . . at 7:14 a.m. in the facility's kitchen found a therapeutic diet list posted on the wall next to the refrigerator. The therapeutic list did not include residents. During interview on at 7:15 a.m., dietary Staff B in charge of the kitchen at the time, said they do not have a list of residents and as far as she knows . . . . . follow the regular menu. During an interview on at 7:30 a.m. Resident #13 said she is . . . . . and the facility does not provide menus. She said she spoke to many staff members asking for . . . . . menu options including desserts, but none provided. In an interview on . . . . . at 10:34 a.m., ... Resident #4 stated: "I am , I am am on . . . , No, they do not offer a . . . . . menu; just the regular food. I do my do diligence and avoid carbs and sweets, but they do not offer desserts or any special accommodations for us. They do not. I bet you they do not even know I am . . . . . I never signed a form saying that I don't want to follow a diet. " In an interview on at 10:45 a.m., the dietary manager Stated: "I don't have a list of residents. I know there is one person but have no idea if it is a man or woman who likes sugar free ice cream. I have it in the freezer. I	{A 093}		

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have no idea who the person is. The staff will come and tell me and I will get it from the freezer. I don't have any other cookies or puddings or any other desserts. I do not have a menu. I follow the menu by the dietician and plug in my substitutions. Its the same anyway, isn't it?"

During an interview on at 10:59 a.m., the executive director said that it was the residents responsibility to let the staff know that they are so the dietary staff can offer them options. She did not know that it was the facility's responsibility to ensure residents follow therapeutic diets. She said as far as she knew no residents signed a waiver indicating they did not want to follow a therapeutic diet. She also said resident #13 was noncompliant with her diet and they had multiple discussions with her to remind her that she has to follow a diet.

Record review found the facility utilized a menu that was approved by a registered dietician on . The provided menu addressed only regular diet. There was no modifications on the menu for special diets.

Health assessment review for Resident #13 found a form that was filled out on , resident had a diagnosis of to follow a regular diet. No documentation on record indicated that facility discussed resident's diagnosis or dietary preferences.

Health assessment review for Resident #13 found a form that was filled out on indicating resident had a diagnosis of to follow a consistent carb/ diet. No documentation on record indicated that facility discussed resident's diagnosis or dietary preferences. Further more there was no

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{A 093}	Continued From page 5 documentation on record indicating the resident refused to follow a therapeutic diet. A note on record dated indicated the resident's physician called the facility and spoke to the wellness director asking to ensure Resident #13 avoid dairy products since she had an episode of . Further review found no evidence that the wellness director communicated with dietary staff to ensure dietary restrictions for Resident #13. Health assessment review for Resident #21 found a form that was filled out on indicating the resident, with a diagnosis of , , to follow a calorie controlled diet. Further, there was no documentation on record indicating that resident refused to follow a therapeutic diet. Health assessment review for Resident #22 found a form that was filled out on indicating resident had a diagnosis of . . . . . and needed to follow a no added salt and carb controlled diet. Further, there was no documentation on record indicating that resident refused to follow a therapeutic diet. Class III	{A 093}		