

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969780	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 11/28/2022
NAME OF PROVIDER OR SUPPLIER PRECIOUS & DESTINY SENIOR LIVING, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 782 SW 54TH AVE MARGATE, FL 33068		
(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 Relicensure with Limited Nursing Services (LNS), Complaint (#2021008152) and Generator Monitoring survey was conducted on _____ at Precious & Destiny Senior Living, Inc. The facility had a deficiency identified related to the Relicensure at the time of the survey.	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, 2020-2025, which are incorporated by reference and available for review at: http://www.firules.org/Gateway/reference.asp?No=Ref-04003 , and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx . 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	A 093			

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

TITLE

(X6) DATE

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A 093	Continued From page 1 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 residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility.	A 093			

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A 093	Continued From page 2 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 hand. (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 hand 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, it was determined that the 3-day supply of nonperishable food, based on the number of weekly meals the facility has with	A 093			

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STREET ADDRESS, CITY, STATE, ZIP CODE

PRECIOUS & DESTINY SENIOR LIVING, INC

**782 SW 54TH AVE
MARGATE, FL 33068**

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A 093	Continued From page 3 residents to serve, was not available during the survey. This could potentially affect the care needs of 2 out 2 sampled residents (Resident #1 & Resident #2) currently residing in the facility. The findings included: On at 12:15 PM, a review of the 3-day emergency food supplies was conducted with the Administrator. The emergency foods are stored in a kitchen cabinet with double compartments. The Administrator informed that one side contained day-to-day foods, and the other side had emergency foods and supplies. Review of the "Disaster Food Supplies List" prepared by the facility's Dietitian, documented the required portions for a 3-day emergency food supply. This document was drafted for 8 people (six residents and 2 employees). There were two residents residing in the facility during this survey period. Considering the current number of residents, it was noted that the required items for a 3-day emergency food supply was not available as indicated below: <table border="1"> <thead> <tr> <th>Food item</th> <th>Per Person/Per Day</th> <th></th> </tr> <tr> <th>Total Required</th> <th>Available</th> <th></th> </tr> </thead> <tbody> <tr> <td>Assorted fruit Juices</td> <td>8</td> <td>192 oz</td> </tr> <tr> <td>0</td> <td></td> <td></td> </tr> <tr> <td>Assorted Dry Cereals</td> <td>1</td> <td>24</td> </tr> <tr> <td>oz</td> <td></td> <td></td> </tr> <tr> <td>Milk Dry (Dry, boxed, evaporated)</td> <td></td> <td>16</td> </tr> <tr> <td>384 oz</td> <td>48 oz</td> <td></td> </tr> <tr> <td>Chicken Noodle Soup</td> <td>2.66</td> <td></td> </tr> <tr> <td>64 oz</td> <td>0</td> <td></td> </tr> <tr> <td>Cream of Mushroom soup</td> <td>2.66</td> <td></td> </tr> <tr> <td>64 oz</td> <td>0</td> <td></td> </tr> </tbody> </table>	Food item	Per Person/Per Day		Total Required	Available		Assorted fruit Juices	8	192 oz	0			Assorted Dry Cereals	1	24	oz			Milk Dry (Dry, boxed, evaporated)		16	384 oz	48 oz		Chicken Noodle Soup	2.66		64 oz	0		Cream of Mushroom soup	2.66		64 oz	0		A 093		
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A 093	Continued From page 4 Assorted canned Meat Pasta 2.66 64 oz 0 Chili With Beef 2.66 64 oz 0 Beef Stew or Chicken/Dumplings 2.66 64 oz 0 Jelly 1. 24 oz 0 Mixed Vegetables 4 96 oz 0 Graham Crackers or cookies 3 72 oz 0 Crackers 12 288 oz 0 The list was drafted on _____ and signed by the Facility's _____ Dietitian. During an interview conducted with the Administrator on _____ at 1:14 PM, she acknowledged the findings and promised to obtain the missing supplies as soon as possible. Class III	A 093		