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
	AL11969358	A. BUILDING: _____ B. WING _____	08/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BANYAN PLACE-LANTANA	1021 RIDGE RD LANTANA, FL 33462

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A 000	Initial Comments AMENDED REPORT An unannounced licensure Complaint survey (#2022017293, #2023012840, #2023012898) was conducted on [redacted] at Banyan Place-Lantana. The facility had deficiencies identified at the time of the survey.	A 000		
A 092	59A-36.012(1) FAC Food Service - General Responsibilities (1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator, or an individual designated in writing by the administrator, must be responsible for total food services and the day-to-day supervision of food services staff. In addition, the following requirements apply: (a) If the designee is an individual who has not completed an approved assisted living facility core training course, such individual must complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service. The designee is not subject to the 1 hour in-service training in safe food handling practices. (b) If the designee is a certified food manager, certified dietary manager, registered or licensed dietitian, dietetic registered technician, or health department sanitarian, the designee is exempt from the requirement to complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service as required in paragraph (1)(a) of this rule. (c) An administrator or designee must perform his or her duties in a safe and sanitary manner. (d) An administrator or designee must provide regular meals that meet the nutritional needs of	A 092		

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A 092	Continued From page 1 residents, and therapeutic diets as ordered by the resident's health care provider for residents who require special diets. (e) An administrator or designee must comply with the food service continuing education requirements specified in rule 59A-36.011, F.A.C. This Statute or Rule is not met as evidenced by: Based on observations, record review, and interview, it was determined that the facility failed to ensure that food service at the facility is provided in a safe and sanitary manner. It was also determined that the facility failed to ensure all regular and therapeutic diets are served accordingly. As evidenced by the facility's failure to designate a Food Service Manager to oversee the daily operations of the food service and responsibilities. The findings included: On at 11:32 PM, observed food delivered to facility parking lot by a taxi car service. A large food storage box, 1 soup box and a package of cheese (thrown on the . . . seat) is removed from the of car by the Cook (Staff E). Food containers were placed on the portable cart and brought to the kitchen where the food . . . were opened by Staff E. Staff E stated the food comes from the sister facility located in Boca Raton, FL. He stated the food is delivered twice daily, around 11:30 pm for lunch and 4 PM for dinner. He stated he is the only staff member for the kitchen and the Resident Care Aides help deliver the meals and feed the residents. The cook was followed to the kitchen, at this time, the meals were unloaded from the boxes. Observations of the boxes revealed the following items: One tray of cooked breaded chicken	A 092		

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A 092	Continued From page 2 patties, hamburger rolls, prepared macaroni salad, coleslaw, zip lock bag of sliced tomato and zip lock bag of iceberg lettuce. Staff E took all the items out of the box and laid them on the prep table. The prep table contained 24 empty plates in which Staff E, started to plate the 24 meals from the items delivered. The temperatures of the meals were not checked, the items were delivered without a food log to indicate the temperatures and the time of packing. At 12:25 PM on , an interview with Staff E revealed the facility does not start serving the individual portions of soups to all of the residents in the Dining area (located adjacent to the kitchen). After the soup was served, Staff E returned to the kitchen to finish plating the remainder of the lunch meal that was placed on a cart and delivered to the residents in the dining area by Resident Care Aides. The food was served uncovered to each resident, no portions sizing followed. At 12:25 PM on , an interview with Staff E revealed the facility does not have signed and dated menus 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. During an observation on between 12:30PM and 1:30 PM, Staff E was asked to provide a list of special diets. Staff E identified Residents (#3,4,5,6, and 7) to be on special diets (see photo evidence). At this time Staff E stated the list was provided by Staff F(LPN). However, Staff F stated during the interview, she was not responsible for ensuring the specialized diets.	A 092		

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A 092	Continued From page 3 At 12:40pm on . . . . . , Staff E placed 6 chicken patties in blender with some of the bean soup and prepared 4 pureed meals which he served in the dining room. At 12:40 PM, a Resident Care Aide came into kitchen and served two plates of food to residents and returned at 12:44 to deliver two more plates. At 12:45 pm Staff E removed from the refrigerator individual portions of red velvet cake with white icing. Placed on cart and delivered to Dining room. Review of the Diet list provided by Staff E revealed Residents (#3, #4 and #6) were ordered puree diets; Residents #5 and #7 are on mechanical soft diets. In addition, Residents (#5 and #6) are on thickened liquids. On during the lunch meal, it was noted that the therapeutic diets were not being followed. As observed, Resident #6 was served a regular meal, Residents #3 and #4 were served a mixture in a bowl that was extremely thick that the spoon served with the meal with sticking straight up and thick pieces were observed in the mixture. In addition, Resident #5 and #6 had thickened added to the drinks but were not measured. Random confidential interviews revealed none of the staff were knowledgeable regarding approximate thickened measurements per physician order or the required texture for the therapeutic meals. At this time, Staff F (LPN) was asked to review the meals served to these residents, and she agreed the textures and meals were not accurate. During an interview with the Administrator on at approximately 11:45 and 1 PM, she informed the surveyor that all meals except breakfast were prepared at the sister facility and delivered daily by a taxicab service. She stated the facility prepares breakfast in -house. She	A 092		

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A 092	Continued From page 4 stated, the facility doesn't have a stove and it was removed around late when she started at the facility. She stated the stove was removed because it was a residential stove instead of a commercial stove. She stated the stove was never replaced. The Administrator was asked to provide the job description, credentials of the person in charge of the facility's food service and the plans for food coordination (including ensuring specialized diets served; no documentation was provided. Class III	A 092		
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.flrules.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	A 093		

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A 093	Continued From page 5 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. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food	A 093		

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A 093	Continued From page 6 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 stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for	A 093		

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A 093	Continued From page 7 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 and interview, it was determined that the facility failed to ensure that all menus must be approved by a Dietitian annually. The findings include: Observations of the kitchen and dining area revealed no menus or documentation for resident review regarding the meal(s) to be served for the day. During an interview with the Cook, he stated he is not aware of the meal(s) for the day until it arrives by transportation. At 12:46 PM on . . . . . in an interview with the LPN (Staff F), she was asked to identify and provide medical orders for residents requiring special diets; she stated it was not her responsibility to observe or prepare special diets. She stated CNAs/Resident Care Aides are responsible for preparing the thickener into the food and the cook is responsible for asking for an updated special diet list. During an interview with the Administrator on at 2 PM, the facility's menu (regular and therapeutic) was requested. The Administrator provided the surveyor with the approved menu showing the sister facility(Banyan Place). The Administrator was informed that the menu provided was not for Banyan Place-Lantana, she stated this is the menu that the facility uses. She was informed that each facility operates indendepently with its own license and that this facility requires an approved menu. The administrator was unable to produce	A 093		

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A 093	Continued From page 8 an approved menu . During further interview with the Administrator, she confirmed that the facility has approximately 5 residents that receive a therapeutic meal (puree, mechanical soft and thickened liquids). She referenced the Diet List obtained from the Cook (Staff E). Cllass III	A 093		
A 095	59A-36.012(4) FAC Food Service - . . . . . Food Service (4) FOOD SERVICE. When food service is . . . . . by the facility, the facility must ensure that the food service meets all dietary standards imposed by this rule and is adequately protected upon delivery to the facility pursuant to subsection 64E-12.004(4), F.A.C. The facility must maintain: (a) A copy of the current contract between the facility and the food service contractor. (b) A copy of the annually issued certificate or license authorizing the operation of the food service contractor issued by the applicable regulating agency. The license or certificate must provide documentation of the food service contractor's compliance with food service regulatory requirements. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined that the facility failed to ensure that food service meets all required dietary standards. The findings included:	A 095		

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A 095	Continued From page 9 At approximately 11:30 AM on this surveyor, observed a taxicab arrive to the facility. The taxicab driver was met by the Food Cook. At this time the food was retrieved and placed on a cart and transported to the facility kitchen. Observations revealed 1 large food box was delivered, 1 large soup container and 1 pack of cheese that was thrown in the . . . area of the . The Cook confirmed the items were for the 12:30 PM lunch. During an interview with the Administrator at 11:45 AM by phone, it was revealed that the facility currently does not cook any meals in the facility due to the removal of the stove. The Administrator stated the stove was removed as it was a residential stove instead of a commercial stove. She stated all meals are prepared by the sister facility located in Boca Raton and transported by taxi twice a day (lunch and dinner) in hotboxes. During an interview with the Administrator at 1:30 PM on . . . . . , a request was made for the current food contract between the facility and the food service entity (contractor). The Administrator informed the surveyor that she did not have a contract and that it was the sister facility under the same ownership. Class III	A 095		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to	A 152		

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A 152	Continued From page 10 section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to ensure all mechanical, electrical, and structural systems were repaired and maintained in working order.	A 152		

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A 152	Continued From page 11 The findings included: On at 11:22 PM, upon entering the grounds of the facility, observed a large sign posted near the intercom system located approximately 8ft from the gate. The intercom system is the method visitors/guests can gain excess to the facility by staffing opening the gate remotely through the system. Review of the sign showed the following: "All visitors, You are entering a secure Memory Care environment. Do Not Allow a person to exit on . . . Further observations of the gate revealed the right side of the gate in the open position and the left-side in the closed position. When both gates are in the closed position, it secures the only entrance/exit way into the facility. The surveyor was able to enter the facility freely due to the gate being open/unsecured. Photographic evidence obtained. During an interview with the Administrator on at 12:35 PM, she revealed the electric gate is broken and needs to be repaired. She stated that the mechanical box circuit needed to be replaced. Therefore, they were unable to secure and operate gates. She acknowledged that the facility is a secure facility, and the gates are to be locked to prevent residents from leaving the grounds. She stated staff are ensuring residents are not leaving by keeping a close , on all the residents. She was unable to provide the duration time that the gate has been broken. Observations of the residents residing at the facility confirmed multiple residents that suffer from and/or , , also confirmed by the Administrator and the Staff F (LPN). These residents can elope from the facility	A 152		

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A 152	Continued From page 12 due to the broken gates. The elopement would place the resident at risk. Class III	A 152		