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
	AL11910622	A. BUILDING: _____ B. WING _____	C 03/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOUSE RETIREMENT HOME	1810 S. BELCHER ROAD CLEARWATER, FL 33764

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CZ830 SS=D	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider	CZ830		

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CZ830	Continued From page 1 is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database	CZ830		

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CZ830	Continued From page 2 approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to submit their Comprehensive Emergency Management plan annually. Findings Included: A facility record review conducted on revealed the facility's Comprehensive Emergency Management plan (CEMP) was not submitted or approved and had expired . In an interview with the Administrator conducted on at 12:00pm he said he had no proof he had submitted his CEMP. Class III	CZ830		
A 000	Initial Comments A complaint investigation (#2024003074 & #2024003310) in conjunction with a generator monitoring visit was conducted at Heritage House Assisted Living Facility on . Deficiencies were identified at the time of the visit.	A 000		
A 093 SS=G	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS.	A 093		

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A 093	Continued From page 3 (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 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	A 093		

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A 093	Continued From page 4	A 093		

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.
(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

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A 093	Continued From page 5 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 observation, interview and record review, the Facility failed to provide a diet as ordered by a healthcare provider, failed to identify the food items on the menu that enabled the resident to comply with a therapeutic diet, and failed to have foods on that could be requested by the resident to adhere to a therapeutic diet for one (Resident #1) of one sampled resident with a diagnosis of stage 5 . The lack of a therapeutic diet placed Resident #1 at risk for harm and exacerbation of health conditions. Findings Included:	A 093		

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A 093	Continued From page 6 During an interview with Resident #1 conducted on at 11:24am he stated he was on twice a week and should be on a diet, but could not eat most of what was served. He said medical staff at his clinic had called the facility about his diet, but nothing had changed. Additionally, he said he had asked the owner many times to get some food he could eat. He also said the kitchen staff would not cook the food if he were to buy it, he was not allowed to use the kitchen himself, and did not have a kitchen in his room. He said the food served was all processed and either fried, pre-packaged, or frozen and he had to avoid a lot of items served. He said he felt bad all the time because he could not eat most of the food and when he did, he felt worse. Furthermore, he said the chef working weekends would make him wait if he asked for a hard-boiled egg after and would serve him the same meal as everyone else, so he had to just pick off what he thought he could eat. During an interview with Resident #1 during the lunch meal 12:15pm, he said he could not eat the soup served or the toppings on the Cobb salad and would have only been able to have the boiled egg and lettuce from the lunch served that day. In a record review of the facility menus dated conducted on there was no diet listed. No diet items were outlined on the menus. A record review for Resident #1 conducted on revealed a sheet that listed a diagnosis of Stage 5 and a diet listed on his Agency for Healthcare Administration Resident Assessment form 1823. A review of Resident #1's record on	A 093		

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A 093	Continued From page 7 revealed a document by a New York hospital, titled "health matters...food and nutrition... diet" dated . . . . . The document outlined foods to avoid on a diet included but were not limited to: bacon, sausage, deli meats, gravy, cheddar and American cheese, milk, bananas, honeydew, oranges, spinach, tomatoes, broccoli, pancakes, waffles, tomatoes, tomato juice, potato chips, canned vegetables and powdered iced tea. Furthermore, it listed carrots and broccoli were only permitted three times per week, and good protein was fish, poultry, fresh pork, or an egg at every meal. In an observation of the kitchen pantry, freezer and refrigerators conducted on at 1:20pm there were canned vegetables and beans, frozen meatballs, breaded fish sticks, breaded chicken nuggets, a package of bacon, sausage rolls, frozen sausage links, boxes of frozen pancake & sausage on a stick, box of frozen sausage/egg/cheese croissant sandwiches, frozen onion rings, frozen potato wedges, four bottles of regular V8 juice, packages of cake and icing mixes, frozen corn dogs, frozen ready-made hamburger patties, packages of turkey deli meat and American cheese slices. There were loaves of frozen white bread and a few bagels in freezer, cases of eggs, condiment jars, pre-packaged cheese crackers and peanut butter crackers, pre-packaged oatmeal cream pies, pre-packaged cookies and pancake mix, pre-packaged powdered iced tea and lemonade, 1 box of frozen blueberry waffles. A large bag of Shredded cheese, 6 bags of frozen bagged vegetables, many packets of powdered gravy mix, three boxes of packaged stuffing mix, cans of spam, boxes of jiffy muffin mix. 2 bags of red grapes, bag of green grapes, eight	A 093		

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A 093	Continued From page 8 strawberries, two apples in fridge door, a container of shredded lettuce, container of tomatoes, four bell peppers, a half and a quarter of a honeydew melon, bag of carrots and bag of cucumbers. Two bags of onions, three bananas and eight oranges. Boxes of pasta, many cans of grape jelly, 7 bottles of syrup, 6 bottles of chocolate syrup, three large family sized boxes of assorted individual bags of chips. Furthermore, the menu posted on the refrigerator did not outline a . . . diet. In a review of an online health article entitled "17 Foods to Avoid With . . . , ..." dated found at https://www.healthline.com/nutrition/foods-to-avoid-with- , - #foods-to-avoid conducted on . . . . . revealed processed foods were a major component of in the diet, and keeping . . . . intake to 2300 milligrams per day would be difficult if eating heavily processed foods that contained more . . . . and these were to be . . . . In an interview with the Administrator conducted on at 1:23pm he said that they initially prepared the . . . diet for Resident #1 but he did not want to eat it, so they were no longer cooking it. Furthermore, he said they asked him if he wanted to get his own food and they would prepare it. He said he did not have anything in writing regarding the resident's noncompliance or notice to the physician that the . . . diet was not followed by the facility or resident. In an interview with a Registered Dietician of a local . . . clinic conducted on at 2:45pm they said Resident #1 was not provided	A 093		

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A 093	Continued From page 9 appropriate food for a . . . diet and that the food provided to the residents was not nutritional for anyone in the facility. They said they had contacted the Administrator and another management staff member at the facility because the food was "atrocious" and was told that they would work on it, and understood the concern. Additionally, they said Resident #1's , , . . . levels were very high due to the amount of processed food he was eating. They said that the processed food served at the facility contained a lot of , , . . . that was not recommended for Resident #1 due to his . . . . . . Photographic Evidence Obtained. Class II	A 093		