

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964596	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/04/2024
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MADISON AT CLERMONT

**650 EAST MINNEHAHA AVENUE
CLERMONT, FL 34711**

(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 Nursing Services monitoring and a complaint investigation (complaint number 2024001789) were conducted at Madison at Clermont on April 3, 2024 through April 4, 2024. The allegations in the complaint were not substantiated. Deficiencies were identified 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.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.	A 093		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER MADISON AT CLERMONT			STREET ADDRESS, CITY, STATE, ZIP CODE 650 EAST MINNEHAHA AVENUE CLERMONT, FL 34711		
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A 093	Continued From page 1 (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 residents to comply with the therapeutic diet must be identified on the menus developed for use in	A 093			

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A 093	Continued From page 2 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 calculating 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 contracted 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, interview, and record review, the facility failed to ensure a three-day emergency supply of nonperishable food was	A 093			

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A 093	Continued From page 3 readily available for the number of current residents. The facility's census at the time of the survey was 66 residents. Findings include: On 4/3/24 at 12:15 PM, an observation of the facility's emergency food supply was conducted with the Dietary Services Director. Items on hand were observed to be: 4 cans Chef Boyardee Beef Ravioli (12 servings per can), 4 cans of garbanzo beans (24 servings per can), 4 cans of corn beef hash (13 servings per can), 4 cans of Manwich Original sloppy joe meat (14 servings per can), 4 cans of corn (24 servings per can), 3 cans of carrots (23 servings per can), 4 cans of chili meat (12 servings per can), 4 cans of black beans (12 servings per can), 4 cans of peaches (12 servings per can), 3 cans of vanilla pudding (24 servings per can), and 1 can of sausage gravy (48 servings per can.) During an interview on 4/3/24 at 12:20 PM, the Dietary Services Director stated, "I go by what [name of contracted food supplier] suggests we keep for our emergency supply. I don't think there is enough food for three meals a day for the number of residents we have." During an interview on 4/3/24 at 1:30 PM, the Executive Director stated, "I have not seen the emergency food supply since I have been at the facility. I should have checked it, but I didn't." Review of facility policy titled, "Standing Operating Procedures for Operational and Support" documented, "5. The following needs will be supplied: a. Food and potable water. This facility will maintain a minimum 3 - day supply of food and water for residents and staff on duty	A 093		

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A 093	Continued From page 4 (calculated to serve maximum licensed capacity of 100 residents and a minimum of 12 associates.)" Class III	A 093		