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
	AL11910085	A. BUILDING: _____ B. WING _____	C 04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALMS OF SEBRING (THE)	725 S. PINE STREET SEBRING, FL 33870

(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 A complaint investigation (#2024001160 and #2024003856) was conducted on [redacted] at The Palms of Sebring. Deficiencies were identified at the time of the visit.	A 000		
A 093 SS=D	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. (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	A 093		

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A 093	Continued From page 1 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. 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	A 093		

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A 093	Continued From page 2 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 [illegible] 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 [illegible]. (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 [illegible] 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 meet residents' nutritional needs by failing to properly store and maintain food for all six residents on therapeutic diets; and failed to prepare and serve therapeutic diets as ordered by the health care provider for one (Resident #2) of one sampled resident.	A 093		

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A 093	Continued From page 3 Findings Included: A facility record review of the therapeutic diet listing conducted on . . . . . revealed Resident #2 was on a pureed diet. During an interview with an outside agency representative working with Resident #2 conducted on at 11:45am, they said the resident was to get a pureed diet, but he was served a mechanical soft diet for breakfast that day. She said the prior week he was given a broccoli and cheese mixture that was not properly pureed, and he choked. She said she had been doing her best to make sure the proper food texture was delivered to him before feeding him. In an observation conducted on . . . . . at 11:24am of Resident #2's breakfast there was a Styrofoam container that contained meat with small brown ground chunks. At 11:40am Resident #2's lunch tray contained pureed food. In an observation conducted on . . . . . at 11:58am of the kitchen area where therapeutic diets were being prepared by Staff A there was a silver container with saran wrap covering the top of a pureed yellow egg mixture that was dated . There were other metal containers filled with sausage, bacon, a smashed pork substance, and peas sitting on a metal food prep table. All containers had plastic film or . . . foil coverings but not all containers were dated. The pork container was dated . . . . . and on the . . foil covering. There were other silver containers of unknown mixtures that were not covered or dated. There was no ice, chilling rack, or heating table under the food, and they were not refrigerated. At 12:30pm the	A 093		

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A 093	Continued From page 4 therapeutic diet food containers remained on the food prep table in the kitchen. In a review of the Facility Dietary Policy entitled "Proper Storage of Food Items in Refrigerator/Freezer" conducted on with an effective date of . . . . . ., the following procedures were outlined on page 1: Policy: All food will be served will be palatable, attractive, stored correctly and at the proper temperature. Procedure: -All food items that are dished up out of their original containers with be covered, labeled, and dated individually. -Any food that is left over will be covered, labeled, and dated, then stored appropriately (refrigerated/frozen) Leftovers should be cooled to 41 degrees F within 4 hours. Leftovers must be reheated to 165 degrees for a minimum of 15 seconds and then held at proper temperature (135 degrees) or above. In a review of the Facility Dietary Policy entitled "Dietary Food Handling" with an effective date of conducted on the following policy and procedure was outlined on page 193: Policy: It is the policy of this facility to provide guidelines for the safe preparation, handling, and storage of perishable foods and proper environmental cleaning. Procedure on page 1: -6. All meats and poultry must be heated throughout to a minimum, as noted in previous policy. -9. Leftovers must be dated, labeled, covered, and cooled rapidly and stored within ½ hour in the refrigerator or freezer. Procedure on page 2:	A 093		

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A 093	Continued From page 5 -14. Foods that have stood for several hours ( ) at room temperature cannot be considered safe and free of contamination and cannot be made so by refrigeration. They must be discarded. In a review of the Facility Dietary Policy entitled "Proper Food Handling Shell Eggs and Pasteurized eggs" with an effective date of . . . . . conducted on . . . . . , the following policy and procedures were outlined on page 2: Policy: It is the policy of this facility to follow proper handling and preparation procedures for egg and egg products. Eggs are considered a potentially hazardous food because of the risk for food born illness if proper procedures are not followed in the handling and preparation. Procedure: -8. Serving temperatures should be maintained within the appropriate safe temperature zones, below 41 degrees F and above 140 degrees F (or appropriate as determined by state regulatory agencies) -9. Leftover eggs and egg dishes should be discarded following service. -11. Pasteurized eggs, although free from . . . . . , should be considered as potentially hazardous and treated and handled as such. In an interview with the Director conducted on . . . . . at 12:52pm she said she would call to verify Resident #2's diet order but felt he needed a puree diet. In an interview with the Kitchen Manager conducted on . . . . at 11:58am when asked if they were also serving the puree egg mixture for lunch, she said the mixture was out since breakfast and had not been refrigerated since 07:30am with breakfast. Additionally, she	A 093		

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A 093	Continued From page 6 reported the eggs were liquid and should be prepared the night before they were to be used and would normally be covered and dated for the next morning's breakfast. She said the unused eggs should be discarded and fresh eggs would be prepared for the next meal. She said that the storage and discard of the eggs and other therapeutic food items that week were not handled in a way that followed their food policy. She said eggs dated should not have been served on . She was unable to say how long the undated food had been left unrefrigerated on the prep table. At 12:30pm she said she was "mortified" that potentially contaminated food could be served to residents. Class III	A 093		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable.	A 162		

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A 162	Continued From page 7 (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A ˽ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their ˽ recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that ˽ not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff,	A 162		

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A 162	Continued From page 8 or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , (), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this	A 162		

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A 162	Continued From page 9 arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review the Facility failed to maintain a completed and updated copy of the Agency for Healthcare Administration Resident Health Assessment (1823) after a significant change with Hospice services, risk, and a diet change for one (Resident #1) of three sampled residents. Additionally, the facility failed to maintain an updated copy of the Agency for Healthcare Administration Resident Health Assessment (1823) for significant change in diet for two (Resident #2 and Resident #6) of three sampled residents. Findings Included: A facility record review of the therapeutic diet listing conducted on revealed Resident #1 was on a pureed diet, Resident #2 was on a pureed diet and Resident #6 was on a mechanical soft diet. A review of the resident records for Resident #1,	A 162		

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A 162	Continued From page 10 conducted on . . . . . , revealed the following: -Hospice order dated . . . . . to evaluate and treat and a note on order "admitted to [outside hospice service name initials]. -Agency for Healthcare Administration Resident Health Assessment (1823) dated . . . . . listed a dx of . . . . . and . . . . . 's . . . . . . The top of page 1 was blank for the facility telephone number, street address, fax number, city, county, and zip. Additionally, nursing, treatment/ . . . , , service requirements did not include hospice, and special precautions were listed as "standard precautions." Furthermore, special diet instructions were listed on page 2 as a mechanical soft/ . . food diet. -Facility progress notes dated . . . . . for . . , of right arm and . . . . . due to "her . . . . . and a . . . risk." -Local hospital records dated . . . . . and . . . . . for a . . . . . . -Local hospital emergency department note dated . . . . . for . . . . . requiring . . , of . . . . . and . . . -Internal facility progress notes listed ongoing . . . . . , and multiple . . . that occurred on, but were not limited to . . . . , ... , ... and 03/202024. A review of the resident record for Resident #2 conducted on . . . . . revealed an order dated . . . . . for a mechanical soft diet, and an 1823 dated . . . . . that listed a pureed diet under special diet instructions on page 2. A review of the resident records for Resident #6 conducted on . . . . . , revealed an 1823 dated . . . . . that listed a regular diet under special diet instructions on page 2.	A 162		

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A 162	Continued From page 11 During the interview with the Memory Care Director conducted on at 11:38am she said that Resident #1's 1823 needed to be changed to a pureed diet and updated with hospice and a risk. Additionally, she said Resident #6's diet change was a significant change that should be updated as she had trouble swallowing. She said she would review all the 1823 health assessments for residents with therapeutic diets. At 12:52pm she said she would call to verify Resident #2's diet order and make updates as needed. Photo Evidence Obtained. Class III	A 162		