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
		A. BUILDING: _____ B. WING _____	/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTLEY VILLAGE	**870 CLASSIC COURT NAPLES, FL 34110**

(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, emergency power plan, health facility reporting system, generator, visitation form, and complaint survey for #2023002112 and # on through 3/21/24 at Bentley Village, an assisted living facility in Naples, Florida. Complaint #2023002112 was substantiated without citation. Complaint #2023016357 was substantiated without citation. The following is a description of the deficiencies.	A 000		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable disease. The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative tuberculosis examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of tuberculosis testing materials satisfies the annual tuberculosis examination requirement. An individual with a positive tuberculosis test must submit a health care provider's statement that the individual does not constitute a risk of	A 078		

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A 078	Continued From page 1 communicating tuberculosis. 2. If any staff member has, or is suspected of having, a communicable disease, such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable disease. (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility contracting to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff contracted by the facility to provide services to residents,	A 078		

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A 078	Continued From page 2 pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and staff interview the facility failed to ensure that staff had a written statement within 30 days of hire, completed by a health care provider documenting that the employee did not have signs or symptoms of communicable disease for 2 employees (Staff B, E) of 4 employee records reviewed. The findings included: Record , B, Certified Nursing Assistant, was hired on 2/5/2024. Record E, Certified Nursing Assistant was hired on 11/1/2022. Further review showed no written statement on record within 30 days of hire, completed by a health care provider documenting that the employees were or symptoms of communicable disease for Staff B and E. On 3/21/24 at 2:00 p.m., the Administrator acknowledged Staff B and E did not have a written statement on record within 30 days of hire, completed by a health care provider documenting that they did not have signs or symptoms of communicable disease. Class III	A 078		
A 093 SS=D	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living	A 093		

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A 093	Continued From page 3 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 three or more meals per day, including snacks,	A 093		

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A 093	Continued From page 4 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 residents without access to kitchen facilities,	A 093		

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A 093	Continued From page 5 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, record review, and staff interview the facility failed to ensure that the therapeutic menu was reviewed annually by a qualified dietician. The facility failed to ensure that therapeutic menus included servicing portions. Facility failed to ensure that meals prepared for the residents were approved 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. Facility failed to ensure menus were dated and planned a week findings included: Observation on 3/20/24 at 11:34 a.m., showed	A 093		

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A 093	Continued From page 6 that there was no menu posted anywhere in the facility. Interview with Staff D 0/24 at 11:35 a.m. Staff D said she has been working for the facility for 15 years. Staff D said that during breakfast and lunch they provide the always available menu to all residents and let them know what the special for the day was. Staff D provided a copy of the always available menu. Staff D said that they do not know what the special is until the CDM (certified dietary manager) tells them what is the special for the day. Staff D was observed going to resident tables and taking orders restaurant style. Staff D was observed telling residents what the daily special was. Staff D said the only dated daily menu for residents was the one for dinner which she provided. Requested facility's menu. Menu provided was approved on . . . . . and expired on . . . . . . Menu provided did not include servicing portions. Menu provided was only for dinner; breakfast and lunch were not included. On at 12:30 p.m., the CDM said he has been working for the facility for over 9 years. The CDM acknowledged that the approved menu expired on 3/. CDM acknowledged that the menu provided did not include breakfast and lunch. The CDM acknowledged the menu did not include portion sizes. The CDM said he did not have a guide for service portions, but he made sure to offer a lot more protein than required. He also said he offered a "special meal" every day during lunch. The CDM said he was the one who decided what to serve based on residents' suggestions in their monthly meeting. The CDM said that he will let the staff know right before lunch what the daily special was. The CDM said he did not have a servicing portion guide for the daily special. The CDM said he used a recipe to	A 093		

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A 093	Continued From page 7 prepare the daily special that was not approved by the facility's registered dietician. The CDM said he was not a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist. The CDM said he thought he could prepare meals without a qualified dietician approval. The Administrator /20/24 at 2:00 p.m., the facility's dietician approved the always available menu. The Administrator provided an always available m /8/24. The always available menu , /8/24. The always available menu did not include portion . /21/24 at 12:00 p.m., the Administrator acknowledged the CDM was not a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist. The Administrator acknowledged the m , 3/8/24. The Administrator acknowledged that the menu provided did not include portions. The Administrator acknowledged that the breakfast and lunch menu was not dated. The Administrator acknowledged that the lunch menu was not planned a week in advance. Class III	A 093		

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	AL11912088	A. BUILDING: _____ B. WING _____	03/21/2024

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CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the , , are enrolled in the national retained print notification program at the Federal Bureau of Investigation: 1. A person with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. 2. Effective , , , or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity. (c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or affiliation status of all persons included in the clearinghouse. 1. Before , , , initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person ' s status has been made. 2. Effective , , , initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person ' s status has been made.	CZ814		

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CZ814	Continued From page 1 (d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic ,, submission to the Department of Law Enforcement. The registration must include the person ' s full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure 1 (Staff E) of 4 staff records reviewed, had Level 2 Background screening employment status updated within 10 business days on the Agency's Background Screening Clearinghouse website pursuant to chapter 435. This has the potential for staff with disqualifying offenses to have access to adults. The findings included: Record review showed Staff E was hired on . Review of the Agency's Clearing House employee roster showed Staff E was added to the Clearing House roster on . The Administrator acknowledged on at 2:00 p.m., that Staff E was added late to the facility's Clearing House roster.	CZ814		

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CZ814	Continued From page 2 Unclassified	CZ814		