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
	AL11969935	A. BUILDING: _____ B. WING _____	R 04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLAKE AT HAMLIN, THE	4814 HAMLIN GROVE TRL WINTER GARDEN, FL 34787

(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 revisit to a relicensure survey with Extended Congregate Care (ECC) and to a complaint investigation (#2023014723, 2023015231, 2023016618, 2024001157) at The Blake at Hamlin on . The facility had uncorrected deficiencies at the time of the survey.	{A 000}		
{A 025} SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:	{A 025}		

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{A 025}	Continued From page 1 (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on record review and interview, the facility failed to ensure a health care practitioner was notified as prescribed when 1 of 1 sampled resident's . . . . , ... was over . . . . (#5). Findings: A review of resident #5's record revealed a facility admission date of . The resident's medical history included . . . . . The resident needed assistance with self-administration of	{A 025}		

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{A 025}	Continued From page 2 medications. A review of the resident's , Medication Observation Record (MOR) revealed an entry for , , 10 milligram (mg) take 1 tablet by daily. Take , prior to administration. If , is over , notify the doctor. The documented , results were as followed: - - - There was no documentation on either the MOR or in the resident's record to indicate a doctor was notified each time the resident's , was over . On at 1 pm, agency nurse I, who documented all the , readings, said she called the resident's doctor each time, but she did not always document the notification. She said the lack of documentation was because she got backed up with giving medications. She said she typically called the doctor at the end of her shift because she was too busy to do it any earlier. Class III	{A 025}		
{A 054} SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer	{A 054}		

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{A 054}	Continued From page 3 managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known [illegible] the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical [illegible], the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on record reviews and interview, the facility failed to ensure the MOR did not have a duplicate medication entry for 1 of 8 sampled residents (#5.) Findings:	{A 054}		

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{A 054}	Continued From page 4 A review of resident #5's record revealed a facility admission date of . . . . . The resident's medical history included . The resident needed assistance with self-administration of medications. A review of the resident's , MOR revealed a duplicate entry for , ... 25 mg take 1 tablet by twice daily. Both entries were signed by agency nurse I on . . . , . . . , , , , , , , , , , and . . . . . On . . . . . at 1 pm, agency nurse I said she realized the , was listed twice on the MOR, so she called the doctor and obtained clarification that the resident was supposed to receive it only twice a day. She said despite signing all entries on the MOR she only gave the medication twice daily. Class III	{A 054}		
{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	{A 093}		

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{A 093}	Continued From page 5 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, 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	{A 093}		

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{A 093}	Continued From page 6 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, 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	{A 093}		

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{A 093}	Continued From page 7 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 facility's documentation and interviews, the facility failed to follow the approved menus and ensure the menus were planned a week in advance; and the facility failed to have the approved menus signed and dated annually by the registered dietician as required. Findings: On at 10:27am during an interview with Resident #26 she stated "the facility was serving Chicken Quesadillas for lunch today. Sometimes the food is hard to chew. So, I hope I can eat it." On at 11:05am Review of the undated approved and signed menus from - by an out of state registered dietician revealed the lunch menu as Chicken Alfredo. The Administrator was asked in regard to the out of state dietician who approved the facility's menus starting . On at 1:33pm The Administrator stated "that's the company we're using and they are out of Texas. We just started with them in	{A 093}		

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{A 093}	Continued From page 8 . . . . . , . We only have two months of menus." The Kitchen staff was asked about the change in the menu and a review of the substitution logs. On at 1:45pm Kitchen Staff J stated, "The Chef is out of town and wanted us to have something easy to provide to the residents. It just started this week for 6 days. We had a meeting before he left and went over what to do. We just put something together based on what is in the freezer and take the menus to the front office to have printed off each day. No, we do not have anything prepared in advance. What does the menu say because we're definitely not following it this week. No, nothing is being documented as a substitution. What is the substitution log? I'm not familiar with that." On at 1:50pm Kitchen Staff K stated when asked about the change in menus. "We would have to direct you to our Chef about the menus and he's currently on vacation. We're not following the menus because we had a bunch of overflow and trying to get rid of it so that we can start following the menus. It's been about a month that we have not followed the menus. The prior Chef ordered a bunch of food and we've been trying to get rid of it before ordering new items." On . . . . . at 2:00pm The Administrator stated, Yes, I gave Chef the substitution log last week to start using. The Administrator stated, no, Chef is probably not using it and hadn't had a chance to show Kitchen Staff J and K. So, no they would not know about the substitution log. Yes, I know we're not following the current menus due to the overflow of food ordered by the prior Chef.	{A 093}		

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{A 093}	Continued From page 9 (Photographic Evidence Obtained) On [redacted] at 2:55pm The Administrator confirmed the findings and stated I will have to follow up on the Texas registered dietician. Class III	{A 093}		