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 |
|---|---|---|---|
| | AL11967286 | A. BUILDING: _____ B. WING _____ | R-C 05/29/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BEST CARE SENIOR LIVING AT ST PETE | 1001 9TH STREET NORTH SAINT PETERSBURG, FL 33701 |

| (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<br><br>A revisit to a biennial re-licensure survey with limited mental health and complaint investigation (#2024002365) was conducted on . . . . . . . . . . . . Deficiencies were identified at the time of the visit. | {A 000} | | |
| {A 093} SS=D | 59A-36.012(2) FAC Food Service - Dietary Standards<br><br>(2) DIETARY STANDARDS.<br>(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.<br>(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.<br>(c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed | {A 093} | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11967286 | A. BUILDING: _____ B. WING _____ | R-C 05/29/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BEST CARE SENIOR LIVING AT ST PETE | 1001 9TH STREET NORTH SAINT PETERSBURG, FL 33701 |

| (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 093} | Continued From page 1<br>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.<br>1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences.<br>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.<br>(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.<br>(e) Therapeutic diets must be prepared and served as ordered by the health care provider.<br>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.<br>2. The facility must document a resident's refusal to comply with a therapeutic diet and provide | {A 093} | | |

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 |
|---|---|---|---|
| | AL11967286 | A. BUILDING: _____ B. WING _____ | R-C 05/29/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BEST CARE SENIOR LIVING AT ST PETE | 1001 9TH STREET NORTH SAINT PETERSBURG, FL 33701 |

| (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 093} | Continued From page 2 | {A 093} | | |

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 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, record review, and interview, the facility failed to meet residents' nutritional needs by failing to have a supply of sugar free items from the no concentrated sweet menu for five (Resident #2, Resident #3, Resident #4, Resident #5 and Resident #8) of five

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11967286 | A. BUILDING: _____ B. WING _____ | R-C 05/29/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BEST CARE SENIOR LIVING AT ST PETE | 1001 9TH STREET NORTH SAINT PETERSBURG, FL 33701 |

| (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 093} | Continued From page 3<br><br>sampled residents. Additionally, the facility failed to follow their approved menu, failed to properly store and maintain food, and failed to maintain a 3-day supply of nonperishable food based on the number of meals the facility had to serve for the census of 80 residents.<br><br>Findings Included:<br><br>In an observation of the second floor dining room conducted on at 10:22am sweet and sour chicken and fried rice was posted on the dry erase board next to paper copies of a 4 week menu dated , that did not have sweet and sour chicken listed on any of the weekly menus.<br><br>In an interview with Resident #2 conducted on at 10:25am they said they usually saw nothing but starches on their plate and that there were no friendly meals. Additionally, they said that they were told the menu would start that week.<br><br>In an interview with Resident #3 conducted on at 10:27am they said there were no food options, and the menu should have started that week.<br><br>In an interview with Resident #4 conducted on at 10:31am they said the menu would start around<br><br>In an interview with Resident #5 conducted on at 10:35am they said there were no choices served.<br><br>In an interview with Resident #8 conducted on at 10:44am they said there was no | {A 093} | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11967286 | A. BUILDING: _____ B. WING _____ | R-C 05/29/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BEST CARE SENIOR LIVING AT ST PETE | 1001 9TH STREET NORTH SAINT PETERSBURG, FL 33701 |

| (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 093} | Continued From page 4<br>sugar free juice.<br><br>In an observation of the kitchen conducted on at 10:26am there was a bag of chicken patties in a cardboard box in clear plastic wrap that was ripped open with the chicken exposed, and many large jars of regular grape jelly. There were several bags of opened shredded cheese, jelly and pastry products in the refrigeration that was kept on a surface covered in a black gritty substance that resembled rust, and was not dated. Furthermore, the emergency food supply located behind the kitchen contained four, 15-ounce cans of tuna, corn flakes cereal, oats, dry milk, canned fruit, sugar packets, regular syrup, and cases of large cans of tomato soup.<br><br>In an interview with the Dietary Director conducted on at 10:26am he said he was following a menu that showed sweet and sour chicken listed for lunch and that is what he was preparing. He said they did not have a no concentrated sweet menu, but they were working on one. Additionally, he said some of the food items were not stored properly because they were missing the date. He also said he had asked but no one could tell him about the location or use for the missing emergency food. He admitted the current emergency food supply would not feed the current census for three days.<br><br>In an observation with the Dietary Director of the facility menu conducted on at 10:26am the menu was dated and listed sweet and sour chicken for lunch that day.<br><br>In a record review of the facility's plan of correction menu conducted on the menu was signed by the registered dietician on | {A 093} | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11967286 | A. BUILDING: _____ B. WING _____ | R-C 05/29/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BEST CARE SENIOR LIVING AT ST PETE | 1001 9TH STREET NORTH SAINT PETERSBURG, FL 33701 |

| (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 093} | Continued From page 5<br>. . . . . and there was no sweet and sour chicken listed. Additionally, there was an additional menu page entitled "MyPlate for Older Adults" which listed " Diets: The physician may order either an NCS (no concentrated sweets or CCD ( controlled , diet) for a resident with . . . . . If the physician does not specify which type of diet, an NCS diet will be served." Under No Concentrated Sweets (NCS) diet heading it listed the following: "3. Sugar substitute, diet syrups and diet jellies."<br><br>In an interview with the Administrator conducted on at 11:32am she said she must have given the Dietary Manager the wrong menu to follow since she was the one to print them out. At 11:48am she said the missing emergency food was a miscommunication or a re-stocking issue and she should have been more involved. At 12:09pm she said she would order sugar free sweetener, sugar free jelly and other food items from the dietician approved emergency menu that would cover the census for three days.<br><br>Class III | {A 093} | | |