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 _____	R-C 05/31/2024

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 revisit to a complaint investigation (#2024001160 and #2024003856) was conducted at Palms of Sebring (The) on . Deficiencies were identified at the time of the visit.	{A 000}		
{A 093} SS=G	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	{A 093}		

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{A 093}	Continued From page 1 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 the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide	{A 093}		

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{A 093}	Continued From page 2 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, interview, and record review the facility failed to meet residents' nutritional needs by failure to adhere to a therapeutic diet for one (Resident #1) of three sampled residents, who had a diagnosis of and an order for a pureed diet. The	{A 093}		

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{A 093}	Continued From page 3 facility's failure to follow the therapeutic diet placed Resident #1 at risk for harm. Findings Included: In a record review of the internal facility therapeutic diet listing conducted on . . . the list provided was entitled "Meal List 2024" and said "MECHANICAL SOFT: Make sure food can be easily chewed and meat is chopped up! PUREE: Make Sure food has the consistency of mashed potatoes!" Additionally, Resident #1's name was listed under the heading "5th floor" with "pureed" behind his name. In an observation of lunch served to Resident #1 conducted on . . . . . at 12:13pm. The Kitchen Manager and Staff A brought a Styrofoam food carton on a tray that contained a rounded portion of chopped meat with visible chunks and strings of light-colored meat that resembled chicken salad, and a scoop of mashed potatoes in the shape of the serving scoop. Additionally, a cup with a straw that contained ice cubes and residual pink colored liquid was on his bedside table. In an interview with The Kitchen Manager conducted on . . . . . at 12:13pm she said the meat and potatoes on Resident #1's lunch tray was for a "mechanical diet." Additionally, she confirmed that Resident #1 was to have a pureed diet. In an interview with Resident #1 conducted on . . . . . at 12:13pm he said the cup with the ice cubes on his table was a cup he was drinking from prior to lunch being delivered. In an interview with Staff A conducted on	{A 093}		

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{A 093}	Continued From page 4 . . . . . at 12:16pm she said that said that the cup with ice cubes on Resident #1's table was the beverage she left the resident at 11:20am when had come to clean his room. In an observation conducted on at 12:25pm The Kitchen Manager returned from the kitchen with a new tray for Resident #1 that contained pureed fish and potatoes that were spread out in the container compartment and no longer in the shape of the serving scoop. In a record review for Resident #1 conducted on there was a document entitled "Resident Assumed Risk Agreement" signed by an old Power of Attorney for Resident #1 that listed they wanted to assume risk to waive the hospice order for a mechanical soft diet. A record review of the Agency for Healthcare Resident Health Assessment Form 1823 (1823) for Resident #1 conducted on . . . . . revealed a date of and listed a pureed diet. A record review of physician orders for Resident #1 conducted on revealed an order dated . . . . . for a pureed diet with thickened liquids for Resident #1. Additionally, there was an order dated . . . . . for home health to evaluate and treat with , , , ... , , , ... , and nursing due to a diagnosis of " and , , ." In review of an article by The University Health Network (UHN) , , , Committee (SLP (Speech Language Pathologist & RD (Registered Dietician) entitled "Pureed Foods and Thickened Liquids for People with , , " with a	{A 093}		

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{A 093}	Continued From page 5 revision date of . . . . . found online at https://www.uhn. /PatientsFamilies/Health_Information/Health_Topics/Documents/Pureed_Foods_Thickened_Liquids_ , , .pdf revealed the following: " " , , is the medical word for problems with chewing and swallowing." " " , , can be serious. If you cannot swallow properly food and drink may go into your . This can cause problems with breathing or an . . . . . You may not be able to eat enough of the right foods to stay healthy and maintain your . ." " "Make sure that thickened liquids remain thick at room temperature. Ice cream, ice cubes, sherbet, Jell-o and Popsicles melt at room temperature. These foods are not safe to eat or drink." In an interview with the Administrator conducted on . . . . . at 1:10pm he said that he was not sure if ice cubes were part of a thickened liquid diet and would look into it. In an interview with the Assistant Administrator conducted on at 1:10pm she saw the photo of the meat served to Resident #1 for lunch that day and said, "it is chopped meat." Additionally, she confirmed the power of attorney that signed the old waiver was , and Resident #1 had a new Power of Attorney, and no new dietary waiver had been signed. Photo Evidence Obtained. Class II	{A 093}		