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
	AL11969337	A. BUILDING: _____ B. WING _____	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERCREST OF ST LUCIE WEST ASSISTED LIVING	279 NW CALIFORNIA BLVD PORT SAINT LUCIE, FL 34986

(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 survey and a Generator Monitoring survey were conducted at Watercrest of St Lucie West Assisted Living and Memory Care on . The facility had deficiencies related to the Relicensure survey at the time of the visit. NOTE: The facility had no Limited Nursing Services (LNS) Residence a the time of the survey.	A 000		
A 093	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	A 093		

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A 093	Continued From page 1	A 093		

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 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

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A 093	Continued From page 2 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 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 observations, record review and	A 093		

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A 093	Continued From page 3 interviews, it was determined that the facility's meal service to residents who resided in the secured area did not follow regulatory guidelines, affecting 24 current residents. The findings included: On at 11:30 AM, the dietician approved menu dated posted in the secured unit indicated that residents were to receive soup, burgers and onion rings for lunch. An additional menu posted showed various other meals available including 3 different salads, burgers, hot dogs, grilled cheese, deli sandwich, fries, sweet potato fries, pickle and other choices. During observation of lunch in the secured unit on at 12:30 PM, the residents were served ham and cheese sandwiches on buns and cole slaw, with the exception of 6 residents who received cole slaw and an unidentified white creamy dish. A dietary representative (Staff F) was observed spooning the unidentified main course on to the plates of the 6 residents and directing staff to give it to them, identifying them as "mechanical soft" diet recipients. During interview at this time, she stated that the entree for the 6 residents was created in the kitchen and consisted of ham, cheese, lettuce, tomato and ␣ (the ham sandwich served to the other residents without the and added ␣). It is unknown if a standardized recipe was used to prepare the unidentified entree as it was not listed as an approved menu item. During interview with the Food Service Director on at 1:15 PM, he stated that he had not been able to access the menus online to change the menu items to match what was served. He confirmed that the main dining room food service included the approved menu items of soup,	A 093		

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A 093	Continued From page 4 liverwurst and onion on rye and cole slaw. He stated that the residents in the secured unit did not like liverwurst so they were not served this course. Review of a different dietician approved menu dated noted these items to be served. A subsequent interview with the Director of Memory Care on at 1:30 PM revealed "a few residents like liverwurst" in the secured unit, so the substituted item was no due to residents' preferences. Menus must be dated and planned at least 1 week in advance, and conspicuously posted or easily available. Regular and therapeutic menus should be followed with substitutions noted before or when the meal is served, and based on residents' preferences and prepared with the use of standardized recipes. These findings were discussed with the Administrator on at 1:45 PM. The facility provided no additional information for review at this time. Class III	A 093		