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
	AL11910323	A. BUILDING: _____ B. WING _____	R 04/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
L'ARCHE JACKSONVILLE, INC. I	700 ARLINGTON ROAD JACKSONVILLE, FL 32211

(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 the relicensure survey at L'Arche Jacksonville, Inc I was conducted on . Deficiencies were identified at the time of 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 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 093}		

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{A 093}	Continued From page 1 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 notification to the resident's health care provider of such refusal.	{A 093}		

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{A 093}	Continued From page 2 (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, interviews, and record reviews, the facility failed to appropriatly prepare and serve therapeutic diets as ordered by the health care provider for 1 of 1 resident observed with a therapeutic diet. The findings include:	{A 093}		

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{A 093}	Continued From page 3	{A 093}		

On at 12:50pm, Employee B, an Assistant Direct Service Provider, was observed preparing lunch for Resident #1. During the observation Employee B stated that she was familiar with Resident #1 since she provided direct care for the resident five days a week. Employee B prepared tomato soup with squash in a blender. After blending several minutes, she stated it was too runny and required some thickener.

Employee B explained a dietitian had recently come into the facility to conduct a training for staff on food preparation and texture, and she pointed to literature posted on the refrigerator. Photographic Evidence Obtained. She stated she preferred the spoon test, but the "vial" could also be used. She stated if the pureed food ran through the vial that meant it was not thick enough for [Resident #1].

She then performed what she called the spoon test as well and stated that she needed to add some thickener to it and proceeded to pump some clear thickener from a large jug into the soup. She was asked how she knew how much thickener to add. She stated that the instructions were on the side of the container. Photographic Evidence Obtained. Upon review of the bottle, the "use by" date on the side of the jug of thickener expired . At that time Employee B went into the pantry and retrieved another jar of thickener, which she explained was a powder.

Employee B removed the top from the jar. The original seal had been removed which indicated the product had been used previously. Again, the "use by" date on the side of the jar was reviewed, but the date was smeared and therefore it could not be determined if the product had expired. She

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{A 093}	Continued From page 4	{A 093}		

was asked about the observation and stated she wasn't sure of the actual date. She retrieved another jar of the powdered thickener from the pantry. Again, the use by date was smeared. She stated she had more in the pantry and returned with individual packets. She pulled out several of the individual packets which had a used by date of . She took out several of the packets, and discarded the first bowl of soup that she had pumped the original thickener into. She then went to the refrigerator and retrieved another bowl of soup. She poured it into a bowl and placed it into the microwave. She retrieved the bowl from the microwave and sat it on the counter.

Employee B confirmed that the powdered thickeners had been opened and used. She stated she couldn't be certain of the use by date as the date and year were smeared. The date they were opened was not recorded. She confirmed only the month " ," was visible. She exited the kitchen leaving the soup uncovered on the counter.

At 1:06pm on , Employee B returned to the dining room with Resident #1. Employee B rolled Resident #1 to a dining table then returned to the counter to finish preparing the meal. Employee B blended the soup for several minutes. She retrieved the individual thickener packets, which she said were used when the resident went to eat outside of the facility. She opened one of the .4fl oz packets and added it to the soup. She was asked she knew how much to add. She stated she started with a half a packet and added more until it reached the right texture. She was asked how she knew how much soup was there. She stated they'd made it yesterday and that it was left over but she wasn't sure if it was measured, and confirmed she had not

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measured it. She added a packet and stirred for a few seconds. She stated it wasn't thick enough and added the rest of the packet. She stirred for a few more seconds, but said it still wasn't thick enough, and she needed to add another packet. She stated it seemed to get thicker the more you stirred. She was asked if there was a certain amount of time to stir. She stated there wasn't. Review of the instructions on the packet instructed, "stir briskly for 30 seconds." She was asked if 30 seconds had lapsed. She stated it hadn't at that time but she stirred a little bit before. She began to stir briskly while counting. She added a little of the thickener from the newly opened packet. She again stirred briskly while counting. She conducted the "spoon test" and stated that it was ready.

At 1:54pm on the Administrator came into the dining room. Immediately she stated that they don't use the powdered thickener that Employee B had used. She stated that she wasn't aware that the liquid thickener was expired. She verified that it was expired. She stated if there were more expired containers they could get more. Employee B showed her the dates on the other containers that were in the pantry.

At 2:02pm on Employee B was observed preparing a cup of water for Resident #1. She added one full .4fl oz packet and began to stir. The Administrator was asked to come watch. She immediately asked Employee B why she wasn't using droplet syringe. She retrieved one of the syringes and performed the texture test. She asked Employee B what should it have read. She mumbled a number and the Administrator advised her that that was incorrect. The Administrator explained to Employee B that she needed to stir the liquid for 30 seconds after

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{A 093}	Continued From page 6 adding the thickener. Employee B stated that she thought she needed to stir it for 10 seconds. Again the Administrator advised her that the proper stir time was 30 seconds. The Administrator asked Employee B how many ounces of liquid were in the cup, and she replied she didn't know. The Administrator was then observed educating Employee B that she needed to measure the liquids to ensure the correct amount of thickener was being used. Record review revealed that Resident #1 moved into the facility moved into the facility on . Her diagnoses included: of ; in other classified elsewhere; ( ); ( ); and . Record review also revealed Employee B received a training on new routines for Resident #1 which was conducted on at 10:30am. Photographic Evidence Obtained. Training was also conducted on by a dietician which included how to puree and thicken foods for Resident #1. CLASS III	{A 093}		