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
	AL11965330	A. BUILDING: _____ B. WING _____	05/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCADIA OAKS ASSISTED LIVING	1013 EAST GIBSON STREET ARCADIA, FL 34266

(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 emergency power plan monitoring and complaint investigation for # 2024001846 was conducted on at Arcadia Oaks Asssited Living, an assisted living facility in Arcadia, Florida. Complaint #2024001846 was substantiated at Tag A0093 and A0054. The following deficiencies were identified at the time of the survey. .	A 000		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer 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 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,	A 054		

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A 054	Continued From page 1	A 054		

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 , 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: Based on observation, record review, and interview, the facility failed to provide a Medical Observation Record free of gaps and errors for 4 (Resident #1, Resident #2, Resident #3, Resident #4) out of 4 resident records reviewed.

The findings included:

Policy: Monitoring of Medication -
3. We will verify discontinued medications through the doctor's office.
4. We will chart and check mark resident's medications after they take medications.
5. Residents who refuse medications, per their choice, are so noted on the of the med record.

1. On at 8:40 a.m., during medication pass, Resident #1 was not given , , , B and Suspension (neo/poly/dex sus) 0.1% , , (,) as scheduled. Medication Technician (MT) Staff A said that the , , were not in the cart and probably in Resident #1's room. MT Staff A said that she did not know why the drops were in Resident #1's room.

On at 9:10 a.m., during an interview, Resident #1 said that she takes , , daily on her own. Resident #1 stated that "The drops

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A 054	Continued From page 2 are on my bathroom counter". Resident #1 said that she has a and she had drops prescribed by a doctor, but the prescription expired and her daughter bought these for her to keep her moist. She said that staff do not assist with administration or monitor the . On , during review of the Medication Observation Record (MOR), it showed that MT Staff A had documented the neo/poly/dex/sus 0.1% as being given on at 8:00 a.m. On , during review of the MOR, it was revealed that Donezepil Tab 5 mg ( ) was not documented on , and 25 mg ( ) was not documented on , and in the record for Resident #1. 2. On at 9:25 a.m., during an interview, Resident #2 said that the staff will leave medications on her nightstand so she can take them at a later time. 3 gummies in a paper cup were observed on her nightstand. On , during review of the MOR, it was revealed that Cap 300 mg ( ) was not documented on at 2:00 p.m., at 2:00 p.m. and 10:00 p.m., at 10:00 p.m., at 2:00 p.m. and 10:00 p.m., at 2:00 p.m., at 2:00 p.m., at 2:00 p.m., at 20 p.m., at 2:00 p.m., at 2:00 p.m. and 10:00 p.m., at 2:00 p.m., at 2:00 p.m., at 2:00 p.m., at 2:00 p.m., at 2:00 p.m., at 2:00 p.m., at 2:00 p.m., at 2:00 p.m., at 2:00 p.m., at 2:00 p.m., and at 2:00 p.m., in the record for Resident #2.	A 054		

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A 054	Continued From page 3 3. On , during review of the Medication Observation Record (MOR), it was revealed that Tab 90 mg (Medication) was not documented on at 6:00 p.m., at 6:00 p.m., at 6:00 p.m., at 6:00 p.m., at 6:00 p.m., at 6:00 p.m., at 6:00 p.m., and at 6:00 p.m. in the record for Resident #3. 4. On , during review of the MOR, it was revealed that Dilatiazem Capsule 240 mg extended release (high ,), Isosorb Mono 60 mg ( ), Ferosul Tab 325 mg (Iron), Tab 1 mg extended release ( ), , 75 mcg (,), 500 mg ( ), , 25 mg (,) and , 40 mg ( ) were not documented on at 8:00 a.m., and at 8:00 a.m. in the record for Resident #4. On at 12:46 p.m., during an interview, the Executive Director (ED) said that she was responsible for updating the MOR. The ED said that it was against policy for residents to have medications in their rooms. She said that the Neo/Poly/Dex/ sus 0.1% , , for Resident #1 were only prescribed from to and the MOR was never updated to discontinue the medication. The ED acknowledged that the staff continued to document the Neo/Poly/Dex/ sus 0.1% as given from to even though the medication had been discontinued. She acknowledged the gaps in the documentation of the MOR. **Photograph on File** Class III	A 054		

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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 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	A 093		

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A 093	Continued From page 5 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. (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	A 093		

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A 093	Continued From page 6 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, menu review, and interview, the facility failed to provide meals through the use of standardized recipes and indicate portion sizes on the menu or a separate sheet for 100% of residents. The findings included: On at 9:35 a.m., during an interview, the Administrator stated. "the menus are not current, and our only daily menu is dated , and that it is the only menu the facility has right now. The facility is no longer under contract with	A 093		

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A 093	Continued From page 7 Crandall and is negotiating with another third party to become current." On , during review of the menu, it was revealed that the menu being used is dated , and listed BBQ Chicken, Corn on the cob, Macaroni Salad and bread or roll and butter as the day's lunch to be served. There were no portion sizes observed on the menu provided. On at 9:45 a.m., during review of the menu, the Administrator stated, "the menu dated for the meal for Thursday is what she is using for the meal for today's lunch meal." The administrator confirmed she does not have any updated and current dated menus and said she has no access to the Crandall menus since the facility and the owner opted out of using Crandall menus. The Administrator said the plan was to convert to the Sysco system to coincide with the truck to budget for food according to the menus that they will be using and there were some add-ons that needed to be signed up for and the owner decided he was not signing up for the add-ons and opted out of the agreement and so she is working with a lady to get new menus, but it is not completed as yet. On at 9:50 a.m., during an interview, the Administrator confirmed the dietician license provided has expired on , she confirmed she has no documentation of a current dietician's license. On at 9:53 a.m., during an interview, the Administrator reviewed the menus and confirmed there were no portion sizes on the menus, she said they serve the portions of the meals with the measuring spoons in the kitchen. The Administrator said she cannot confirm the	A 093		

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A 093	Continued From page 8 portions being served are the correct portions for the residents as required as there are no portion sizes on the menus. On , during a kitchen tour, there was no observation of standardized recipes and portion sizes being utilized. On at 12:05 p.m., during an interview, Lead Cook Staff B said that there are no standardized recipes. He said he makes his own recipes based on the school he attended in Port Charlotte. Staff B stated "Macaroni salad is peppers, onions, mayo, parsley and pasta, just like I was taught. I don't need a recipe, if I'm unsure of something, there is a book of old recipes in the that I can use as a guide." Staff B said that he had no idea about portion sizes and that he just uses the utensils that he has. Staff B said that he normally likes to give everyone a little extra. Class III .	A 093		