State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11911596	A. Building B. Wing	

Name of Facility	Street Address, City, State, Zip Code
WILLOW WOOD	2855 WEST COMMERCIAL BLVD FORT LAUDERDALE, FL 33309

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix **A0007** Reg. # **58A-5.0181(1) FAC** LSC	Correction Completed	ID Prefix **A0025** Reg. # **58A-5.0182(1) FAC** LSC	Correction Completed	ID Prefix **A0054** Reg. # **58A-5.0185(5) FAC** LSC	Correction Completed
ID Prefix **A0078** Reg. # **58A-5.019(2) FAC** LSC	Correction Completed	ID Prefix **A0081** Reg. # **58A-5.0191(2) FAC** LSC	Correction Completed	ID Prefix **A0082** Reg. # **58A-5.0191(3) FAC** LSC	Correction Completed
ID Prefix **A0086** Reg. # **58A-5.0191(9) FAC** LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By **State Agency**	**Reviewed By** MB	**Date:** 6-27-17	**Signature of Surveyor:** M. T. Smith (CMS)	**Date:** 6-27-17	
Reviewed By **CMS RO**	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**	

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{A 000}	Initial Comments An Assisted Living Facility standard biennial licensure revisit survey was conducted on 29, 2012. Willow Wood, had the following licensure deficiencies found corrected at the time of the visit, specifically: A 0007 A 0025 A 0054 A 0078 A 0081 A 0082 A 0086 The following deficiencies were not corrected, specifically: A 0092 A 0093 Note: The standard biennial licensure revisit survey was conducted in conjunction with the Complaint Inspection 2012003499 survey. Please refer to the separate report.	{A 000}		
{A 092} SS=D	58A-5.020(1) FAC Food Service - General Responsibilities Food Service Standards. (1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator or a person designated in writing by the administrator shall: (a) Be responsible for total food services and the day to day supervision of food services staff. (b) Perform his/her duties in a safe and sanitary manner. (c) Provide regular meals which meet the nutritional needs of residents, and therapeutic	{A 092}		

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{A 092}	Continued From page 1	{A 092}		

diets as ordered by the resident ' s health care provider for resident ' s who require special diets.
(d) Maintain the in-service and continuing education requirements specified in Rule 58A-5.0191, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on observation it was determined that the food service manager failed to perform duties in a safe and sanitary manner.

The findings include:

Upon tour of the main kitchen, accompanied by the Food Service Director and the Assistant Administrator on [redacted] at approximately 10:30 AM, the following unsanitary conditions were identified:

1). There was no thermometer in the free standing ice cream freezer.
2). Two employees were observed without hair

3). Approximately 6 "clean" tableware racks were covered in black mold-like substance and white residue.
4). Approximately 6 cutting boards were very worn with black mold-like substance
5). The designated "bakers" table was filthy.
6). The grease drain near the stove was filthy containing old grease build-up and [redacted] from the floor.
7). The garbage lid was stored on top of the warmer
8). The ceiling grates over the tilt skillet and stove were in disrepair and in need of replacement.
9). There was garbage and several cardboard

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boxes stored at the outside exit door of the kitchen.
10). The main entrance door of the kitchen was in need of cleaning and repainting.
11). The smoke detector needs to be remounted to the ceiling.
12). Food items in the refrigerator were not properly covered and labeled.
13). Black mold like substance observed on wall near sink and clean dishes.
14). Sink used for hand washing does not get hot.
15). Plastic silverware was observed uncovered.
16). The scales for measuring food were rusty.
17). The A/C ceiling vents were covered in dust.
18). The molding around the walk in freezer, refrigerator and around the wall near the stove were in need of replacement.
19). The kitchen floor tile was sticky and in need of a deep cleaning.

Upon tour of the satellite kitchen, accompanied by the Food Service Director at approximately 1:30 PM, the following unsanitary conditions were identified:

1). The paint on the wall was chipped away near the food warmer.
2). Several containers of sour cream were in stored in the refrigerator with an expiration date of
3). Approximately 5 containers of tarter sauce, prepared by facility staff, were stored in the refrigerator with no date.
4). A dirty dishtowel was observed in the refrigerator.
5). Employee food was commingled with resident food in the refrigerator
6). A bag with an unknown substance was observed in the freezer.
7). The stainless steel doors of the refrigerator

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and warmer were dirty and in need of cleaning.
8). The food temperature log was blank for the lunch meal served the day of the complaint inspection.
9). The A/C ceiling vent was rusty and covered in dust.

Class III
This is an uncorrected deficiency

{A 093} SS=D 58A-5.020(2) FAC Food Service - Dietary Standards {A 093}

(2) DIETARY STANDARDS.
(a) The Tenth Edition Recommended Dietary Allowances established by the Food and Nutrition Board - National Research Council, adjusted for age, [illegible] and activity, shall be the nutritional standard used to evaluate meals. Therapeutic diets shall meet these nutritional standards to the extent possible. A summary of the Tenth Edition Recommended Dietary Allowances, interpreted by a daily food guide, is available from the DOEA Assisted Living Program.
(b) The recommended dietary allowances shall be met by offering a variety of foods adapted to the food habits, preferences and physical abilities of the residents and prepared by 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 recommended dietary allowances to be made available to each resident daily by the facility are as follows:
1. Protein: 6 ounces or 2 or more servings;
2. Vegetables: 3 5 servings;
3. Fruit: 2 4 or more servings;
4. Bread and starches: 6 11 or more servings;
5. Milk or milk equivalent: 2 servings;
6. Fats, oils, and sweets: use sparingly; and

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7. Water.
(c) All regular and therapeutic menus to be used by the facility shall be reviewed annually by a registered dietitian, licensed dietitian/nutritionist, or by a dietetic technician supervised by a registered dietitian or licensed dietitian/nutritionist, to ensure the meals are commensurate with the nutritional standards established in this rule. Portion sizes shall be indicated on the menus or on a separate sheet. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. This review shall be documented in the facility files and include the signature of the reviewer, registration or license number, and date reviewed. 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 to be served shall be dated and planned at least one week in advance for both regular and therapeutic diets. Residents shall be encouraged to participate in menu planning. Planned menus shall be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, shall be kept on file in the facility for 6 months.
(e) Therapeutic diets shall 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 which enable residents to comply with the therapeutic diet shall be identified on the menus developed for use in the facility.

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2. The facility shall document a resident ' s refusal to comply with a therapeutic diet and notification to the resident ' s health care provider of such refusal. If a resident refuses to follow a therapeutic diet after the benefits are explained, a signed statement from the resident or the resident ' s responsible party refusing the diet is acceptable documentation of a resident ' s preferences. In such instances daily documentation is not necessary.
(f) For facilities serving three or more meals a day, no more than 14 hours shall elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals shall be evenly distributed throughout the day with not less than two hours nor more than six hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks shall be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals.
(g) Food shall be served attractively at safe and palatable temperatures. All residents shall 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, shall be on hand.
(h) A 3-day supply of non perishable food, based on the number of weekly meals the facility has contracted with residents to serve, and shall be on hand at all times. The quantity shall be based on the resident census and not on licensed capacity. The supply shall consist of dry or canned foods that do not require refrigeration and shall be kept in sealed containers which are labeled and dated. The food shall be rotated in accordance with shelf life to ensure safety and palatability. Water sufficient for drinking and food preparation shall also be stored, or the facility

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shall 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 record review and interview, the facility failed to comply with dietary standards.

The findings include:

1). During a review of the menu provided by the Food Service Director, it was noted the lunch meal for included an Italian cut sub. However, during an interview on at approximately 11:00 AM, he reported a salami sandwich would be served per resident choice. He stated all sandwiches should contain at least 4 oz of salami per sandwich. He also stated 4 oz. of sweet potato fries would be served with the sandwiches. However, upon observation of the lunch preparation and serving at approximately 12:00 PM, it was noted the staff member did not weigh the food nor did they utilize portion control serving utensils to ensure the residents received adequate nutrition per the planned menu. Upon request, the meal was weighed from a plate that was already prepared to be served to the residents. The salami was weighed; the total weight was only 2 oz..The sweet potato fries were weighed; the total weight was only 3 oz.

2). Upon request on at approximately 9:45 AM, the Food Service Manager reported that he did not have a resident diet roster posted and available for review for the staff in the main kitchen. Further investigation revealed the only

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{A 093}	Continued From page 7 diet roster available for review was located in the satellite kitchen for ALF residents. It was also concluded that ALF residents also eat in the facility's independent main dining . . . . . Review of the facility's diet roster provided by the Director of Nursing on . . . . . at approximately 1:00 PM revealed the roster was inaccurate and not up-to-date. Further investigation revealed the roster did not include all dietary needs for all of the ALF residents who eat in the main dining . . . . .] the ALF dining . . . . . . Class III This is an uncorrected deficiency.	{A 093}		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Willow Wood
2855 West Commercial Blvd
Fort Lauderdale, FL 33309

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2012 by a representative from this office.

Attached is the provider's copy of the State Revisit Report, which indicates the previously cited deficiencies that were found corrected. Also attached is the provider's copy of the State (3020) Form, which references the uncorrected deficiencies that were identified on the day of the revisit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , **2012** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

A. C. Byles, HFE Supervisor
for Arlene Davis
Field Office Manager

AMD/ls
Enclosure

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