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
	AL11967938	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARING HANDS MINISTRY ASSISTED LIVING	611 N FLORIDA AVE WACHULA, FL 33873

(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 Assisted Living Facility A biennial state licensure survey with extended congregate care (ECC) was conducted on The Caring Hands Ministry assisted living facility had deficiencies found at the time of the visit.	A 000		
A 026	58A-5.0182(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility shall provide an ongoing activities program. The program shall provide diversified individual and group activities in keeping with each resident ' s needs, abilities, and interests. (b) The facility shall consult with the residents in selecting, planning, and scheduling activities. The facility shall demonstrate residents ' participation through one or more of the following methods: resident meetings, committees, a resident council, suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities shall be available at least six (6) days a week for a total of not less than twelve (12) hours per week. Watching television shall not be considered an activity for the purpose of meeting the twelve (12) hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental	A 026		

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A 026	Continued From page 1	A 026		

health centers, or other day programs may count those attendance hours towards the required twelve (12) hours per week of scheduled activities. An activities calendar shall be posted in common areas where residents normally congregate.
(d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to three (3) hours may be counted toward the required activity time.

This Statute or Rule is not met as evidenced by:
Based on observation and interview, the facility failed to ensure that it provided scheduled activities for a minimum of 12 hours per week, during 6 days of the week, for 4 (#1, 2, 3 and 4) of 4 sampled residents as evidenced by the lack of a posted Activities calendar, the lack of observed activities being conducted during the survey and verbal statements of lack of activities.

Findings include:

During the survey that was conducted on [redacted] between the hours of 10:25 a.m. and approximately 12:30 p.m., no activities were observed to be in progress at the facility. An observation of the facility postings revealed no scheduled Activity posting available.

During an interview conducted on [redacted] at approximately 11:10 a.m. with Direct Care Staff member A, she confirmed that there was no posting of an Activity calendar. She further confirmed that no activities were available to the residents except for smoking and watching television. Staff member A confirmed that the census of the facility was 5 residents, 4 of which were present at the facility during the date of survey.

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A 026	Continued From page 2 During an interview conducted on [redacted] at approximately 11:35 a.m. with Resident #4, he stated that he was unaware of any activities that the facility conducted. CLASS III WIDESPREAD	A 026		
A 092	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 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 and interview, the provider failed to ensure that food services were provided in a safe and sanitary manner for 4 (#1, 2, 3, 4) of 4 sampled residents as evidenced by the presence of live bugs and bug carcasses in the kitchen cabinets; the lack of cleanliness of stored	A 092		

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A 092	Continued From page 3	A 092		

cooking pots; the lack of a working thermometer in the refrigerator and the uncleanliness of the kitchen floor.

Findings include:

During an interview on [redacted] at 10:50 a.m., Staff member A confirmed that the facility census was 5 residents, 4 of which (#1, 2, 3, and 4) were present in the facility during the date of survey and that she was going to fix them lunch.

During observations conducted on [redacted] at 11:25 a.m. revealed the following in the kitchen:
One live bug ran across the floor, the bug looked like a small German cockroach.
Two [redacted] bug carcasses were in the pans underneath the sink. One of the pans had heavy soiling present on the pan and was in need of cleaning.
The dishwasher, when opened had bug carcasses on the inside with miscellaneous debris. Staff member A stated that she does not use the dishwasher and was unsure if it worked. She stated she hand washes all the dishes.
The lower cabinet next to the dishwasher had debris and bug carcasses present in the pans present.
The upper left, middle and right cabinets all had bug carcasses present.
The kitchen floor was in need of cleaning with staining present, grime and dirt build up present.
The refrigerator had a broken thermometer present.

CLASS III

Agency for Health Care Administration

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A 093	Continued From page 4	A 093		
A 093	58A-5.020(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The Tenth Edition Recommended Dietary Allowances established by the Food and Nutrition Board - National Research Council, adjusted for age, . . . 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 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.	A 093		

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A 093	Continued From page 5	A 093		

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.
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.

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A 093	Continued From page 6 (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 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 observation, record review and	A 093		

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A 093	Continued From page 7	A 093		

interview, the facility failed to ensure that it followed the recommended dietary allowances formulated by the Registered dietician on the facility menu for 4 (#1, 2, 3, and 4) of 4 sampled residents as evidenced by serving non-reviewed meals to residents on a regular basis, non-maintenance of a substitution menu, non-provision of daily snacks. Failing to ensure that a Registered Dietician's meal plans are followed can place a resident at risk for receiving an unbalanced diet which can lead to health concerns.

Findings include:

During an observation conducted on [redacted] at 10:50 a.m., the freezer next to the refrigerator was found to be locked. At this time, Staff member A stated that she had no key to the freezer. Observation of the refrigerator at this time revealed minimal food products present, with mostly drink containers and condiments. The upper freezer compartment of the refrigerator had 2 small meat packages present.

During an interview on [redacted] at 10:50 a.m., Staff member A confirmed that the facility census was 5 residents and that she was responsible for cooking the meals during her shift. She also confirmed that she does not follow the facility menu on a regular basis, she stated she has to prepare what she has, which does not match what is on the menu. She further stated that she does not document the substitutions. Staff member A stated that she did not have snacks available to serve the residents.

During an interview conducted on [redacted] at 11:45 a.m. with Resident # 3, he stated that he is provided 3 meals a day, though he also stated

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A 093	Continued From page 8 that he would not say that it is enough. He stated that he is not provided any snacks. During an interview conducted on [redacted] at 11:35 a.m. with Resident #4, he stated he has not seen snacks offered. During an interview conducted on [redacted] at approximately 10: 30 a.m. with Resident #2, she stated that she was a [redacted] and that the facility did not offer any [redacted] food products. During the observation of the noon meal preparation, it was noted that Staff member A was preparing bologna sandwiches with mayonnaise, a small pot of chicken noodle soup was on the stove the contents approximated to equal 3 cups of broth with one chicken thigh present, no visible noodles were seen. She stated that she was also going to provide the residents pretzels and pudding. A record review of the posted facility menu revealed that for cycle 1, Wednesday lunch menu that was supposed to be provided to the residents was as follows: Turkey Burger 3-4 oz patty with [redacted], lettuce and tomatoes; ½ cup Cole slaw; ½ cup canned corn; ½ cup canned peaches and 1 cup ice tea. Staff member A confirmed that these menu items were not available for her to serve. CLASS III WIDESPREAD	A 093		
A 152	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and	A 152		

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A 152	Continued From page 9 2. Must be maintained free of hazards; and 3. Must ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident [redacted] sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest or other furniture designed for storage of personal effects; 4. A table, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident [redacted] to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be [redacted] This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that it provided a safe and	A 152		

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A 152	Continued From page 10	A 152		

comfortable living environment, free of hazards in regards to (A) a non-fully functional main air conditioning unit; (B) the presence of 9 of 9 outside, broken, residential patio chairs; (C) the presence of a large number of small red ants on resident patio sitting areas.

Findings include:

A) During the tour of the facility on [redacted] at 10:30 a.m., an observation was conducted in the facility's main hallway, the facility felt warm to the surveyor. Review of the thermostat present in the main hallway revealed that the current temperature was registering at 81 degrees Fahrenheit. The weather during the date of survey was overcast and cloudy.

During an interview conducted on [redacted] at 11:00 a.m., Staff member A confirmed that the air conditioning is left off on a regular basis per the instruction of the Administrator. Staff member A confirmed that the residents complain about the air conditioning being off. She stated that it would be nice to have the a/c on during the day and that Resident #1 stays inside.

During an interview conducted on [redacted] at 11:45 a.m. with Resident #3, he stated that normally the a/c is off during the day, they turn it on at around 6:00 p.m. for the evening.

During an interview conducted on [redacted] at 12:10 p.m. with the Administrator, she stated that one of the facility's a/c units was not working, that she was going to have a person look at it on Friday, [redacted].

B)During an observation conducted on [redacted] at 11:35 a.m. of a patio area in the rear of the

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A 152	Continued From page 11 facility, it was noted that 9 of 9 outside patio chairs were missing portions of the seats. Resident #4 was observed to be sitting on a piece of wood that had been placed on one of the chairs so he could sit in the chair, the wood was approximately 4 feet long, 1 inch thick by 4 inches wide. Several other pieces of wood were present in the area of the same description. Resident #4 was observed to be a frail, elderly man. C) During an observation conducted on [redacted] at 11:35 a.m. of the patio area in the rear of the facility, which was being utilized by residents revealed a multitude of small red ants on the patio near the residents' feet and on boards in the area. CLASS III	A 152		
A 164	58A-5.024(4) FAC Records - Inspection Availability (4) RECORD INSPECTION. (a) All records required by this rule chapter shall be available for inspection at all times by staff of the agency, the department, the district long-term care ombudsman council, and the advocacy center for persons with [redacted] (b) The resident ' s records shall be available to the resident, and the resident ' s legal representative, designee, surrogate, guardian, or attorney in fact, case manager, or the resident ' s estate, and such additional parties as authorized in writing. (c) Pursuant to Section 429.35, F.S., agency reports which pertain to any agency survey, inspection, monitoring visit, or complaint investigation shall be available to the residents	A 164		

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A 164	Continued From page 12 and the public. 1. Requestors shall be required to provide identification prior to review of records. 2. In facilities that are co located with a licensed nursing home, the inspection of record for all common areas shall be the nursing home inspection report. (d) The facility shall ensure the availability of records for inspection. This Statute or Rule is not met as evidenced by: Based on interview, the provider (A) failed to ensure that 4 (#1, 2, 3, and 4) of 4 sampled resident records were available for inspection during the date of survey, . (B) Failed to ensure that 5 (A, B, C, D, and E) of 5 sampled staff member's personnel files were available for inspection during the date of survey, . Findings include: During an interview conducted on . at 10:30 a.m. with Staff member A, she confirmed that 5 residents were residing at the facility. She confirmed that she was the sole staff member at work during the survey and that the office where the residential records, #1, 2, 3 and 4 and personnel files for staff members A, B, C, D and E were housed was locked and not accessible to her. During an interview conducted on . at 12:10 p.m. with the Administrator, she confirmed that the office where the resident records and personnel files were stored was locked and she did not have a key, thus making the records unavailable during the date of survey. CLASS III	A 164		

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A 164	Continued From page 13	A 164		
AE201	58A-5.030(2) FAC ECC - Policies (2) EXTENDED CONGREGATE CARE POLICIES. Policies and procedures established through an extended congregate care program must promote resident independence, dignity, choice, and decision-making. The program shall develop and implement specific written policies and procedures which address: (a) Aging in place. (b) The facility ' s residency criteria developed in accordance with the admission and discharge requirements described in subsection (5) and ECC services listed in subsection (8). (c) The personal and supportive services the facility intends to provide, how the services will be provided, and the identification of staff positions to provide the services including their relationship to the facility. (d) The nursing services the facility intends to provide, identification of staff positions to provide nursing services, and the license status, duties, general working hours, and supervision of such staff. (e) Identifying potential unscheduled resident service needs and mechanism for meeting those needs including the identification of resources to meet those needs. (f) A process for mediating conflicts among residents regarding choice of ... apartment and ... (g) How to involve residents in decisions concerning the resident. The program shall provide opportunities and encouragement for the resident to make personal choices and decisions. If a resident needs assistance to make choices or decisions a family member or other resident	AE201		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967938	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARING HANDS MINISTRY ASSISTED LIVING I	611 N FLORIDA AVE WACHULA, FL 33873

(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
AE201	Continued From page 14 representative shall be consulted. Choices shall include at a minimum: 1. To participate in the process of developing, implementing, reviewing, and revising the resident ' s service plan; 2. To remain in the same [redacted] the facility, except that a current resident transferring into an ECC program may be required to move to the part of the facility licensed for extended congregate care, if only part of the facility is so licensed; 3. To select among social and leisure activities; 4. To participate in activities in the community. At a minimum the facility shall arrange transportation to such activities if requested by the resident; and 5. To provide input with respect to the adoption and amendment of facility policies and procedures. This Statute or Rule is not met as evidenced by: Based on interview, the facility failed to ensure that it could provide policy and procedures for Extended Congregate Care (ECC). Findings include: During an interview conducted on [redacted] at 12:10 p.m. with the Administrator, she confirmed that the office where the resident records, personnel files and policy and procedures were stored was locked and she did not have a key, thus making the records unavailable during the date of survey. The policies and procedures for ECC could not be reviewed on the date of survey. CLASS III	AE201		

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
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AE210	58A-5.0191(7) FAC ECC - Training Staff Training Requirements and Competency Test. (7) EXTENDED CONGREGATE CARE TRAINING. (a) The administrator and extended congregate care supervisor, if different from the administrator, must complete core training and 4 hours of initial training in extended congregate care prior to the facility ' s receiving its extended congregate care license or within 3 months of beginning employment in the facility as an administrator or ECC supervisor. Successful completion of the assisted living facility core training shall be a prerequisite for this training. ECC supervisors who attended the assisted living facility core training prior to 1998, shall not be required to take the assisted living facility core training competency test. (b) The administrator and the extended congregate care supervisor, if different from the administrator, must complete a minimum of 4 hours of continuing education every two years in topics relating to the physical, or social needs of frail elderly and persons, or persons with or related (c) All direct care staff providing care to residents in an extended congregate care program must complete at least 2 hours of in-service training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility. The training must address extended congregate care concepts and requirements, including statutory and rule requirements, and delivery of personal care and supportive services in an extended congregate care facility.	AE210		

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AE210	Continued From page 16 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility was not able to provide documentation of Extended Congregate Care (ECC) training completed by 5 (A, B, C, D and E) of 5 sampled staff members. Findings include: Record review of the provider's license revealed that the facility had been issued a ECC license. During an interview conducted on [redacted] at 12:10 p.m. with the Administrator, she confirmed that the office where the resident records and personnel files were stored was locked and she did not have a key, thus making the records unavailable during the date of survey. The ECC training for staff could not be reviewed on the date of survey. CLASS III	AE210		
AZ803	408.804, F.S. License Required; Display (1) It is unlawful to provide services that require licensure, or operate or maintain a provider that offers or provides services that require licensure, without first obtaining from the agency a license authorizing the provision of such services or the operation or maintenance of such provider. (2) A license must be displayed in a conspicuous place readily visible to clients who enter at the address that appears on the license and is valid only in the hands of the licensee to whom it is issued and may not be sold, assigned, or	AZ803		

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AZ803	Continued From page 17 otherwise transferred, voluntarily or involuntarily. The license is valid only for the licensee, provider, and location for which the license is issued. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that it displayed its license in a conspicuous place that was readily visible to persons that entered the address of the facility. Findings include: During observations conducted on [redacted] at 11:00 a.m. of the physical plant of the facility revealed no posting of the AGENCY license issued for the Assisted Living Facility. During an interview conducted on [redacted] at 11:00 a.m. with Staff member A, she confirmed that the AGENCY license was not visibly posted. CLASS III	AZ803		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Caring Hands Ministry Assisted Living Facility LLC
611 N Florida Ave
Wachula, FL 33873

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with extended congregate care (ECC) that was conducted on 2012, by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. 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 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 surveyor. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Paul Y Brown

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 3020

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