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
	AL11910716	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH LAKE RETIREMENT HOME	1222 NORTH 16TH AVENUE HOLLYWOOD, FL 33020

(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 assisted living facility standard biennial licensure survey was conducted on [redacted]. North Lake Retirement Home had licensure deficiencies found at the time of the visit.	A 000		
A 010 SS=D	58A-5.0181(4) FAC Admissions - Continued Residency (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (e) of this subsection, criteria for continued residency in any licensed facility shall be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a face-to-face medical examination by a licensed health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule. The form must be completed in accordance with that paragraph. After the effective date of this rule, providers shall have up to 12 months to comply with this requirement. (a) The resident may be bedridden for up to 7 consecutive days. (b) A resident requiring care of a [redacted] pressure [redacted] may be retained provided that: 1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a licensed health care provider, or the resident contracts directly with a licensed home health agency or a nurse to provide care; 2. The condition is documented in the resident ' s record; and 3. If the resident ' s condition fails to improve within 30 days, as documented by a licensed	A 010		

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A 010	Continued From page 1 health care provider, the resident shall be discharged from the facility. (c) A ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to the services of a licensed hospice which coordinates and ensures the provision of any additional care and services that may be needed; 2. Continued residency is agreeable to the resident and the facility; 3. An interdisciplinary care plan is developed and implemented by a licensed hospice in consultation with the facility. Facility staff may provide any nursing service permitted under the facility ' s license and total help with the activities of daily living; and 4. Documentation of the requirements of this paragraph is maintained in the resident ' s file. (d) The administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility. (e) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C. (5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident ' s needs, as determined by the facility administrator or licensed health care provider, the resident shall be discharged in accordance with Section 429.28(1), F.S. This Statute or Rule is not met as evidenced by:	A 010		

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A 010	Continued From page 2 Based on record review and interview, the facility failed to ensure as part of the continued residency criteria, a resident must have a face-to-face medical examination by a licensed health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first for 1 of 4 residents reviewed (Resident # 3). The findings include: A review of resident #3's record revealed a Health Assessment form 1823 dated [redacted] documenting the resident was independent with eating and needed supervision for transferring and ambulation. Further review revealed an initial comprehensive hospice assessment note documenting the resident was admitted to hospice on [redacted] with a diagnosis to include [redacted], total assistance needed for activities of daily living and the continuous need for [redacted] for [redacted]. Hospice note dated [redacted] documents the resident is bedbound; [redacted] note documents the resident is total care with activities of daily living, unable to stand or transfer, regurgitating food and depending on [redacted] for breathing. Observation on [redacted] at 10:40 AM revealed resident #3 in bed without any [redacted] in the backhouse building and no staff present in the building. The resident was non verbal and appeared very frail. Observation at 12:00 PM revealed resident #3 in the dining [redacted] a high back gerichair being fed by an aide. There was no evidence the resident was reassessed by a physician after a significant change in their condition for continued appropriateness of placement.	A 010		

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A 010	Continued From page 3 During an interview on at 12:20 PM with the administrator, he stated he did not have the resident reassessed after they were admitted to hospice. Class III	A 010		
A 090 SS=D	58A-5.0191(11) FAC Training - Do Not Orders (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policies and procedures regarding within 60 days after the effective date of this rule. (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in Rule 58A-5.0186, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and , the facility failed to insure that employee #3 received mandatory training of a minimum of 1 hour in facility's policies and procedures regarding within 30 days after employment. The findings include: A review of the personnel files of employee #3 on	A 090		

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A 090	Continued From page 4 : at 10:45 AM reveals that there is no record of training in policies and procedures regarding : as stipulated by Rule 58A-5.0186, F.A. C. In an interview with the facility's Assistant Administrator on he was asked to produce certification of training of The Assistant Administrator was unable to provide this certification and agreed that it was not accomplished. Class III	A 090		
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 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, interview, and record review, it was determined the person designated	A 092		

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A 092	Continued From page 5	A 092		

to be responsible for total food service failed to perform duties in a safe and sanitary manner and failed to provide therapeutic diets as ordered by the health care provider.
The findings include:
(A) During kitchen/food service observations conducted on [redacted] at 9:15 AM, the following was noted:
1) Approximately 20 pounds of ground beef was defrosting on a sheet pan in the walk-in refrigerator. A closer observation noted the beef was located on the top shelf and fresh fruits & vegetables, and containers of juices were below the thawing meat. There was a potential that these foods could become contaminated from possible spillage from the thawing ground beef.
2) The door gasket of the walk-in refrigerator was covered in a black mold like substance.
3) The ceiling of the walk-in refrigerator was soiled and dust laden. Further observation noted the dust was caused from a dust laden refrigeration fan that that was blowing onto the ceiling.
4) The food storage shelving (8 shelves) located within the walk-in refrigerator were heavily rusted and numerous areas of dried food matter.
5) Two #10 cans of Chili Con Carne located within the food storage pantry were dented.
(B) During the observation of the preparation and serving of the lunch meal on [redacted] at 11:15 AM, the kitchen staff were having difficulty preparing pureed foods for the lunch meal. Further investigation revealed there were 8 residents with physician ordered pureed diet. A review of the approved menu revealed that there was no documented instructions for pureed diets. An observation of the preparation revealed that staff was unaware of what foods to puree, and it was further noted foods were not being prepared to a proper smooth puree consistency. Pureed

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A 092	Continued From page 6 bread was not prepared and was listed on the menu but not given to residents on puree diets. Class III	A 092		
A 093 SS=D	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	A 093		

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A 093	Continued From page 7 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. 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	A 093		

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A 093	Continued From page 8 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 shall have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority.	A 093		

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A 093	Continued From page 9 This Statute or Rule is not met as evidenced by: Based on observation and record review, it was determined that a 3-day supply of non-perishable food, based on the number of weekly meals the facility has contracted to serve was on hand at all times. The findings include: During the observation on it was determined there was an insufficient supply of non-perishable food and water to meet the resident's needs for a 3-day period. The facility provided an inventory list of emergency food to be on hand at all times. When the list was checked against the actual non-perishable food on hand for it was determined the facility had an insufficient supply water and non-perishable protein and milk source foods. Class III	A 093		
A 152 SS=D	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 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	A 152		

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A 152	Continued From page 10 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 observations and interviews, the facility failed to maintain an environment free from hazards for the residents. The findings include: During a tour of the facility on [redacted] at 10:40 AM, observation of the back house revealed the shower chair in the shower was heavily soiled and a dirty wash cloth was on the floor beside the	A 152		

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A 152	Continued From page 11 chair. The flooring in front of the TV in the main area was separated from surface leaving a hazard. bugs were observed on the window sill and the tile was cracked exposing sharp edges. The fire alarm above the bed in the front unmarked hanging from the wall above the resident's bed. The foot board of Resident #3's bed was cracked exposing a big hole and sharp edges. The door knob to resident was brokenand there was no knob to open the closet. Class III	A 152		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
North Lake Retirement Home
1222 North 16th Avenue
Hollywood, FL 33020

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 (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 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,

M C Boyles, HFE Supervisor
for Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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