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
	AL11911225	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT RIVER OAKS	925 SOUTH RIVER ROAD ENGLEWOOD, FL 34223

(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 This is the Extended Congregate Care survey conducted on [redacted] at Emeritus at River Oaks, an Assisted Living Facility. The facility was found to be in substantial compliance with Extended Congregate Care; however the facility was not found to be in compliance with Food Service - Dietary Standard and was cited at A0092 at a Class III.	A 000		
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 interview and observation, the facility failed to provide therapeutic diet(s) as ordered. The findings include:	A 092		

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A 092	Continued From page 1 During an in interview on . Resident #10's husband said, when asked about the food at the facility, "the food is not all that great, they don't have names on the plates so they know who gets what. They tried to give my wife puree one time, that's not what she gets." During an interview on Staff #1 was asked are you adequately trained to do your job? She replied, "yes, orientation and 5 days of training before you go on the floor by yourself. Video on food safety. There is a list in the med tech closet and in the kitchen. Outside of that list, looking at a resident you are not gonna know. There is not a system in place to check their diet, a : to something or puree or thickened liquid. You're not going to know who gets what by looking at them." During an in interview on .: Staff #2 was asked while working on the first floor how he knows what plate of food goes to which resident. He replied, "it's on the wall in the kitchen." He was asked if he were asked to work on the second floor how would he know which plate of food to serve the residents? He replied, "by looking at the list on the wall or on the cart." He was then asked if he meant on the wall in the kitchen down here on the first floor and he replied, "yes." When asked if he was aware that there wasn't a list on the cart and he said, "I wasn't." An observation on .: at 5:00 p.m. of the food cart for the dinner meal delivered in the Memory Care Unit from the first floor to the second revealed a sign posted to the side of the cart that read "it is all of the duty Department responsibility that all residents receive the proper diet." There was no indication of which resident was to receive which type of meal, including who	A 092		

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A 092	Continued From page 2 received a puree, mechanical soft diet, and/or who had a food or was a An interview on at 5:30 p.m. with Staff #1 confirmed the food tray cart did not contain any pertinent information in relation to the residents' diet. An observation on 8/14 at 5:00 p.m. of the Dinner meal revealed two staff on the second floor of the Memory Unit and residents sitting at tables. The staff were observed serving dinner plates to the residents. There were no names on the trays and the staff were not checking armbands for names. No system for identifying therapeutic diets, including food allergies, observed. Class III Correction Date: 9/2	A 092		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Emeritus At River Oaks
925 South River Road
Englewood, FL 34223

Dear Administrator:

This letter reports the findings of a Extended Congregate Care survey 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 after 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 this office at 239-335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

bw
Enclosure

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