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 |
|---|---|---|---|
| | AL11911048 | A. BUILDING _____ B. WING _____ | |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SEASIDE HEALTHCARE | 2091 S. OCEAN DRIVE HALLANDALE, FL 33009 |

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| A 000 | Initial Comments<br><br>Complaint Inspection CCR #2012009502<br><br>A complaint inspection survey was conducted on . . . Seaside Healthcare had deficiencies related to the allegation at the time of the visit. | A 000 | | |
| A 092 SS=D | 58A-5.020(1) FAC Food Service - General Responsibilities<br><br>Food Service Standards.<br>(1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator or a person designated in writing by the administrator shall:<br>(a) Be responsible for total food services and the day to day supervision of food services staff.<br>(b) Perform his/her duties in a safe and sanitary manner.<br>(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.<br>(d) Maintain the in-service and continuing education requirements specified in Rule 58A-5.0191, F.A.C.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, interview and record review the facility failed to ensure that the Food Service Management Staff and Dietary Staff performed his/her duties in a sanitary manner.<br><br>The findings include:<br><br>A tour of the Dining Area and the Kitchen was conducted on . . . : starting at 10:45 AM with | A 092 | | |

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| A 092 | Continued From page 1 | A 092 | | |

the facility's Administrator, Kitchen Manager and two County Health Department inspectors. During this tour, it was determined the facility's Food Service Management Staff and Dietary Staff failed to maintain a sanitary Kitchen as evidenced by:

1. Upon entrance to the kitchen area, on the right side, there was a Disposable items storage . . . . that was observed to have a dusty ceiling vent There was also a staff member ' s dirty pair of shoes stored on the floor.

2. The walk-in refrigerator had some purple plums which had spoiled and were mushy and brown. There were also a couple of tomatoes which had soft brown spots. The ceiling of this refrigerator was speckled with debris which could . . l on the food.

3. The Health Department inspector checked the internal temperature of some milk which was 42.1 degrees Fahrenheit. There was also some ham that was thawing on a shelf and was found to have an internal temperature of 43 degrees Fahrenheit.

4. The low-temperature Hobart Dishmachine was checked for the presence of sanitizer. The Health Department inspector stated that the day before the test strip was reading 400 ppm, above the recommended range. At this time the test strip reading was 10 ppm, substantially below the recommended range. The Kitchen Manager confirmed that the sanitizer is not checked on a regular basis, and only when the sanitizer vendor comes to the facility.

5. A small white plastic scoop was observed to be stored inside the ice-machine, contaminating the

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| A 092 | Continued From page 2 | A 092 | | |

ice.

6. The bowl of the mixer was soiled with food particles and some brown liquid.

7. The blade of the meat slicer was soiled with a large amount of meat and debris. The wall next to the meat slicer was soiled with brown spatter.

8. The large sugar bin lid was soiled with food debris on top. Also it was not fully closed and there was a hash brown that had ..... inside this container.

9. There were multiple large steam table pans which were tightly stacked wet on top of each other and not able to air-dry as required.

10. The floor under the counter with food bins was littered with dirt and food debris.

11. In the dry storage ..... was a moth flying around and there were multiple small .... flies observed on top of the lid of a bin of flour. There was also dirt and debris on top of the bin of navy beans. A container of baking powder was dirty on the outside surface and not labeled to identify its contents. There were also large bottles of oil and vinegar that were greasy and speckled with food debris. The inside light cover on the ceiling of the dry storage ..... had some small ... flies.

12. The space between the grill and other cooking appliances was dirty with accumulated grease and food debris.

During an interview with the Administrator after the kitchen tour, he confirmed the findings.

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| A 092 | Continued From page 3<br>Class III | A 092 | | |
| A 160 SS=D | 58A-5.024(1) FAC Records - Facility<br>Records.<br>The facility shall maintain the following written records in a form, place and system ordinarily employed in good business practice and accessible to Department of Elder Affairs and Agency staff.<br>(1) FACILITY RECORDS. Facility records shall include:<br>(a) The facility ' s license which shall be displayed in a conspicuous and public place within the facility.<br>(b) An up-to-date admission and discharge log listing the names of all residents and each resident ' s:<br>1. Date of admission, the place from which the resident was admitted, and if applicable, a notation the resident was admitted with a pressure and<br>2. Date of discharge, the reason for discharge, and the identification of the facility to which the resident is discharged or home address, or if the person is , the date of .<br>Readmission of a resident to the facility after discharge requires a new entry. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intends to return pursuant to Rule 58A-5.025, F.A.C.<br>(c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b).<br>(d) An up-to-date record of major incidents occurring within the last 2 years. Such record shall contain a clear description of each incident, the time, place, names of individuals involved; | A 160 | | |

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| A 160 | Continued From page 4 | A 160 | | |

witnesses; nature of injuries; cause if known; action taken; a description of medical or other services provided; by whom such services were provided; and any steps taken to prevent recurrence. These reports shall be made by the individuals having first hand knowledge of the incidents, including paid staff, volunteer staff, emergency and temporary staff, and student interns.

(e) The facility ' s emergency management plan, with documentation of review and approval by the county emergency management agency, as described under Rule 58A-5.026, F.A.C., which shall be located where immediate access by facility staff is assured.

(f) Documentation of radon testing conducted pursuant to Rule 58A-5.023, F.A.C.;

(g) The facility ' s liability insurance policy required under Rule 58A-5.021, F.A.C.;

(h) For facilities which have a surety bond, a copy of the surety bond currently in effect as required by Rule 58A-5.021, F.A.C.

(i) The admission package presented to new or prospective residents (less the resident ' s contract) described in Rule 58A-5.0182, F.A.C.

(j) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by Section 429.177, F.S.

(k) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 58A-5.0182, F.A.C.

(l) All food service records required under Rule 58A-5.020, F.A.C., including menus planned and served; county health department inspection reports; and for facilities which contract for catered food services, a copy of the contract for catered services and the caterer ' s license or

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| A 160 | Continued From page 5 | A 160 | | |

certificate to operate.
(m) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., issued within the last two (2) years.
(n) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years.
(o) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years.
(p) Additional facility records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively.
(q) The facility ' s resident elopement response policies and procedures.
(r) The facility ' s documented resident elopement response drills.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure the most recent Department of Health- County Health Department Food Service inspection was "satisfactory".

The findings include:

Upon review of the facility's most recent Department of Health Food Service inspection report dated , it was revealed the facility was inspected by the department of health. As result, the inspection was "unsatisfactory" with

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| A 160 | Continued From page 6<br>outstanding violations. Interview with the Health Inspector on 8/3 9 AM, revealed the facility was given 24 hours to correct issues identified on 8/3(<br><br>III | A 160 | | |

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

*Better Health Care for all Floridians*

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Seaside Healthcare
2091 S. Ocean Drive
Hallandale, FL 33009

**RE: CCR #2012009502**

Dear Administrator:

This letter reports the findings of a complaint 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 survey. 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,

N.C. Broyles, HFE Supervisor
for Arlene Mayo-Davis
Field Office Manager

AMD/ls
Enclosure

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