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
	AL11932571	A. BUILDING _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FEEL AT HOME, INC.	129 WEST 131ST AVENUE TAMPA, FL 33612

(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 revisit survey was conducted on [redacted] to a complaint survey of [redacted]. Feel at Home, Inc. had uncorrected and new deficiencies at the time of the visit.	{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 observation and interview, the facility failed to insure that food service was performed in a safe and sanitary manner. The facility had food in unlabeled packaging and from unknown sources in the freezer of the facility. Obtaining food from an unknown source without any labels documenting the source can place residents at	{A 092}		

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

risk of food borne illness.

Findings include:

During an observation of the kitchen of the facility on [redacted] at approximately 9:50 AM, the refrigerator was observed to contain beverages, eggs, condiments, margarine and what appeared to be leftover food in Tupperware containers.

The freezer above the refrigerator was observed to contain large plastic grocery bags of frozen food. One of the bags contained frozen items that were dark brown in color. The other contained frozen items that resembled meat and were reddish in color. Neither of the bags were labeled.

The kitchen also contained a large stand-alone freezer. The freezer contained labeled packages of food, including chicken.

When interviewed on [redacted] at approximately 9:55 AM, the administrator stated that the items in the freezer above the refrigerator were frozen fruits and vegetables that she got from a market and used for cooking. The administrator then stated that all of the items in the freezer above the refrigerator were for her personal use and the stand-alone freezer was used for storing food for the residents. The administrator said she would put up a sign indicating this.

Class III

Widespread

A 093	58A-5.020(2) FAC Food Service - Dietary Standards	A 093	

Agency for Health Care Administration

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A 093	Continued From page 2	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, ... 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. Daily food servings may be divided among three or more meals per day, including snacks, as

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A 093	Continued From page 3	A 093		

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.
(f) For facilities serving three or more meals a day, no more than 14 hours shall elapse between

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A 093	Continued From page 4	A 093		

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 upon observation, interview and record review, the facility failed to follow the planned menu reviewed by a registered dietician and

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A 093	Continued From page 5	A 093		

failed to document substitutions.

Findings include:

On [redacted], the facility's posted menu indicated that breakfast consisted of orange juice, banana, cereal and ham. The facility's menu indicated that lunch would consisted of chicken pot pie, green beans, bread, milk and pound cake. The menu was reviewed by Rosalinda Alegarbes, RD/LD on [redacted].

Resident #1 was interviewed on [redacted] at approximately 9:40 AM. When asked what he ate for breakfast, Resident #1 stated he had pancakes. When asked if he had any meat items, such as bacon, ham or sausage, Resident #1 stated no meat was served.

On [redacted], AHCA staff observed the items in the refrigerator, freezer and on the counter of the kitchen of the facility. None of the ingredients for the lunch listed on the menu were present.

When interviewed on [redacted] at 10:20 AM, the administrator stated she planned to serve sandwiches for lunch since the majority of the residents were away from the facility. When asked about a substitution log, the administrator was unable to produce one. When asked about the changes to the breakfast menu, the administrator acknowledged the findings.

Class III

Widespread

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11932571

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
9/13/2012

Name of Facility
FEEL AT HOME, INC.

Street Address, City, State, Zip Code
129 WEST 131ST AVENUE
TAMPA, FL 33612

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 **A0004** Reg. # **58A-5.016 FAC** LSC	Correction Completed	ID Prefix **A0152** Reg. # **58A-5.023(3) 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
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency — **Reviewed By:** [signature] — **Date:** 9/21/12 — **Signature of Surveyor:** — **Date:**

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**

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

. 2012

Administrator
Feel at Home, Inc.
129 West 131st Avenue
Tampa, FL 33612

Dear Administrator:

This letter reports the findings of a state licensure survey revisit 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 this 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,

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State Form 3020 & Revisit Report

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