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
	AL11964636	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PENINSULA (THE)	5100 W. HALLANDALE BEACH BLVD. HOLLYWOOD, FL 33023

(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 . . . . . through . . . . . The Peninsula 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 . . . pressure . . . 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	A 010		

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A 010	Continued From page 1	A 010		

within 30 days, as documented by a licensed 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.

Agency for Health Care Administration

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A 010	Continued From page 2 This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to ensure that a medical examination and new health assessment were obtained upon significant changes for 2 out of 17 sampled residents (Resident #16 and #17). The findings include: Observation of the lunch meal conducted on 9/17/ 12:10 PM revealed resident #16 and #17 were seated in the dining room . Further observation revealed Resident #16 and resident #17 were unable to feed themselves. An interview was conducted with Aide #2 on 9/17/ 2:10 PM during which she stated the residents require assistance from the aides in order to eat as they are unable to feed themselves. She also stated that both residents require a pureed diet because they are unable to tolerate regular meals. A review of the health assessments for resident #16 and resident #17 revealed that both residents are listed as "regular" diets and that both residents are listed as "independent" with eating and require no assistance and or supervision with eating. Class III	A 010		
A 030 SS=D	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary	A 030		

Agency for Health Care Administration

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A 030	Continued From page 3	A 030		

provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C.
(b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint.
(c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456.
(d) The statewide toll-free telephone number of the Florida Abuse " 1(800)96-ABUSE 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents.
(e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s alcohol tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements.
(f) Residents may not be required to perform any

Agency for Health Care Administration

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A 030	Continued From page 4	A 030		

work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law.
(g) The facility shall provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside.
(h) Pursuant to Section 429.41, F.S., the use of physical shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical

429.28 Resident bill of rights.-
(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:
(a) Live in a safe and decent living environment, free from and neglect.
(b) Be treated with consideration and respect and with due recognition of personal dignity,

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A 030	Continued From page 5	A 030		

individuality, and the need for privacy.
(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.
(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.
(e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a [illegible] his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Access to adequate and appropriate health care consistent with established and recognized

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A 030	Continued From page 6	A 030		

standards within the community.
(k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.

This Statute or Rule is not met as evidenced by:
Based upon observations and interview, it was determined that the facility failed to ensure that residents were treated with consideration and respect with due recognition of personal dignity and individuality for 3 out of 17 sampled residents (Resident #5, #16 and #17).

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A 030	Continued From page 7 The findings include: An observation of the lunch meal conducted on [redacted] at 12:10 PM revealed: 1. Resident #16 and #17 were observed seated at the dining table in the Gardens Unit with two other residents who were both eating lunch. The surveyor observed resident #16 and #17 both sitting at the table for approximately a half hour after the other residents were eating, before they were served the lunch meal. An interview was conducted with aide #3 on [redacted] at 3:30 PM during which she stated the residents were given their meals a half hour after the other residents due to the fact that they required the aides assistance to feed them with the meals. She stated the aides have to first help all the other residents and when they are done they will have time to feed resident #16 and #17. 2. An aide in the Gardens dining [redacted] observed standing over resident #17, while feeding him lunch. 3. Resident #5 was observed on [redacted] at 12:30 p.m. in the main dining [redacted]. The resident had a full plate of food in front of her, her head was slumped and arms were on her lap. At 12:36 p.m. an aide was observed approaching the resident and assisting her to eat. Instead of sitting, the aide perched on the arm of the adjacent chair while assisting the resident. Class III	A 030		
A 053 SS=D	58A-5.0185(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION.	A 053		

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A 053	Continued From page 8	A 053		

(a) For facilities which provide medication administration a staff member, who is licensed to administer medications, must be available to administer medications in accordance with a health care provider ' s order or prescription label.
(b) Unusual reactions or a significant change in the resident ' s health or behavior shall be documented in the resident ' s record and reported immediately to the resident ' s health care provider. The contact with the health care provider shall also be documented in the resident ' s record.
(c) Medication administration includes the conducting of any examination or testing such as blood testing or other procedure necessary for the proper administration of medication that the resident cannot conduct himself and that can be performed by licensed staff.
(d) A facility which performs clinical laboratory tests for residents, including blood testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Part I of Chapter 483, F.S. A valid copy of the State Clinical Laboratory License and the CLIA Certificate must be maintained in the facility. A state license or CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a State Clinical Laboratory License or a CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents ' own equipment. Information about the State Clinical Laboratory License and CLIA Certificate is available from the Clinical Laboratory Licensure Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)487-3109.

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A 053	Continued From page 9	A 053		

This Statute or Rule is not met as evidenced by:
Based upon record review and interviews, it was determined that the facility failed to ensure that a licensed provider was available to administer medications in accordance with the health care provider's order for 1 out of 17 sampled residents (Resident #14).

The findings include:

An interview was conducted with resident #14 on 9/17 11:08 AM. During the interview she stated the med techs gives her medication to her including placing eye drops in both eyes.

Review of the health assessment for resident #14 revealed the resident requires administration of medications.

An interview was conducted with the Licensed Practical Nurse (LPN) on 3:17 PM during which she stated that the medications documented on the MOR (Medication Observation Record) as being "administered" to the resident, were given by the med techs.

An interview was conducted with the Associate Executive Director on 3:20 PM during which she stated that the residents medications should be administered per the directions on the resident's health assessment by the nurse and that med techs had no business giving medications to the resident. She further stated that the resident is capable of self administering her medications and that the health assessment form needs to be changed.

Class III

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A 056 SS=D	58A-5.0185(7) FAC Medication - Labeling and Orders	A 056		

(7) MEDICATION LABELING AND ORDERS.
(a) No prescription drug shall be kept or administered by the facility, including assistance with self-administration of medication, unless it is properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container:
1. The resident ' s name; and
2. Identification of each medicinal drug product in the container.
(b) Except with respect to the use of pill organizers as described in subsection (2), no person other than a pharmacist may transfer medications from one storage container to another.
(c) If the directions for use are " as needed " or " as directed, " the health care provider shall be contacted and requested to provide revised instructions. For an " as needed " prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations shall be specified; for example, " as needed for pain, not to exceed 4 tablets per day. " The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, shall be noted in the medication record, or a revised label shall be obtained from the pharmacist.
(d) Any change in directions for use of a medication for which the facility is providing assistance with self-administration or administering medication must be accompanied by a written medication order issued and signed

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A 056	Continued From page 11	A 056		

by the resident ' s health care provider, or a faxed copy of such order. The new directions shall promptly be recorded in the resident ' s medication observation record. The facility may then place an " alert " label on the medication container which directs staff to examine the revised directions for use in the MOR, or obtain a revised label from the pharmacist.
(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident ' s medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed copy of a signed order is acceptable.
(f) The facility shall make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner.
(g) Pursuant to Section 465.0276(5), F.S., and Rule 64F-12.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer ' s packaging, which shall also include the practitioner ' s name, the resident ' s name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer ' s labeled package, they shall be kept in a container that bears a label containing the following:
1. Practitioner ' s name;
2. Resident ' s name;
3. Date dispensed;
4. Name and strength of the drug;
5. Directions for use; and
6. Expiration date.
(h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary

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A 056	Continued From page 12	A 056		

prescription drug, the resident ' s health care provider shall provide the resident with a written prescription, or a fax copy of such order.

This Statute or Rule is not met as evidenced by:
Based on observations, record reviews and interviews, the facility failed to ensure that medications were refilled in a timely manner for 1 out of 17 sampled residents (Resident #14).

The findings include:
During an interview with resident #14 on [redacted] at approximately 11:45 AM the resident stated she did not receive all of her medications the previous evening. The resident said that she is supposed to get three pills and she got only two and she was told prescription ran out with no refills. The resident said it was a sleeping pill and she could not sleep. She had palpitations in the middle of the night and called 911 herself to go to the hospital for them to check her out. The resident said it was an [redacted] and she came back to the facility early this morning. She said she had never ran out of medications before. The resident's medications were reviewed. The Medication Observation Record (MOR) listed [redacted] 15 mg at bedtime. The medication was initialed and there were no entries on the back of the MOR to indicate the medication was not available or not given.
On [redacted] at 1:00 p.m. the nurse and the administrator were interviewed and were not aware that the resident was out of the medication; and were not aware that the resident went to the hospital the night before. The bingo card containing the medication was located and found to be empty with a note, "re-ordered 9/8". The resident's record was reviewed and the last nurse's note dated [redacted] at 2:00 a.m. documented that the resident called 911 and went

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(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 056	Continued From page 13 to the hospital very early this morning due to "palpitations". There were no notes documenting any attempts to refill the medication. Class III	A 056		
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 the facility failed to ensure that the Food Service Management Staff and Dietary Staff performed his duties in a sanitary manner. The findings include: During the initial kitchen tour on , starting at 10:00 AM and accompanied by the Food & Beverage Director, the Main Kitchen was inspected and the following issues were	A 092		

Agency for Health Care Administration

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	AL11964636	A. BUILDING _____ B. WING _____	

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A 092	Continued From page 14 identified: 1. There were several wet plastic food storage containers which were tightly stacked and not able to air-dry as required. This issue was also identified during the County Health Department inspection that recently conducted. 2. There were two handwashing sinks that had soiled soap dispensers, dried vertical streaks on the wall and missing trash cans to put the used paper towels. 3. There were two large, round exhaust vents on the ceiling, measuring approximately four feet in diameter that were laden with hanging brown dirt and debris, which could fall [illegible] the fresh food being prepared and potentially contaminate them. 4. The walls under the counters in the Dishmachine room [illegible] to be extremely dirty with a heavy blackened build-up on the tiled walls. The floor in the room [illegible] extremely dirty and in need of a deep cleaning. 5. When the cover for the meat slicer was removed, a couple of small cockroaches ran out and there were a few dead [illegible] lying under this machine. 6. In the Beverage Service area just outside the kitchen, near the dining room, [illegible] was a dead [illegible] observed inside a cabinet. 7. In the Produce Walk-in Refrigerator, the ceiling and walls near the fans were noted to have a heavy build-up of blackened debris. 8. There were several cutting boards which had blackened areas on their surfaces which could	A 092		

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A 092	Continued From page 15 potentially contaminate food being cut on them. 9. In the Dry Storage , the wall above the 5-gallon water bottles was patched and had dried brown streaks running down from the ceiling. In addition there was a large piece of baseboard that was loose and lying on the floor. 10. In the Men ' s , the urinal was observed to have large black streaks running down the urinal, and the small water reservoir was noted to have a heavy build-up of brownish-yellow limescale. 11. The outside of the baking powder bin was observed to be dirty and there were measuring spoons which were almost buried in the baking powder. 12. There was a rolling cart containing clean plates which was left uncovered and was littered with dust and food debris. 13. The holder for the can opener had a build-up of blackened food debris. The Food & Beverage Director was interviewed after the tour. He stated that the dietary employees are responsible for cleaning the kitchen and confirmed the findings. 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	A 093		

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A 093	Continued From page 16	A 093		

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 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

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A 093	Continued From page 17	A 093		

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 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

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A 093	Continued From page 18	A 093		

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 interview and record review, the facility failed to comply with dietary standards. Specifically: 1. Failure to maintain an accurate and up-to-date list of residents who were ordered therapeutic diets by their health care providers for 1 out of 17 sampled residents (Resident #6).; 2. Failure to maintain a list of residents requiring therapeutic diets in the memory care unit; and 3.

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A 093	Continued From page 19	A 093		

Failure to have a nutritious and balanced pureed menu plan for residents receiving a pureed diet (Resident #16 and #17).

The findings include:

1. During the entrance conference, the nurse provided a list of residents who are [redacted] and receiving [redacted] for [redacted]. Resident #6 was included on the list. However, during the tour of the kitchen on [redacted] at approximately 10:00 AM, accompanied by the Food & Beverage Director, it was observed that Resident #6 was documented as being on a regular diet. Review of the diet order, prescribed by the health care provider for this resident, revealed that the resident should have been receiving a [redacted] diet with no concentrated sweets.

2. During the tour of the Memory Care Unit on [redacted] at approximately 12:15 PM, it was observed that the Secured Unit did not have a listing of residents who were ordered therapeutic diets by their health care providers.

An interview was conducted with the Food & Beverage Director on [redacted] at approximately 2:30 PM and he confirmed the findings.

3. During an observation of the Lunch meal in the Gardens Unit, the surveyor observed that two residents were served each a plate of mashed potatoes and gravy. There was no meat item served to resident #17 and #16.

The surveyor then requested to see a copy of the menu which was provided by the staff, who then realized the error and proceeded to put a scoop of tuna fish on the residents plate, mixing it in with

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A 093	Continued From page 20	A 093		

the mashed potato.

An interview was conducted with aide #1 on [redacted] at 12:35 PM who was observed feeding resident #16. She stated that she used a regular tablespoon of tuna fish for the resident and did not appropriately measure the amount of protein served to the resident.

An interview was conducted with aide #2 on [redacted] at 2:05 PM during which she stated that resident #16 and #17 were not given the listed menu items of tuna fish and salad due to their diet. She stated that their physician had ordered that the resident's diet be changed from regular diet to a pureed diet, as the residents can no longer tolerate regular food and refuse to eat anything that they can feel in their mouth. She stated the aides are aware of the issues with both residents and therefore offer them oatmeal, mashed potatoes and other soft items in lieu of regular food items.

An interview was conducted with aide #3 on [redacted] at 3:30 PM during which she stated that resident #16 and resident #17 cannot eat regular food. She stated that if they feel anything hard in their mouths, they will spit it out and therefore the aides feed them only soft, pureed-like food items in order to get them to eat.

Record review was conducted on [redacted] at approximately 2:20 PM and revealed that both resident #17 and resident #16's health assessment listed their diet order as regular diet, with no adjustments made to the health assessment.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Peninsula (The)
5100 W. Hallandale Beach Blvd.
Hollywood, FL 33023

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted , 2012 through , 2012 by representatives 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,

for Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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