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
	AL11964231	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NATURE'S EDGE	699 N.W. AIROSO BLVD. PORT SAINT LUCIE, FL 34983

(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 biennial standard licensure survey was conducted on Nature's Edge had licensure deficiencies found at the time of the visit.	A 000		
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 observations, interviews and record review, the facility failed to provide a therapeutic pureed diet for one of four sampled residents (#2), and failed to ensure food service was provided in a sanitary manner which had the potential to affect all 25 current residents. The findings include: 1. On [redacted] at 12:15 PM, resident #2, currently	A 092		

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A 092	Continued From page 1 under hospice care, was observed eating chopped meat loaf, spinach and potatoes with gravy. Review of her record revealed a case conference summary (care plan) dated . . . revealed the resident requires a pureed diet. Review of a facility memo dated . . . posted in the kitchen was addressed to all team members regarding Dietary Considerations Update listed resident #2's name in a section titled Mechanical Soft Diet, and in another section titled " The following residents need to have their portions cut up prior to leaving the kitchen " . The section titled Pureed Diet had no names listed. This concern was brought to the attention of and acknowledged by the facility's chef and licensed nurse. 2. During review of the facility's kitchen operations conducted . . . beginning at 11:05 AM with the facility's chef present, the following concerns were noted: - Four tomatoes in the cooler were starting to decompose - Two rusty fasteners on a ledge located inside the ice machine, above the ice storage area - The left freezer had excessive buildup of ice in the interior, the inside walls and shelves were soiled - The exterior and drawers of a plastic stacked storage unit were excessively soiled; staff were mixing clean utensils with soiled pens, a tape dispenser, and other miscellaneous items were in two of the drawers - The gaskets inside of the reach-in cooler were soiled and worn, especially the right hand door These items were acknowledged by the chef during the review. These concerns were discussed with and acknowledged by the administrator and his designee on . . . at 3:22 PM.	A 092		

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A 092	Continued From page 2 Class III	A 092		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2012

Administrator
Nature's Edge
699 N.W. Airoso Blvd.
Port Saint Lucie, FL 34983

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Monica Thurman-Smith

for Arlene Mayo-Davis
Field Office Manager

AMD/ls
Enclosure

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