STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965464	A. BUILDING _____ B. WING _____	11/05/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
M H TENDER CARE, INC.	9 WAINWOOD PLACE PALM COAST, FL 32164

(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 unannounced Limited Nursing Services survey was conducted on , 2012 at M H Tender Care in Palm Coast Florida. The facility was not in compliance with 58A-5, F.A.C. and Chapter 429, Part I, F.S.	A 000		
A 093	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 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	A 093		

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A 093	Continued From page 1 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 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	A 093		

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A 093	Continued From page 2	A 093		

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 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

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A 093	Continued From page 3 authority. This Statute or Rule is not met as evidenced by: Based on observation and staff interview the facility failed to maintain a 3 day supply of non perishable food for 3 meals a day for 6 residents (total 56 meals) and to maintain a menu substitution log. Findings include: During the tour of the facility on at 10 am, the caregiver was asked where the menu was posted. She indicated on the refrigerator. When asked what she was serving for the noon meal, she stated she did not have the food items posted and would have to make substitutions. The menu for Monday noon was as follows: 1/2 cup celery soup 1/2 cup turkey salad 1/2 cup potato salad 1 slice bread Salad with 1 tbs dressing 1/2 cup tapioca pudding 8 oz milk The caregiver stated the only items she had were the bread and turkey and would have to substitute the others. The dinner menu was also reviewed with the caregiver and she did not have any of the items listed. When asked what would she serve for dinner, she stated I will see what I have on hand. The caregiver was asked where she documented meal substitutions, she stated there is a log but I am not good at writing it down. Observation of the food pantry revealed near empty selves, with only a few cans of soup, canned vegetables, crackers, oatmeal and	A 093		

Agency for Health Care Administration

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A 093	Continued From page 4	A 093		

condiments. The freezer in the kitchen contained one carton of ice cream, 2 packages of hot dogs and an unidentified item without a label or date. A second freezer in the garage only contained bread.

The administrator arrived at the facility on at 11:00 am. She stated the caregiver had called her about the food situation and she went by her home to gather the needed items. The Administrator said that this was an unusual situation and they never run out of food. She owns three facilities and does all the shopping and stocks the shelves and freezers. The administrator was asked if she shops using the menus, why did the facility not have most of items listed and how was she not aware the food supply was so low. She stated the weekend caregiver had not called to let her know.

During the interview with the Administrator on at 11:15pm, she was asked where they kept the emergency food supply. She stated in a box in the garage and that I should follow her to the garage to inspect. Upon inspection, the box did not have a label or date. Inside the box was a large white plastic bucket that was sealed. The bucket was approximately the size of a five gallon bucket of paint. The bucket did not have a label nor a list with of the contents. When asked what food items were included and how many servings were inside she stated she did not know and could not open the container. She stated it must remain sealed as it was good for ten years. The administrator was asked how could she be sure what was in the container was food. Her reply was "it was ordered as emergency food, like army rations. She was unable to provide any proof of the contents.

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A 093	Continued From page 5 Class III Correction Date: , 2012	A 093		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
M H Tender Care, Inc.
9 Wainwood Place
Palm Coast, FL 32164

Dear Administrator:

This letter reports the findings of a state Limited Nursing Services licensure 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 **, 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 surveyor. Should you have any questions please call this office at -4201.

Sincerely,

Keisha Woods

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

KW/sm
Enclosure

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