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
	AL11953426	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENAISSANCE MANOR	1401 16TH STREET SARASOTA, FL 34236

(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 These are the results of a Biennial and Limited Mental Health survey conducted at the Renaissance Manor, an Assisted Living Facility, on _____ through _____. Deficiencies were identified during the survey.	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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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

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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 interview the facility failed to honor the rights and dignity by not consistently supplying sufficient dining ware for 37 of 37 Limited Mental Health residents in the facility. The findings include: On ____ at approximately 12:15 p.m., residents were observed standing in line and being served a buffet style lunch by Staff E. Residents were observed to receive a disposable Styrofoam (paper) plate from Staff E. The paper plates were prepared with lettuce, cheese and tomatoes. After receiving the paper plate Staff E gave the residents two tortillas and a 2 oz scoop of meat and a scoop of corn bread souffle on their paper plates. Further observations revealed 15 plates (made from ceramic like materials) stacked to the right of Staff E and 19 plates on the bottom shelf of a cart next to Staff E. On ____ an interview was conducted with Staff F at 12:26 a.m. Staff F was asked why resident were served on paper plates. Staff F replied, "We don't have enough real plates." Staff F added, "If some of them (the residents don't eat then we have enough plates, if all of them don't eat then we have enough plates." Surveyor pointed out the paper plates were prepared with lettuce, cheese, and tomatoes prior to the residents lining up in the dining ____. Staff F	A 093		

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was asked how knew how many residents would be eating lunch and pre-determined enough "real" plates would not be available. Staff E, who was standing nearby at the time answered by explaining she knew all the residents would come to lunch today, because the residents really like eating the tacos. Staff F stated the independent residents who live in or near the facility eat at this facility also. She estimated there may be up to 53 people eating in the dining [illegible].

On [illegible] a review of the facility's resident roster revealed a census of 37 assisted living residents and 12 independent residents which making a total of 49 people.

On [illegible] at 2:24 p.m., surveyor counted 34 "real" plates in the facility.

On [illegible] at approximately 9:45 a.m., an interview was conducted with Resident #2. Resident #2 stated, "The food does come on paper plates but not all the times. This morning the cereal was in a Styrofoam bowl."

An interview was conducted with Resident #6 on [illegible] at 3:19 p.m. Resident #6 admitted to eating off of paper plates today. She stated, "I prefer me a regular plate."

On [illegible] at 9:00 a.m., Resident #10 was interviewed. She reported eating out of a paper bowl. Resident #10 stated, "I don't care to eat off paper products."

On [illegible] at 12:42 p.m., the Dietary Manager [illegible] was asked if the facility had bowls other than the disposable (paper or Styrofoam) bowls. The [illegible] stated the facility did not have any bowls other than Styrofoam bowls.

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On [redacted] at approximately 2:50 a.m., an interview was conducted with the Assistant Administrator (AA). The AA stated the facility is constantly buying plates for the facility because the resident loose the plates or throw them away. The AA stated, "Yes, we use Styrofoam bowls, because we can buy them with lids, because it is easier for our residents." The AA states the only meals they serve on paper plates are salads, because the salads are not prepared in the presence of the residents. "You can't prepare all the salads in the presence of the residents." At approximately 3:00 p.m., the Administrator entered and commented on the issue of not using standard dishware. He expressed his resident population is different from that of residents in an Assisted Living Facility with a standard license as his residents are more mobile and throw their plates away no matter how often they buy new plates. He states this is an ongoing issue.

Class III
Correction Date: [redacted]

A 152	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other	A 152		

(3) OTHER REQUIREMENTS.
(a) All facilities must:
1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and
2. Must be maintained free of hazards; and
3. Must ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order.
(b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility

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supplies the furnishings, each resident [redacted] sleeping area must have at least the following furnishings:
1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable height to ensure easy access by the resident;
2. A closet or wardrobe space for hanging clothes;
3. A dresser, chest or other furniture designed for storage of personal effects;
4. A table, bedside lamp or floor lamp, and waste basket; and
5. A comfortable chair, if requested.
(c) The facility must maintain master or duplicate keys to resident [redacted] to be used in the event of an emergency.
(d) Residents who use portable bedside commodes must be provided with privacy during use.
(e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be [redacted]

This Statute or Rule is not met as evidenced by:
Based on observation and interview the facility failed to ensure all [redacted] tanks were stored in a manner to prevent hazards.

The findings include.

1. On [redacted] at around 9:30 a.m., while on tour of the facility with the Assisted Administrator it was noted there were 4 small [redacted] tanks sitting on the floor against the wall not in a container or

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safety device.

2. On [redacted] at 10:30 a.m., an interview was held with Resident #1 who stated he is on [redacted] for his [redacted]. He stated that a couple of months ago someone from the State had told him his [redacted] tanks needed to be kept in a secure container. The facility told him they would get a container to keep his [redacted] tanks safe but they never got a container for his [redacted] tanks. He moved his tanks to the top of his dresser but housekeeping keeps moving them back to the floor.

3. On [redacted] at around 11:00 a.m., interview with the Resident Care Supervisor confirmed Resident #1's has 4 [redacted] tanks in his [redacted] the floor. He further confirmed they are not in a container or a safety device. He stated he would get a container for the [redacted] tanks because they could get knocked over easily and break open thus becoming a potential hazard to the residents and the facility staff.

4. According to the United States Congress Office of Compliance 2006 Fast Fact page (http://www.compliance.gov/publications/fast-facts/pressurized-cylinders/), "Pressurized cylinders, used to store various flammable and nonflammable gases, are likely to [redacted] over if left unsecured. Such a [redacted] could cause damage to the cylinder's valve or the cylinder itself, resulting in a gas leak. A rapid loss of pressure can turn a cylinder into an unguided missile powerful enough to break through a concrete wall. If the cylinder's gas is flammable[as is [redacted] that power may also be accompanied by a fire or explosion. The Office of Compliance suggests, "To avoid this potential loss of property-and even human

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A 152	Continued From page 8 life-chain or secure all pressurized cylinders to keep them from falling." Class III Correction Date:	A 152		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Renaissance Manor
1401 16th Street
Sarasota, Florida 34236

Dear Administrator:

Re: Biennial with Limited Mental Health survey

This letter reports the findings of a Binnial with Limited Mental Health survey that was conducted on 11, 2012 by representative(s) 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 2013 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(s). Should you have any questions please call this office at 239-335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

HW:ss
Enclosures: State Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Fort Myers Field Office
2295 Victoria Avenue
Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372