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
	AL11963865	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT SPRINGTREE	4201 SPRINGTREE DRIVE SUNRISE, FL 33351

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A 000	Initial Comments An Assisted Living Facility standard biennial licensure survey with Limited Nursing Services (LNS) was conducted on [redacted] and [redacted] Emeritus at Springtree, had licensure deficiencies found at the time of the visit.	A 000		
A 052 SS=D	58A-5.0185(3) FAC Medication - Assistance with Self-Admin (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) For facilities which provide assistance with self-administered medication, either: a nurse; or an unlicensed staff member, who is at least [redacted] trained to assist with self-administered medication in accordance with Rule 58A-5.0191, F.A.C., and able to demonstrate to the administrator the ability to accurately read and interpret a prescription label, must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. (b) Assistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), F.S. In order to facilitate assistance with self-administration, staff may prepare and make available such items as water, juice, cups, and spoons. Staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, shall not be returned to the container. (c) Staff shall observe the resident take the medication. Any concerns about the resident ' s reaction to the medication shall be reported to the resident ' s health care provider and documented	A 052		

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in the resident ' s record.
(d) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:
1. The health care provider may prescribe a medication schedule which coincides with the resident ' s presence in the facility;
2. The medication container may be given to the resident or a friend or family member upon leaving the facility, with this fact noted in the resident ' s medication record;
3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident ' s medication record; or
4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging;
(e) Pursuant to Section 429.256(4)(h), F.S., the term " competent resident " means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication.
(f) Pursuant to Section 429.256(4)(i), F.S., the terms " judgment " and " discretion " mean interpreting vital signs and evaluating or assessing a resident ' s condition.
(4) Assistance with self-administration does not include:
(a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.
(b) The preparation of syringes for injection or the administration of medications by any injectable

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route.
(c) Administration of medications through intermittent positive pressure breathing machines or a
(d) Administration of medications by way of a tube inserted in a cavity of the body.
(e) Administration of preparations.
(f) Irrigations or debriding agents used in the treatment of a skin condition.
(g) or preparations.
(h) Medications ordered by the physician or health care professional with prescriptive authority to be given " as needed, " unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident.
(i) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.

This Statute or Rule is not met as evidenced by:
Based on observation and record review, the facility failed to ensure an unlicensed staff member did not assist with medications, which required independent judgement and without specific parameters for 1 out of 13 sampled residents during the medication pass task, (Resident #15).

The findings include:
On at 1:36 p.m., an observation was made of Resident #15 in an "agitated" state, carrying her belongings and attempting to leave the facility. At 1:40 p.m., an unlicensed staff member (medication technician) was observed to go to the compartment of the medication cart and dispense a dose of 1 mg

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tablet (anti-a medication). She was then observed to attempt to give the dose to Resident #15. However, the resident refused to take the medication. Review of the 2012 Medication Observation Record revealed a physician order for 1 mg, every 12 hours, "as needed" with no specific indication for use of the medication, on an as needed basis. This places the unlicensed staff member (medication technician) operate out of her scope of practice in having to make an independent judgement for the indication for use of the medication.

Class III

A 054 SS=D 58A-5.0185(5) FAC Medication - Records — A 054

(5) MEDICATION RECORDS.
(a) For residents who use a pill organizer managed under subsection (2), the facility shall keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider ' s name, the resident ' s name, the date dispensed, the name and strength of the drug, and the directions for use.
(b) The facility shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known the resident may have; the name of the resident ' s health care provider, the health care provider ' s telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or

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medication errors. The MOR must be immediately updated each time the medication is offered or administered.
(c) For medications which serve as chemical the facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician ' s annual evaluation of the use of the medication.

This Statute or Rule is not met as evidenced by:
Based on observation, interview and record review, the facility failed to ensure the Medication Observation Record(MOR) was accurate and complete for 6 out of 10 sampled residents (Resident #11, #12, #14, #21, #22 and #23).

The findings include:

1). The following discrepancies werw identified regarding Resident #11:
a. Review of the 2012 MOR revealed an order for -Levidopa, one tablet 4 times daily. Further review of the MOR revealed the medication was not signed off "as given" for the 4 p.m. and 8 p.m. dose on
b. Review of the 2012 MOR revealed an order for one capsule twice daily. Further review of the MOR revealed the medication was not signed off as given for the 4 p.m. dose on
c. Review of the 2012 MOR revealed an order for 10 mg twice daily. Further review of the MOR revealed the medication was not signed off "as given" for the 4 p.m. dose on
d. Review of the 2012 MOR revealed an order for 375 mg twice daily. Further review of the MOR revealed the medication was not signed off "as given" for the 4 p.m. dose on

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e. Review of the 2012 MOR revealed an order for eye drops one drop each eye 4 times daily. Further review of the MOR revealed the medication was not signed off "as given" for the 4 p.m. and 8 p.m. doses on .
Review of the back of the MOR and the clinical progress notes revealed no evidence of documentation for the reason the aforementioned medications were not given.

2). The following discrepancies were identified for Resident #21:
a. Review of the 2012 revealed an order for 20 mg every evening. Further review of the MOR revealed the medication was not signed off "as given" for the dose.
b. Review of the 2012 MOR revealed an order for 10 mg daily at 8 p.m. Further review of the MOR revealed the medication was not signed off as given at 8 p.m. on .
Review of the back of the MOR and the clinical progress notes revealed no evidence of documentation for the reason the aforementioned medications were not given.

3). Review of the 2012 MOR for Resident #22 revealed an order for 20 mg daily at 8 p.m. Further review of the MOR revealed the medication was not signed off "as given" at 8 p.m. on .
Review of the back of the MOR and the clinical progress notes revealed no evidence of documentation for the reason the medication was not given.

4). The following discrepancies were identified for Resident #23:

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a. Review of the _ _ _ _ _ _ _ 2012 MOR revealed an order for _ _ _ _ Diskus one inhalation twice daily. Further review of the MOR revealed the medication was not signed off "as given" for the 4 p.m. dose on _ _ _ _ _.
b. Review of the _ _ _ _ _ _ _ 2012 MOR revealed an order for _ _ _ _ _ _ _ l-Levidopa one tablet twice daily. Further review of the MOR revealed the medication was not signed off "as given" for the 4 p.m. dose on _ _ _ _ _.
c. Review of the _ _ _ _ _ _ _ 2012 MOR revealed an order for _ _ _ _ _ _ one tablet twice daily. Further review of the MOR revealed the medication was not signed off "as given" for the 4 p.m. dose on _ _ _ _ _.
d. Review of the _ _ _ _ _ _ _ 2012 MOR revealed an order for _ _ _ _ _ _ _ one tablet twice daily. Further review of the MOR revealed the medication was not signed off "as given" for the 4 p.m. dose on _ _ _ _ _.
Review of the back of the MOR and the clinical progress notes revealed no evidence of documentation for the reason the aforementioned medications were not given.

5). The following discrepancies were identified for Resident #14:
a. Review of the _ _ _ _ _ _ _ 2012 MOR revealed an order dated _ _ _ _ _ _ for _ _ _ _ 250 mg twice daily. Further review of the MOR revealed for the month of _ _ _ _ _ _ the "twice daily" doses were being signed off "as given" up to and including _ _ _ _ _. Further review of the MOR revealed an order dated _ _ _ _ _ for _ _ _ _ 500 mg "3 times daily". Review of the MOR revealed the 3 times daily doses were being signed off "as given" from _ _ _ _ _ through _ _ _ _ _.

On _ _ _ _ _ at 12:30 p.m., an interview was conducted with the medication technician who

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verified through observation of the medication bin; the 250 mg doses of were not available. However, the 500 mg doses were. The medication technician stated during the interview on at 12:30 p.m., the 250 mg order has been discontinued and she was unable to explain why both dosages of were being signed off "as given" since

On at 3:40 p.m., an interview was conducted with the Wellness Coordinator who after reviewing the clinical record, could not find a physician order discontinuing the 250 mg dose of Additionally, she stated during the interview on at 3:40 p.m., she cannot explain why the doses of 250 mg were being signed off "as given" twice daily since after the new order for the increase in the to 500 mg 3 times daily was received on

6). On at 1:20 p.m., a medication pass was observed for Resident #14. The medication technician was observed to pour a dose of Sulphate 325 mg into the medication cup and then proceeded to sign off the medication "as given" on the MOR before she assisted the medication to Resident #14. On at 1:30 p.m., an interview was conducted with the medication technician who stated, it was just a mistake that she signed off the medication prior to giving the resident his medication.

Class III

A 084 SS=D	58A-5.0191(5) FAC Training - Assis Self-Admin Meds & Med Mgmt	A 084	

(5) ASSISTANCE WITH SELF-ADMINISTERED MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with self-administered

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medications as described in Rule 58A-5.0185, F.A.C., must meet the training requirements pursuant to Section 429.52(5), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria:
(a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques and provide opportunities for hands-on learning through practice exercises.
(b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates an ability to:
1. Read and understand a prescription label;
2. Provide assistance with self-administration in accordance with Section 429.256, F.S., and Rule 58A-5.0185, F.A.C., including:
a. Assist with oral dosage forms, [illegible] dosage forms, and [illegible] and nasal dosage forms;
b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions;
c. Recognize the need to obtain clarification of an " as needed " prescription order;

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d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident ' s health care provider or facility employer of inability to assist in the administration of such orders;
e. Complete a medication observation record;
f. Retrieve and store medication; and
g. Recognize the general signs of adverse reactions to medications and report such reactions.
(c) Unlicensed persons, as defined in Section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 4 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training shall only be provided by a licensed registered nurse, or a licensed pharmacist.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, it was determined the facility failed to ensure that all staff that provides residents with assistance with self-administered medications, obtained 2 hours of continuing education on an annual basis, for 1 out of 6 sampled employees (Employee #1).

The findings include:

Review of the personnel records revealed Employee #1 has not received 2 hours of continuing education training, regarding providing assistance with self-administered medications, as required. An interview with the Human Resource Manager at 12 PM on , revealed no

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A 084	Continued From page 10 further documentation was available for review and confirmed the employee has not received the required training. Further record review confirmed this employee was an unlicensed person which was also confirmed by the Human Resources Manager. The most recent 2-hour continuing education medication training on file for this employee was dated . . . . . . Class III	A 084		
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: food storage and preparation services were performed in a safe and sanitary manner; total food services	A 092		

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were reasonably adequate; and the food service designee (FSD) received the required annual continuing education training.

The findings include:

I. In an interview, conducted on [redacted] at 11:14 AM, the FSD stated he had not received the required annual two hours of training in topics pertinent to nutrition and food service in an assisted living facility, conducted by a qualified trainer such as a certified food manager, licensed dietician, registered dietary technician or health department sanitarian.

II. The food service standards review was conducted on [redacted] between 9:30 AM and 1:00 PM and on [redacted] between 9:00 AM and 1:00 PM, while accompanied by the facility's FSD.

The following concerns were acknowledged by the FSD at the time of observations:

1. Four frozen turkeys were observed thawing at [redacted] staff present confirmed they were being thawed. The FSD acknowledged this was not an acceptable method of thawing meat.

2. Plastic domes, used to cover individual meals in the memory care unit, were worn and unsightly.

3. Attached to the meat preparation table was a can opener base observed to be excessively soiled. The FSD stated it had not been used in four or five months and pointed to a second can opener base on the opposite table. The second can opener base was observed to be soiled.

4. The wall behind the meat preparation table and

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sink was in disrepair, specifically:

a. In the left corner, three wall tiles were dislodged and were laying on the floor and exposed a large hole in the wall
b. Four holes were located along the wall
c. A hole in the wall tile about 9 inches by 4 inches exposed the interior wall
d. Several small holes were located near the plumbing from the sink
e. Three excessively rusted screws were observed in the wall

5. The floor beneath the two food preparation tables and nearby storage shelves were excessively soiled, food debris was noted, and several fruit flies were present. A rack for clean pot storage nearby was located over a floor drain.

6. The walk-in freezer door would not close by itself; a rusty latch and hinges were noted; excessive food debris was observed in the corners of the door frame; the door gaskets were soiled; and there were numerous spots of rust on exterior door. The interior of the reach-in cooler was soiled.

7. The hood, located over the dish washing machine, which extended over the "clean" section of the dish wash area had numerous rust-colored spots on the surface. The frame for the ceiling tiles over this area also had rust-colored spots.

8. The dish washer sanitizer level was tested revealing a result of 400 to 500 parts per million (PPM). The FSD stated the preferred level was 150-200 PPM. He later stated the dish washer

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had manually added sanitizer to the water.

9. During a review of the kitchen's food storage areas, it was noted staff used an inadequate food dating system. Food items were sporadically marked, shelled eggs were not dated; most foods were only dated with the date it arrived at the facility; most foods were not dated when opened.

10. Observations in the dry food storage area included the following concerns:
a. A supply of various breads including leftover toast and dinner rolls and unused bread ends. The FSD stated they planned to make bread pudding with these breads. There were approximately twelve bags in a plastic rack; three bags had no dates and the rest were dated from [redacted] through [redacted].
b. A bag of tortilla wraps dated [redacted]/11; a gallon container of soy sauce with excessive food debris on the exterior.
c. Two bins for sugar and [redacted] sweetener had excessive debris on the bottoms.

11. Books, labels, food wrap boxes were stored on the dessert preparation table, next to a pot of soup. The bottom shelf of a preparation table, used to store cutting boards, was excessively deteriorated and rusty.

12. Other concerns noted included:
- The underside of the two shelves over the meal tray assembly area was excessively soiled.
- The floor mixer had food debris on the housing, chipping paint exposed rust-colored metal.
- The front and side of the fryer unit was

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excessively soiled, the floor beneath it was excessively soiled.
- The front of the flat top grill was soiled; the two sides of the unit were excessively soiled.
- On two food preparation tables, the surfaces of the bottom shelves were deteriorated and rusty.
-The interior surface of the microwave oven was deteriorated and rusty metal was exposed.
- The drip pan in the main stove contained excessive food debris, posing a potential fire hazard.
- Juice dispensers: the area around the dispensers was excessively soiled; the six spigot housings were soiled; and the interiors of the six spigot nozzles were excessively soiled.
- A metal rack holding syrup products and another storage rack were excessively soiled.
- The ice cream bin had excessive ice buildup on the interior.
- In the lower front of the meal tray assembly area, the surfaces of the two back walls in the dish storage area were deteriorated and had numerous rust-colored spots.
- The faucets on the tray line sink and steam table had brown and yellow buildup.
- An estimated five doors located throughout the kitchen had door jambs that were excessively rusty with peeling paint, and were soiled.
- The surfaces of the air conditioning vents in the ceiling are deteriorated; the paint was bubbling and peeling.
- The staff soiled walls around the sink and door.
- A metal holder for vinyl gloves near the mop closet was excessively rusted.

III. As part of the review of the total food services provided by facility staff, the following concerns were noted during the survey conducted and

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1. Of 34 tables observed, all had wrinkled table cloths, 18 of the table clothes had stitching on the edges that were frayed or completely missing.

2. Seventeen lunch meals were packaged in styrofoam containers and were sent to residents having their meals in their [redacted]. The FSD acknowledged eating out of styrofoam is not considered a pleasant dining experience.

3. During a lunch observation conducted on [redacted] at 1:25 PM, a resident was approached by a server in the dining [redacted] was informed the kitchen had run out of the entree she ordered. The resident was visibly upset, first telling the server she did not want anything, then accepting the two vegetables that were available.

4. Random confidential interviews were conducted with four alert and oriented residents, all four stated the kitchen sometimes runs out of items listed on the menu and they have to settle for something else. A plurality of the residents stated the table cloths were always wrinkled, adding the table cloths were old, or the facility was trying to save money.

5. Four out of five random confidential interviews conducted with dining [redacted] revealed they had to tell residents they could not have what they ordered because the kitchen ran out of it. The staff responses indicated that this occurs anywhere from every couple of months to every week.

6. On [redacted] at 10:30 a.m., a confidential interview was conducted with a family member of a resident who stated she has noticed there are

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not enough people working in the dining [illegible] her family member has complained that she has to wait a long time to be served. Additionally, she stated the serving portions are small and they serve a lot of chicken.

7. On [illegible] at 12:10 p.m., a lunch meal observation was conducted in the main dining [illegible] the first floor. Review of the lunch menu revealed one of the lunch entrees consisted of chicken and biscuit, mashed potatoes and spinach. At 12:15 p.m., a resident was observed to receive the chicken entree. At 12:18 p.m., she was observed to call over the server and stated "Where's the biscuit? I want a biscuit" to which the server replied "There are no biscuits" and proceeded to walk away from the resident without offering an alternate to the biscuit the resident wanted. At 12:20 p.m. an interview was conducted with the Dining [illegible] who stated they have no biscuits and the residents are getting mashed potatoes instead. The lunch menu was reviewed with the Dining [illegible] who confirmed that the mashed potatoes were already part of the lunch meal in addition to the biscuit. An inquiry was made to the Dining [illegible] regarding what other starch substitutes that are available, in place of the biscuit. The Dining [illegible] confirmed there was no starch substitute available.

8. On [illegible] at 12:16 p.m., an interview was conducted with a random resident leaving the dining [illegible] stated "you usually have to wait 30-40 minutes to get served from the time you arrive in the dining [illegible] the time you receive your meal."

9. On [illegible] at 12:25 p.m., random interviews

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were conducted with 3 residents entering the dining . . . . . the second seating who stated they normally have to wait a long time to get served.

10. On : at 12:35 p.m., residents were observed to be entering the dining . . . . . the second seating and sitting at tables that residents had just left and had not been cleared off yet. Residents were observed to be touching glasses and cutlery that were used by the previous residents.

11. On _ _ at 12:39 p.m., a resident was observed in the dining , wheeling herself in a wheelchair and saying out loud,"I need to find a paper napkin." She was observed going table to table and touching used napkins from uncleared tables and fresh napkins that had been placed on tables that had been cleared. When she found a paper napkin on a table that had not been cleared from the first seating diners, she blew her nose and left the used napkin on the table and wheeled herself out of the dining . . . . .

12. On _ _ _ _ : at 10:10 a.m., during the initial facility tour, observation was made of the 'Welcome . . . . ' on the first floor. In the , an observation was made of a side table which had a coffee maker sitting on the top. Further observation revealed floating on top of the coffee that was still in the coffee pot was a greenish, bluish film covering the entire surface of the coffee still in the pot. At 10:12 a.m. this was brought to the attention of the Marketing Director who stated he will look after this immediately and removed the coffee pot from the . . . . .

13. On _ _ : at 12:00 p.m., during the medication pass observation on the first floor, a

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container of apple sauce was noted on top of the medication cart which was dated as opened on [redacted]. Further observation revealed water jugs on top of the medication cart that were not dated with the date they were filled.

The concerns listed above were discussed with the Administrator during the exit conference on [redacted] at approximately 3 p.m.

Class III

A 093 SS=D 58A-5.020(2) FAC Food Service - Dietary Standards — 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, [redacted] 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;

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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 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

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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 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

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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 observation, interview and record review, the facility failed to: ensure kitchen staff had accurate lists of residents with therapeutic diets; provide daily snacks as required; and maintain sufficient quantities of emergency foods; and ensure posted menus were accurate.

The findings include:

The food service review was conducted on and , between 9:00 AM and 1:00 PM, while accompanied by the facility's FSD (Food Service Designee). The following concerns were noted and acknowledged by the FSD at the time of observations:

1. During the initial review of the facility's kitchen operations, kitchen staff was asked to present any lists maintained in the kitchen, for kitchen staff use reflecting residents with therapeutic diets, specifically, mechanically altered diets such as pureed and mechanical soft. Initially, the facility's main line cook stated there were no paper lists, kitchen staff knew they had to make six pureed meals and five mechanically soft meals. He stated he thought they received an updated list a few days earlier but it was in the chef's locked office and the chef was out sick that

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day. He pointed out a bulletin board that had a section called "mechanical chopped" that had pictures of four residents beneath it. Another section called "puree" had no resident pictures beneath it. The food service designee subsequently arrived and confirmed the kitchen did not have a current and accurate list of residents with therapeutic diets.

2. During observations of food storage, the FSD was asked and stated residents do not have access to the kitchen. He stated non-di[illegible] residents were not offered an in-between meal snack on a daily basis, the residents were not asked if they would like a snack daily, nor did staff lay out any snacks for the residents to access on their own.

3. Two menus with the current date were posted in a glass case next to the main dining [illegible]. One was on letter-sized paper and listed lunch as pork fritter with white sauce or chicken and biscuit bake with mashed potatoes, seasoned spinach and cake with caramel topping for dessert. The other menu was on legal-sized paper and listed lunch as roasted pit ham, glazed acorn squash, seasoned spinach, dinner roll, and oatmeal raisin cookie as dessert. The items on the letter-sized menu were the items served at that meal.

The concerns listed above were discussed with the administrator during the exit conference on [illegible], at approximately 3:00 PM.

Class III

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

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(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 supplies the furnishings, each resident 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 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

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This Statute or Rule is not met as evidenced by:
Based on observations and interview, it was determined the facility failed to ensure that all areas and [redacted] within the facility were maintained in a safe and home-like manner.

The findings include:

During a tour of the facility, conducted with the Administrator, Director of Wellness and the Memory Care Director starting at approximately 10 AM on [redacted], the following concerns were noted, specifically:

a) [redacted] A/C vent in hallway by entrance falling out of the wall.

b) [redacted] Wall by refrigerator puddling, evidence of moisture pockets. Carpet heavily soiled, water stains on ceiling and insect residue on the cabinets.

c) [redacted] Ceiling vent blackened, A/C vent slots twisted, cabinet in [redacted] missing a door and is chipped at the base, [redacted] broken and deteriorated. The living [redacted] had 6 large stains.

d) Rm [redacted] to the main hallway cracked.

e) Rm 1311: [redacted] stained.

f) Rm 2211: [redacted] stained at entrance, wall chipped next to door.

g) Rm 2210: [redacted] by door, drapes observed to be heavily stained and the bathroom vanity [redacted] damaged.

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h) [illegible]: A/C vent slots damaged; ants observed throughout the [illegible] is chipped and deteriorating.

i) [illegible]: Carpet blackened and heavily stained.

j) Dining [illegible]:
1. Large [illegible] dragon fly observed on A/C vent in dining [illegible] over dining tables.
2. Walls show evidence of old food and coffee stains.
3. Side table in use for condiments and coffee was observed to be filthy and badly deteriorated. Newspapers and other discarded items were stored on the table along with food items.
4. The ceiling in multiple areas of the dining [illegible], was observed to have water damage with loose popcorn hanging precariously over the dining [illegible] and serving areas.
5. Several large brown water stains observed in ceiling directly over tables where residents eat.

Memory Care Unit:
a) [illegible]: Carpet noted to be extremely soiled and dirty, sliding door (the bottom panel) encrusted with large amounts of dirt and debris; mattress noted to be extremely soiled in numerous areas. A strong foul odor was noticed throughout the [illegible].

b) [illegible]: Curtains at sliding door noted to be extremely dirty, sliding door (the bottom panel) encrusted with large amounts of dirt and debris; walls extremely dirty with numerous food particles and unknown particles all over; baseboard of the vanity cabinet in [illegible] and pulling apart; the A/C vent near the door is extremely

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loose.

c) [redacted]: Carpet extremely dirty and A/C vent near door extremely loose.

d) [redacted]. Strong foul odor protruding from the [redacted] surrounding area (entire hallway on the west side, near [redacted]. Mattress extremely dirty with dark black spots and stains throughout, mattress noted to have a strong foul odor; sheets on mattress noted to be stained; large street sign noted on patio. Mattress lifted by Care Director of the unit in which boxsprings noted to be extremely soiled with numerous stains.

e) The kitchen dining area within the Memory Care unit, noted to be extremely dirty. Walls noted to be stained with numerous food particles, floors sticky and dirty (food particles encrusted in corners), approximately 30 chairs noted extremely dirty and sticky (numerous food particles encrusted within the stitching of the chairs and on the fabric.

f) Activity [redacted] (Westside Memory Care, Country Kitchen)- floors noted to be extremely dirty, 3 cabinet covers peeling and 10 chairs noted to be extremely soiled and dirty (numerous food particles encrusted within the stitching of the chairs.

g) Westside Memory Care hallway noted to have a strong foul odor throughout and 1 soiled bench noted in hallway.

h) The outside patio area noted to have numerous bushes and tree branches throughout. Patio walkway uneven; one portion located midway was raised up approximately 2 inches (a tripping hazard). The Memory Care Director and

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11963865	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT SPRINGTREE	4201 SPRINGTREE DRIVE SUNRISE, FL 33351

(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
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the Director Of Wellness (DOW) confirmed the patio walkway was uneven and residents that constantly use the area could ...l on the pathway. It was also confirmed the patio area was not maintained and did not promote a home-like environment.

An interview with noted parties acknowledged surveyor's findings and confirmed findings did not promote a safe home-like environment.

A 162 SS=D 58A-5.024(3) FAC Records - Resident — A 162

(3) RESIDENT RECORDS. Resident records shall be maintained on the premises and include:
(a) Resident demographic data as follows:
1. Name;
2.
3. Race;
4. Date of birth;
5. Place of birth, if known;
6. Social security number;
7. Medicaid and/or Medicare number, or name of other health insurance
8. Name, address, and telephone number of next of kin, responsible party, or other person the resident would like to have notified in case of an emergency, and relationship to resident; and
9. Name, address, and phone number of health care provider, and case manager if applicable.
(b) A copy of the medical examination described in Rule 58A-5.0181, F.A.C.
(c) Any health care provider ' s orders for medications, nursing services, therapeutic diets, , or other services to be provided. supervised, or implemented by the facility that require a health care provider ' s order.
(d) A signed statement from a resident refusing a therapeutic diet pursuant to Rule 58A-5.020,

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F.A.C.
(e) The resident record described in paragraph 58A-5.0182(1)(e), F.A.C.
(f) A weight record which is initiated on admission. Information may be taken from the resident ' s health assessment. Residents receiving assistance with the activities of daily living shall have their weight recorded semi-annually.
(g) For facilities which will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident ' s contract.
(h) For facilities which manage a pill organizer, assist with self-administration of medications or administer medications for a resident, the required medication records maintained pursuant to Rule 58A-5.0185, F.A.C.
(i) A copy of the resident ' s contract with the facility, including any addendums to the contract, as described in Rule 58A-5.025, F.A.C.
(j) For a facility whose owner, administrator, or staff, or representative thereof serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required under Section 429.27, F.S.
(k) For any facility which maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required under Section 429.27, F.S.
(l) A copy of Alternate Care Certification for Form, CF-ES 1006, 1998, if the resident is an recipient. The absence of this form shall not be considered a deficiency if the facility can

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demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Family Services.
(m) Documentation of the appointment of a health care surrogate, guardian, or the existence of a power of attorney where applicable.
(n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required under Rule 58A-5.0181, F.A.C.
(o) For apartments, duplexes, quadruplexes, or single family homes that are designated for independent living but which are licensed as assisted living facilities solely for the purpose of delivering personal services to residents in their homes, when and if such services are needed, record keeping on residents who may receive meals but who do not receive any personal, limited nursing, or extended congregate care service shall be limited to the following:
1. A log listing the names of residents participating in this arrangement;
2. The resident demographic data required under this subsection;
3. The medical examination described in Rule 58A-5.0181, F.A.C.;
4. The resident ' s contract described in Rule 58A-5.025, F.A.C.; and
5. A health care provider ' s order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility.
(p) Except for resident contracts which must be retained for 5 years, all resident records shall be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents shall be provided a copy of their resident records upon departure from the facility.

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(q) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, it was determined the facility failed to ensure resident records contained all required forms and documentation, as required for 1 out of 29 sampled residents (Resident #4).

The findings include:

During an interview with the Administrator at 1 PM on it was revealed Resident #4 has a legal guardian that has Power-of-Attorney (POA) regarding all the affairs of the resident. Record review revealed the file lacked documentation of the resident's POA. Further interview with the Administrator, revealed the facility had not obtained a copy of the POA for the resident due to the legal guardian residing out of state.

Class III

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Emeritus At Springtree
4201 Springtree Drive
Sunrise, FL 33351

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2012 and , 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 (30) 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 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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