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
	AL11910670	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORT LAUDERDALE RETIREMENT HOME ANN	420 SOUTHEAST 12TH COURT FORT LAUDERDALE, FL 33316

(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 relicensure licensure survey was conducted on [redacted] & [redacted] Fort Lauderdale Retirement Home Annex, had licensure deficiencies found at the time of the survey.	A 000		
A 004 SS=D	58A-5.016 FAC Licensure - Requirements License Requirements. (1) SERVICE PROHIBITION. An ALF may not hold itself out to the public as providing any service other than a service for which it is licensed to provide. (2) LICENSE TRANSFER PROHIBITION. Licenses are not transferable. Whenever a facility is sold or ownership is transferred, including leasing, the transferor and transferee must comply with the provisions of Section 429.41, F.S., and the transferee must submit a change of ownership license application pursuant to Rule 58A-5.014, F.A.C. (3) CHANGE IN USE OF SPACE REQUIRING CENTRAL OFFICE APPROVAL. A change in the use of space that increases or decreases a facility ' s capacity shall not be made without prior approval from the Agency Central Office. Approval shall be based on the compliance with the physical plant standards provided in Rule 58A-5.023, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation requirements as referenced in Rule 58A-5.0161, F.A.C. (4) CHANGE IN USE OF SPACE REQUIRING FIELD OFFICE APPROVAL. A change in the use of space that involves converting an area to resident use, which has not previously been inspected for such use, shall not be made without prior approval from the Agency Field Office. Approval shall be based on the compliance with	A 004		

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
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A 004	Continued From page 1	A 004		

the physical plant standards provided in Rule 58A-5.023, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation standards as referenced in Rule 58A-5.0161, F.A.C.
(5) CONTIGUOUS PROPERTY. If a facility consists of more than one building, all buildings included under a single license must be on contiguous property. " Contiguous property " means property under the same ownership separated by no more than a two-lane street that traverses the property. A licensed location may be expanded to include additional contiguous property with the approval of the agency to ensure continued compliance with the requirements and standards of Part I, Chapter 429, F.S., and this rule chapter.
(6) PROOF OF INSPECTIONS. A copy of the annual fire safety and sanitation inspections described in Rule 58A-5.0161, F.A.C., shall be submitted annually to the Agency Central Office. The annual inspections shall be submitted no later than 30 calendar days after the inspections. Failure to comply with this requirement may result in administrative action pursuant to Section 429.14, F.S., and Rule 58A-5.033, F.A.C.
(7) MEDICAID WAIVER RESIDENTS. Upon request, the facility administrator or designee must identify Medicaid waiver residents to the agency and the department for monitoring purposes authorized by state and federal laws.
(8) THIRD PARTY SERVICES.
(a) In instances when residents require services from a third party provider, the facility administrator or designee must take action to assist in facilitating the provision of those services and coordinate with the provider to meet the specific service goals, unless residents or their representatives decline the assistance. The declination of assistance must be reviewed at

Agency for Health Care Administration

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FORT LAUDERDALE RETIREMENT HOME ANN	420 SOUTHEAST 12TH COURT FORT LAUDERDALE, FL 33316

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A 004	Continued From page 2	A 004		

least annually. These actions must be documented in the resident ' s record.
(b) In instances when residents or their representatives arrange for third party services, the facility administrator or designee, when requested by residents or representatives, must take action to assist in facilitating the provision of those services and coordinate with the provider to meet the specific service goals. These actions must be documented in the resident ' s record.
(c) The facility ' s facilitation and coordination as described under this subsection does not represent a guarantee that residents will receive third party services. If the facility ' s efforts at facilitation and coordination are unsuccessful, the facility should include this documentation in the resident ' s record, explaining the reason or reasons its efforts were unsuccessful, which will serve to demonstrate its compliance with this subsection.

This Statute or Rule is not met as evidenced by:
Based on observation, interviews and record review, it was determined that the facility failed to provide services to its residents at the address specified on its license.

The findings include:

Observations conducted on , revealed residents residing in the Annex located at 420 SW 12th Court were required to walk 317 feet from their licensed residence to another licensed facility located across the road (same owner) in order for them to receive the care and services they contracted to receive at the Fort Lauderdale Retirement Home Annex. These observations were again confirmed on second visit to the facility on . . . . . The observations

Agency for Health Care Administration

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FORT LAUDERDALE RETIREMENT HOME ANN	420 SOUTHEAST 12TH COURT FORT LAUDERDALE, FL 33316

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A 004	Continued From page 3	A 004		

included:

a) Observation of the medication services for residents residing at the Annex on revealed that the medication services were observed to be provided in the main building of the Retirement Home. Residents were observed to cross the street and stand in line at the retirement home in order to receive their medications. The medication service was observed to consist of one staff member that provided the service for all residents of both facilities. The resident's medications were observed to be mixed together with medication from the other licensed facility; the Medication Observation Record for residents of the Annex was observed to be filed together with residents from the other licensed facility at this location.

b) Resident's residing at the annex were required to wait for the second meal seating and therefore could not receive their medications until residents from the other licensed facility had been served and had finished their meals.

An interview was conducted on at 8:12 AM with the Med Tech who stated residents from the Annex are scheduled for the second seating; they are not allowed to enter the dining area until the first seating have completed their meals and the residents receive their medications upon entering the dining their meals.

c) Records pertaining to residents residing at the Annex were observed to be kept in the office of the other licensed facility and not at the Annex. An interview was conducted with the Administrator on at 9:45 AM; she stated that all the records for the residents residing at the Annex are kept at the other

Agency for Health Care Administration

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A 004	Continued From page 4 licensed facility, located across the road. The surveyor traveled to the aforementioned facility in order to have access to the residents' records. Second observation on revealed the residents' records were still maintained at the other licensed facility and not at the Annex. The Administrator was observed on several occasions having to transport resident and employee files from the other licensed facility to the Annex. d) Residents residing at the Annex were observed to have their health assessment, contracts signed with the facility, Medication Orders, prescription and case management documentation to have the address listed as that of the other licensed facility and not the Annex. e) Residents were observed to be provided with activities that were scheduled at the other licensed facility and not at the Annex. An interview was conducted with the Administrator on , at 2:14 PM, she stated that the residents would normally travel from the Annex over to the other location in order to participate in the activities program that there was no separate activities provided for the residents of the Annex but that there was one program provided for all the residents of both facilities. Class III	A 004		
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 provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely	A 030		

Agency for Health Care Administration

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FORT LAUDERDALE RETIREMENT HOME ANN	420 SOUTHEAST 12TH COURT FORT LAUDERDALE, FL 33316

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A 030	Continued From page 5	A 030		

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 Hotline " 1(800)96 or 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 and 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 work in the facility without compensation, except that facility rules or the facility contract may

Agency for Health Care Administration

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FORT LAUDERDALE RETIREMENT HOME ANN	420 SOUTHEAST 12TH COURT FORT LAUDERDALE, FL 33316

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A 030	Continued From page 6	A 030		

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, individuality, and the need for privacy.
(c) Retain and use his or her own clothes and

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
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FORT LAUDERDALE RETIREMENT HOME ANN	420 SOUTHEAST 12TH COURT FORT LAUDERDALE, FL 33316

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A 030	Continued From page 7	A 030		

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 i 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 standards within the community.
(k) At least 45 days ' notice of relocation or

Agency for Health Care Administration

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FORT LAUDERDALE RETIREMENT HOME ANN	420 SOUTHEAST 12TH COURT FORT LAUDERDALE, FL 33316

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A 030	Continued From page 8	A 030		

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 observation and interview, it was determined that the facility failed to ensure that the telephone numbers for lodging complaints against the facility or facility staff was posted in full view in a common area accessible to all residents.

The findings include:

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
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FORT LAUDERDALE RETIREMENT HOME ANN	420 SOUTHEAST 12TH COURT FORT LAUDERDALE, FL 33316

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A 030	Continued From page 9 Tour of the facility was conducted on [redacted] at approximately 9:32 AM and revealed the required postings for the Long Term Care Ombudsman Council, the Advocacy Center for Persons with [redacted], the Florida Local Advocacy Council, The Agency Consumer Hotline and the statewide toll free telephone number for the Florida [redacted] Hotline were not observed posted within the facility. An interview was conducted with the facility Administrator on [redacted] at 9:48 AM; she stated that the required postings were not posted within the facility. Class III	A 030		
A 078 SS=D	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable [redacted] including [redacted] Freedom from [redacted] must be documented on an annual basis. A person with a positive [redacted] test must submit a health care provider ' s statement that the person does not constitute a risk of communicating [redacted] Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable [redacted] he/she shall be removed from duties until the administrator determines that such condition no longer exists.	A 078		

Agency for Health Care Administration

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	AL11910670	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORT LAUDERDALE RETIREMENT HOME ANN	420 SOUTHEAST 12TH COURT FORT LAUDERDALE, FL 33316

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A 078	Continued From page 10	A 078		

(b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff shall exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident ' s record, and to report the observations to the resident ' s health care provider in accordance with this rule chapter.
(c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C.
(d) Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents.
(e) For facilities with a licensed capacity of 17 or more residents, the facility shall:
1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and
2. Maintain time sheets for all staff.

This Statute or Rule is not met as evidenced by:
Based upon record review and interview, it was determined that the facility failed to maintain timesheets for its staff as required.

The findings include:

A review of the facility's staffing schedule was conducted on . The surveyor inquired of the Administrator the location of the employee timesheets. The Administrator responded that

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A 078	Continued From page 11 the facility does not maintain timesheets for the employees. An interview was conducted with the facility owner on at 3:01 PM; she stated that she was unaware that the staffing schedule would not suffice. She stated she would implement procedures immediately to ensure timekeeping is completed for all staff members Class III	A 078		
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 upon observation and interviews, it was determined that the facility failed to perform its food service duties in a safe and sanitary manner.	A 092		

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 092	Continued From page 12	A 092		

The findings include:

Observation of the food service preparation for the lunch meal on [redacted] revealed

1) The dishwashing machine was not properly functioning. The Administrator performed the testing of the machine and could not determine the temperature of the water as the gauge was observed broken and illegible. The testing of the sanitizing chemicals revealed the machine was not disbursing any chemicals to sanitize the dishware.

2) The surveyor observed a staff member in the refrigerator on [redacted] at approximately 11:48 AM, hastily tagging the food in the refrigerator. An interview was conducted with the staff member during whom she stated she did not know what the dates were that she was placing on the various items in the refrigerator. She stated she was informed to promptly date the items which she did. The surveyor observed two large boxes of produce in the refrigerator to which the staff member placed a sticker with the date [redacted]. The boxes were observed to contain bell peppers which were over-ripened and had various black spots all over. The surveyor also observed a container with celery which also showed signs of extreme wilting within the refrigerator.

An interview was conducted with the Administrator on [redacted] at 12:03 PM, she stated that she had just purchased the items from the food service provider and was not aware that the items were deteriorated.

3) The surveyor observed the cook in the kitchen

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910670	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORT LAUDERDALE RETIREMENT HOME ANN	420 SOUTHEAST 12TH COURT FORT LAUDERDALE, FL 33316

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A 092	Continued From page 13 preparing lunch. The surveyor observed the date on the packing for the bread to be . The surveyor observed stored in the pantry 98 bags of bread with dates ranging from to . An interview was conducted with the Administrator on at approximately 12:10 PM, she stated that she was scheduled to purchase bread on and that the few bags that were in the kitchen were probably unused from the prior week. The surveyor inquired as to the amount of bread the facility normally purchased on a given week, the Administrator responded approximately 99 bags. The surveyor informed the Administrator that 98 bags of bread were found expired in the pantry. The Administrator then informed the facility that she believes those items may have been unused as the facility at times receive donations from churches and therefore would have an overstock of bread. The surveyor observed that the lunch service was delayed as the owner of the facility had to run to the store to buy fresh bread for the noon day meal, which consisted of sandwiches. 4) The surveyor observed 5 bags of frozen corn niblets in freezer #1. The corn was observed to be in one massive of ice. The freezer was observed to have a massive amount of ice built up around the edges of the freezer. The surveyor also observed five bags of cooked chicken wings that were opened in the freezer. Class II	A 092		
A 093 SS=E	58A-5.020(2) FAC Food Service - Dietary Standards	A 093		

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
	AL11910670	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORT LAUDERDALE RETIREMENT HOME ANN	420 SOUTHEAST 12TH COURT FORT LAUDERDALE, FL 33316

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A 093	Continued From page 14	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, . . . 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

Agency for Health Care Administration

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FORT LAUDERDALE RETIREMENT HOME ANN	420 SOUTHEAST 12TH COURT FORT LAUDERDALE, FL 33316

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A 093	Continued From page 15	A 093		

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 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

Agency for Health Care Administration

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	AL11910670	A. BUILDING: _____ B. WING _____	

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FORT LAUDERDALE RETIREMENT HOME ANN	420 SOUTHEAST 12TH COURT FORT LAUDERDALE, FL 33316

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A 093	Continued From page 16	A 093		

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 authority.

This Statute or Rule is not met as evidenced by:
Based on observation and interview, it was determined that the facility failed to ensure that food was served attractively and at safe and palatable temperatures and that portion sizes

Agency for Health Care Administration

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	AL11910670	A. BUILDING: _____ B. WING _____	

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A 093	Continued From page 17	A 093		

noted on the posted menus were being followed.

The findings include:

Observation of the lunch menu on [redacted] revealed posted menu which listed the lunch meal as 3 oz. turkey on [redacted] with 2 oz. sauce; 8 oz. northern bean soup; 1 cup tomato/lettuce; 1/2 cup peaches; 8 ounces milk. The menu was observed to have the 3 oz. turkey crossed out and replaced with 6 oz. [redacted] cuts. The 2 oz. sauce was crossed out with no noted substitutions.
The Lunch service was observed by the surveyor revealed residents were served:
a chunk of ham on two slices bread
3/4 cup peach
no lettuce/tomato

The surveyor inquired of the cook the portion sizes she was serving, she stated she was the fill in cook and could not provide that information. The Med Tech attempted to obtain the serving sizes utensils but could not locate the measuring utensils in the kitchen. An interview was conducted with the Administrator on [redacted] at approximately 12:38 PM, she stated she was positive there were measuring utensils in the kitchen but stated that she did not know where they were. There was observed to not be a scale to measure the portion of protein being served. She also stated the facility had a thermometer to take the temperature of the food but could not locate it in the kitchen.

An interview was attempted with the cook on [redacted] at approximately 12:47 PM, she declined to comment. An interview was subsequently conducted with the Administrator on [redacted] at approximately 12:58 PM., it was

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORT LAUDERDALE RETIREMENT HOME ANN	420 SOUTHEAST 12TH COURT FORT LAUDERDALE, FL 33316

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A 093	Continued From page 18 revealed that the cook had forgotten to include the lettuce/tomato with the meal and stated that the cook was not following the menu that was posted and did not utilize the recipes in the preparation of the lunch meal. Class III	A 093		
AL241 SS=D	58A-5.029(2) FAC LMH - Records (2) RECORDS. (a) A facility with a limited mental health license shall maintain an up-to-date admission and discharge log containing the names and dates of admission and discharge for all mental health residents. The admission and discharge log required under Rule 58A-5.024, F.A.C., shall be sufficient provided that all mental health residents are clearly identified. (b) Staff records shall contain documentation that designated staff have completed limited mental health training as required by Rule 58A-5.0191, F.A.C. (c) Resident records for mental health residents in a facility with a limited mental health license must include the following: 1. Documentation, provided by the Department of Children and Family Services within 30 days of the resident ' s admission to the facility, that the resident is a mental health resident. Documentation that the resident is receiving social security or supplemental security income, , and any of the following shall meet this requirement. a. An affirmative statement on the Alternate Care Certification for Form, CF-ES 1006, 1998, that the resident is receiving SSI/SSDI due to a	AL241		

Agency for Health Care Administration

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	AL11910670	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORT LAUDERDALE RETIREMENT HOME ANN	420 SOUTHEAST 12TH COURT FORT LAUDERDALE, FL 33316

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AL241	Continued From page 19 b. Written verification provided by the Social Security Administration that the resident is receiving SSI or SSDI for a mental ... Such verification may be acquired from the Social Security Administration upon obtaining a release from the resident permitting the Social Security Administration to provide such information to the Department of Children and Family Services. c. A written statement from the resident ' s case manager that the resident is an adult with severe and persistent mental illness. The case manager shall consider the following minimum criteria in making that determination. (i) The resident is eligible for, is receiving, or has received state funded services from the Department of Children and Family Services ' ... and Mental Health program office within the last 5 years; or (ii) The resident has been diagnosed as having a mental ... 2. An appropriate placement assessment provided by the resident ' s mental health care provider within 30 days of admission to the facility that the resident has been assessed and found appropriate for residence in an assisted living facility. Such assessment shall be conducted by a psychiatrist, clinical psychologist, clinical social worker, or ... nurse, or person supervised by one of these professionals. a. Any of the following documentation which contains the name of the resident and the name, signature, date, and license number, if applicable, of the person making the assessment, shall meet this requirement: (i) Completed Alternate Care Certification for ... Form, CF-ES Form 1006, ... 1998; (ii) Discharge Statement from a state mental hospital completed within 90 days prior to admission to the ALF provided it contains a	AL241		

Agency for Health Care Administration

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FORT LAUDERDALE RETIREMENT HOME ANN	420 SOUTHEAST 12TH COURT FORT LAUDERDALE, FL 33316

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AL241	Continued From page 20	AL241		

statement that the individual is appropriate to live in an assisted living facility; or
(iii) Other signed statement that the resident has been assessed and found appropriate for residency in an assisted living facility.
b. A mental health resident returning to a facility from treatment in a hopsital or crisis stabilization unit (CSU) will not be considered a new admission and not require a new assessment. However, a break in a resident ' s continued residency which requires the facility to execute a new resident contract or admission agreement will be considered a new admission and the resident ' s mental health care provider must provide a new assessment.
3. A Community Living Support Plan.
a. Each mental health resident and the resident ' s mental health case manager shall, in consultation with the facility administrator, prepare a plan within 30 days of the resident ' s admission to the facility or within 30 days after receiving the appropriate placement assessment under paragraph (c), whichever is later, which:
(i) Includes the specific needs of the resident which must be met in order to enable the resident to live in the assisted living facility and the community;
(ii) Includes the clinical mental health services to be provided by the mental health care provider to help meet the resident ' s needs, and the frequency and duration of such services;
(iii) Includes any other services and activities to be provided by or arranged for by the mental health care provider or mental health case manager to meet the resident ' s needs, and the frequency and duration of such services and activities;
Includes the of the facility to facilitate and assist the resident in attending appointments and arranging transportation to

Agency for Health Care Administration

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AL241	Continued From page 21	AL241		

appointments for the services and activities identified in the plan which have been provided or arranged for by the resident ' s mental health care provider or case manager;
(v) Includes a description of other services to be provided or arranged by the facility;
(vi) Includes a list of factors pertinent to the care, safety, and welfare of the mental health resident and a description of the signs and symptoms to the resident that indicate the immediate need for professional mental health services;
(vii) Is in writing and signed by the mental health resident, the resident ' s mental health case manager, and the ALF administrator or manager and a copy placed in the resident ' s file. If the resident refuses to sign the plan, the resident ' s mental health case manager shall add a statement that the resident was asked but refused to sign the plan;
(viii) Is updated at least annually;
(ix) include the Agreement described in subparagraph 4. If included, the mental health care provider must also sign the plan; and
(x) Must be available for inspection to those who have a lawful basis for reviewing the document.
b. Those portions of a service or treatment plan prepared pursuant to Rule 65E-4.014, F.A.C., which address all the elements listed in sub-subparagraph a. above may be substituted.
4. Agreement. The mental health care provider for each mental health resident and the facility administrator or designee shall, within 30 days of the resident ' s admission to facility or receipt of the resident ' s appropriate placement assessment, whichever is later, prepare a written statement which:
a. Provides procedures and directions for accessing emergency and after-hours care for

Agency for Health Care Administration

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	AL11910670	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORT LAUDERDALE RETIREMENT HOME ANN	420 SOUTHEAST 12TH COURT FORT LAUDERDALE, FL 33316

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AL241	Continued From page 22	AL241		

the mental health resident. The provider must furnish the resident and the facility with the provider ' s 24-hour emergency crisis telephone number.
b. Must be signed by the administrator or designee and the mental health care provider, or by a designated representative of a Medicaid prepaid health plan if the resident is on a plan and the plan provides behavioral health services under Section 409.912, F.S.
c. cover all mental health residents of the facility who are clients of the same provider.
d. be included in the Community Living Support Plan described in subparagraph 3. Missing documentation shall not be considered a deficiency if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Family Services, or the mental health care provider under contract to provide mental health services to clients of the department.

This Statute or Rule is not met as evidenced by:
Based upon record review and interview, it was determined that the facility failed to ensure that all Community Support Plans contained all the specified components, as required.

The findings include:

Record review was completed for Resident #3 on and revealed a consumer service plan dated which lists a 6 month update period. The resident's clinical file did not contain an updated service plan for the required 6 month update.

Agency for Health Care Administration

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	AL11910670	A. BUILDING: _____ B. WING _____	

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AL241	Continued From page 23 The service plan dated 02/29 observed to not have the following elements in place: 1) The service plan did not outline the obligations the facility necessary to assist the resident in attending his appointments and or to facilitate transportation to appointments for services and identified activities listed in the service plan. 2) Did not include a description of other services that was necessary for the facility to provide towards achieving the specified goals for the resident or failed to list other services that the facility should arrange on behalf of the resident. 3) Did not include a list of pertinent factors necessary to the care safety and welfare of Resident #3 and failed to list a description of the signs and symptoms that are particular to the resident that indicate that the resident may be in need of immediate professional mental health services and failed to list an emergency contact number for the mental health provider during off hours that the resident and or the facility may utilize to access the mental health provider. 4) The plan was not be signed by the resident, the resident's mental health case manager or the facility's Administrator /Manager. Class III	AL241		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Fort Lauderdale Retirement Home Annex
420 Southeast 12th Court
Fort Lauderdale, FL 33316

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2012 by a representative 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 **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,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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