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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| | AL11967553 | A. BUILDING: _____ B. WING _____ | |

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| RIVER MEADOWS OF BRANDON | 2318 CHERRY RIDGE LANE BRANDON, FL 33511 |

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| A 000 | Initial Comments<br><br>Assisted Living Facility<br><br>A biennial state licensur survey with limited nursing services (LNS) was completed on<br><br>The River Meadows of Brandon, assisted living facility, had deficiencies found at the time of the visit. | A 000 | | |
| A 008 | 58A-5.0181(2) FAC Admissions - Health Assessment<br><br>(2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a licensed health care provider, as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days prior to the individual ' s admission to a facility pursuant to Section 429.26(4), F.S. The examination must address the following:<br>1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations;<br>2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living;<br>3. Any nursing or services required by the individual;<br>4. Any special diet required by the individual;<br>5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication;<br>6. Whether the individual has signs or symptoms of a communicable which is likely to be transmitted to other residents or staff;<br>7. A statement on the day of the examination that, in the opinion of the examining licensed health | A 008 | | |

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care provider, the individual ' s needs can be met in an assisted living facility; and
8. The date of the examination, and the name, signature, address, phone number, and license number of the examining licensed health care provider. The medical examination may be conducted by a currently licensed health care provider from another state.
(b) A medical examination completed after the resident ' s admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, 2010. The form is hereby incorporated by reference. A faxed copy of the completed form is acceptable. A copy of AHCA Form 1823 may be obtained from the Agency Central Office or its website at www.fdhc.state.fl.us/MCHQ/Long_Term_Care/ <http://www.fdhc.state.fl.us/MCHQ/Long_Term_Care/> Assisted_living/pdf/AHCA_Form_1823%.pdf. The form must be completed as follows:
1. The resident ' s licensed health care provider must complete all of the required information in Sections 1, Health Assessment, and 2, Self-Care and General Oversight Assessment.
a. Items on the form that may have been omitted by the licensed health care provider during the examination do not necessarily require an additional face-to-face examination for completion.
b. The facility may obtain the omitted information either verbally or in writing from the licensed health care provider.
c. Omitted information received verbally must be documented in the resident ' s record, including the name of the licensed health care provider, the name of the facility staff recording the information and the date the information was provided.

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| A 008 | Continued From page 2 | A 008 | | |

2. The facility administrator, or designee, must complete Section 3 of the form, Services Offered or Arranged by the Facility, or may use electronic documentation, which at a minimum includes the elements in Section 3. This requirement does not apply for residents receiving:
a. Extended congregate care (ECC) services in facilities holding an ECC license;
b. Services under community living support plans in facilities holding limited mental health licenses;
c. Medicaid assistive care services; and
d. Medicaid waiver services.
(c) Any information required by paragraph (a) that is not contained in the medical examination report conducted prior to the individual ' s admission to the facility must be obtained by the administrator within 30 days after admission using AHCA Form 1823.
(d) Medical examinations of residents placed by the department, by the Department of Children and Family Services, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b).
(e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.426, F.S., and this rule.
(f) Any orders for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility issued by the licensed health care provider conducting the medical examination may be attached to the health assessment. A licensed health care provider may attach a do-not- order for residents who do not wish to be administered in the case of

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| A 008 | Continued From page 3<br>" or<br>(g) A resident placed on a temporary emergency basis by the Department of Children and Family Services pursuant to Section 415.105 or 415.1051, F.S., shall be exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement shall be entered on the facility ' s admission and discharge log and counted in the facility census; a facility may not exceed its licensed capacity in order to accept a such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review and interviews, the facility failed to assure the required health assessments were completed in its entirety on the correct form 1823 or on an agency approved form for 2 (Residents #3 and #5) of 3 residents whose records were reviewed.<br><br>Findings include:<br><br>Record review revealed Resident #3's only health assessment for 1823 was completed on on an outdated form (Form ) and had not been updated using the accepted 2010 form. It was also missing the following information: type of medication help needed, either assistance or administration of medications; it had instead, "needs set up". Review of the resident's medication observation records and interviews with the resident and med tech Staff A on at approximately 12:00 p.m. revealed that Resident #3 receives assistance with her | A 008 | | |

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| A 008 | Continued From page 4<br>medications.<br><br>Record review revealed Resident #5 (admitted on ) had a health assessment (form 1823) dated that was missing in the activities of daily living (ADLs) what type of assistance if any was needed in transferring. Observation of the resident during the survey revealed she was in a wheelchair and could transfer with assistance. The same assessment also indicated the resident needed administration of medications (this would indicate a licensed nurse would need to be available to administer the medications) rather than assistance (from unlicensed but medication trained staff) which is what the resident has been receiving.<br><br>Interview with the administrator on revealed she nor the other administrator saw the reference to Resident #3's needing "set up" when asked for either assistance or administration of medications and had not seen where the assessment indicated that Resident #5 needed administration of medications and thought it was written this way because the resident was admitted from rehab and the doctor probably was not familiar with the difference between administer or assistance. Additionally, they had not seen the missing transferring indicator as missing on the ADL portion of the assessment. The administrator acknowledged she had not requested clarification from the health care providers.<br><br>Class III | A 008 | | |
| A 025 | 58A-5.0182(1) FAC Resident Care - Supervision<br><br>An assisted living facility shall provide care and services appropriate to the needs of residents | A 025 | | |

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accepted for admission to the facility.
(1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following:
(a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C.
(b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual.
(c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community.
(d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.
(e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services.

This Statute or Rule is not met as evidenced by:
Based on record review and interviews, the facility failed to assure 1 (Resident #5) of 3 residents, whose files were reviewed, received the care and services with regard to daily weights ordered.

Findings include:

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| A 025 | Continued From page 6<br><br>Record review revealed Resident #5 was admitted to the facility (from a rehab facility) on with diagnoses including and . The health assessment form 1823 signed on revealed a height of 64", weight of 235 pounds (#). Daily weights were ordered with no further direction such as a timeframe parameter or where to send the weights to. Further review revealed daily weights were documented initially but then just stopped with no explanation and order to discontinue the weights.<br><br>Interview with Staff B on at approximately 2:30 p.m. revealed the weights were done on a daily basis but were not always written down but no explanation was given as to why they were no longer done.<br><br>Interview with the facility administrators on at approximately 11:00 a.m. revealed the resident was just seen by her health care provider (different than the doctor who completed the admitting health assessment). There was no mention in the new physical exam of needing daily weights but acknowledged the provider was not asked for clarification or asked if it was necessary to continue the daily weights which had been done in the rehab center and the exam was not completed on a form 1823.<br><br>Observation and interview of the resident in her revealed staff did weigh her frequently but wasn't sure if it was daily or not.<br><br>Class III | A 025 | | |
| A 052 | 58A-5.0185(3) FAC Medication - Assistance with Self-Admin | A 052 | | |

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| A 052 | Continued From page 7<br><br>(3) ASSISTANCE WITH SELF-ADMINISTRATION.<br>(a) For facilities which provide assistance with self-administered medication, either: a nurse; or an unlicensed staff member, who is at least , 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.<br>(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.<br>(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 in the resident ' s record.<br>(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:<br>1. The health care provider may prescribe a medication schedule which coincides with the resident ' s presence in the facility;<br>2. The medication container may be given to the | A 052 | | |

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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 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.

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| A 052 | Continued From page 9<br>(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.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review and interviews, the facility failed to assure medications were correctly assisted with or administered as ordered for 1 (Residents #2) of 2 residents observed during the 1:00 p.m. medication pass and 1 (Resident #6) of 6 residents whose medication observation record were reviewed.<br><br>Findings include:<br><br>Record review revealed Resident #2 had an order for 0.5mg 3x daily as needed. It was missing the indication for use on the order dated<br><br>Review of the medication observation record (MOR) had the order transcribed as: 0.5mg tab, three times daily. It was scheduled and initialed as given at 8:00 a.m., 1:00 p.m. and 8:00 p.m. during the months of , and . Observation of the labeled medication had the following directions: 0.5mg, give 1 tab 3x day as needed (no indication for use was on the label and no alert sticker was on it either to redirect the reader to the MOR). | A 052 | | |

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| A 052 | Continued From page 10<br><br>Observation of the 1:00pm medication pass revealed Staff A offered the resident a tablet 0.5mg at 1:00pm with a beverage. The resident was not heard to request the medication but rather told it was time to take the medication by the med tech. An attempt to interview the resident earlier was not successful due to the resident's limitations.<br><br>Interview with Staff A on at approximately 1:25 p.m. revealed no acknowledgment of the discrepancy between the order, the labeled medication or the MOR.<br><br>Interview with the administrator on at approximately 2:30 p.m. revealed she was not aware that the order written in was written as prn (as needed) without an indication for use and also that the MOR had been transcribed incorrectly. She further acknowledged the resident was receiving the medication on a routinely scheduled basis. Additionally, she acknowledged that while at times the resident was cognizant and able to converse and let her needs be known, she was not always able to and unlicensed med tech staff would be using judgement in determining if an as needed medication was needed or not. She said she would obtain clarification of the order.<br><br>Record review revealed Resident #6 was admitted to the facility in 2010 with diagnoses including dependent . Further review of his record revealed an order for Lantus 55 units injection 1x daily at 8:00pm (Lantus is a long acting ) and 6 units before each meal ( is a short acting ). Review of the resident's sugar measurements revealed a | A 052 | | |

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| A 052 | Continued From page 12<br><br>He did not reveal that the syringes used before each meal (6 units) was prepared for him. He was not observed to use the syringe during the survey and he did not eat a meal, only ate toast and coffee and is known to have very poor eating habits. Interview with his POA by phone on at approximately 9:30 a.m. confirmed that she was aware the nurses drew up the 6 units of for his use at her request and that he was very non compliant with his meals.<br><br>Class III | A 052 | | |
| A 054 | 58A-5.0185(5) FAC Medication - Records<br><br>(5) MEDICATION RECORDS.<br>(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.<br>(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 medication errors. The MOR must be immediately updated each time the medication is offered or administered. | A 054 | | |

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| A 054 | Continued From page 13 | A 054 | | |

(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 record review and interviews, the facility failed to assure the daily medication observation records (MORs) were transcribed correctly and/or documented correctly and timely for 4 (Residents #2, #4, #5 and #6) of 6 residents whose MORs were reviewed placing all residents at risk of receiving incorrect medications or medication doses.

Findings include:

Record review revealed Resident #2 had the following orders incorrectly transcribed onto the MOR:
Order and labeled medication: Lisinoprel 20mg tab, give 1 tab daily.
MOR was transcribed incorrectly as:
Lisinoprel 20mg, give 1 tab 2x daily and was scheduled at 8:00am (the 2nd dose was not scheduled on the MOR therefore the medication was given correctly).

Order and labeled medication: 0.5mg, give 1 tab 3 x day as needed (missing indication for use).
Review of the 02, 3 and 04 MORs had the order transcribed incorrectly as a routine order:
0.5mg, give 3x daily and was scheduled and documented as given at 8:00am, 1:00pm and 8:00pm.

Review of the medication observation record (MOR) had the order transcribed as:

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| A 054 | Continued From page 14 | A 054 | | |

0.5mg tab, three times daily. It was scheduled and initialed as given at 8:00am, 1:00pm and 8:00pm. during the months of , and . Observation of the labeled medication had the following directions: 0.5mg, give 1 tab 3x day as needed (no indication for use was on the label and no alert sticker was on it either to redirect the reader to the MOR).

Record review revealed Resident #4 had the following orders and holes in the corresponding MOR:
20mg, give 2x day and was scheduled at 8:00am and 8:00pm. The MOR was blank for the 8:00am dose on
/Acetominophen mg, give 1 tab 4x daily and was scheduled at 6:00am, 12:00noon, 6:00pm and 12:00am. It was blank at 6:00am on .

Interview with Resident #4 on at approximately 3:45pm revealed she received her medications as prescribed and that staff gave her family any medications that would otherwise be missed whenever she was out of the facility. She said she had crippling showing the surveyor her hands and feet affected by it and said she needs the pain medications on a regular basis.

Record review revealed Resident #5 had the following orders and holes in the corresponding MOR:
2.5/.5mg 1 vial 4 x day via (self administered) and was scheduled at 9:00am, 1:00pm, 5:00pm and 9:00pm. The MOR was blank on at 5:00pm, at 1:00pm, 5:00pm and 9:00pm, blank on at 9:00am. Furthermore the MOR did not indicate that staff were only monitoring to

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| A 054 | Continued From page 15 | A 054 | | |

assure the resident remembered to do the treatment, not initialing that they were providing assistance to the resident who was capable of administering her own treatment (unlicensed med techs were not qualified to provide assistance with ).
Fish oil 1000mg, take 1 daily and was scheduled at 9:00am. It was blank on at 9:00am.
1200mg tab, give 2x day and was scheduled at 9:00am and 9:00pm. The MOR was blank for the 9:00pm dose on .

Interview with the resident on at approximately 11:30am revealed she received all prescribed medications from staff and she had no concerns.

Record review revealed Resident #6 had the following order transcribed incorrectly:
*Norco , give 1 tab every 4 hour prn (indication for use was missing).
MOR was transcribed incorrectly by having the hours scheduled at 9:00am, 1:00pm, 5:00pm and 9:00pm. There were initials indicating it was given routinely per scheduled times. The resident was observed to receive the medication during at 12:20pm. He was not heard to request the pain medication.
* 6 units sq ( ) with meals.
MOR for was blank on - and the dates from - had initials with the time 4:30pm above the initials on - .
also had the time 10:00 initialed.
*Lantus 55 units one dail at 8:00pm.
MOR for was initialed daily as being given. There was no key to describe what the initials meant next to the order making it appear as if the facility's unlicensed staff gave the injections.

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| A 054 | Continued From page 16<br>* 150mg, give 1 tab at bedtime. MOR had it scheduled at 8:00pm and was blank on .<br>* 100mg, take 2x daily as need for . but was scheduled and initialed as given on the MOR at 8:00am and 8:00pm. The medication on hand was labeled take 2x day as needed for .<br><br>Interview with Resident #6 on at approximately 11:30 a.m. revealed staff gave him his medications except his . He stated he obtained his own sugars and that he gave himself his injections and that staff watched him do it each time.<br><br>Interview with Staff A during the med pass on at approximately 1:00 p.m. revealed the resident does his own sugar monitoring and injections and that the med techs initial that he has done them. She went on to say that the resident complains if his pain pills are not given routinely. She was not aware the Norco or orders were prns (as needed). She further stated the administrator transcribed the orders onto the MORs.<br><br>Interview with the adminstrators on at approximately 9:45 a.m. acknowledged the transcribed MORs above were inaccurate. They said staff were responsible to document each and every medication dose they assisted with or observed at the time the assistance was given, that there should not be any blank spaces. They said they (administrators) monitored them on an ongoing basis but acknowledged they had not seen the errors identified above and acknowledged the MORs were or could be confusing to the reader. They further stated that the unlicensed staff never to do the sugar | A 054 | | |

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| A 054 | Continued From page 17<br>monitoring or administer the resident's injections, that he uses the click pen to dial 55 units of Lantus and the staff watch him to be sure he does the injections himself. The administrator further stated that she fills the syringes for the which the staff keep secured for him and give it to him to use before meals as ordered (cited separately). The administrators further acknowledged there was no indication for use for the prn medications and no area on the MORs to indicate when a resident requested a specific prn medication, the date, time or effectiveness of the medication.<br><br>Class III | A 054 | | |
| A 078 | 58A-5.019(2) FAC Staffing Standards - Staff<br><br>(2) STAFF.<br>(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 including . Freedom from must be documented on an annual basis. A person with a positive test must submit a health care provider ' s statement that the person does not constitute a risk of communicating . 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 , he/she shall be removed from duties until the administrator determines that such condition no longer exists.<br>(b) All staff shall be assigned duties consistent with his/her level of education, training, | A 078 | | |

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| A 078 | Continued From page 18<br>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.<br>(c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C.<br>(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.<br>(e) For facilities with a licensed capacity of 17 or more residents, the facility shall:<br>1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and<br>2. Maintain time sheets for all staff.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to assure 1 direct care staff (Staff B) of 3 staff whose employee records were reviewed had the required free from communicable including ( ) statement within 30 days of hire.<br><br>Findings include:<br><br>Record review revealed Staff B (caregiver/med tech/cook) a hire date of . Further review revealed no freedom from communicable | A 078 | | |

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| A 078 | Continued From page 19<br>statement as required and no annual skin test for 2012.<br><br>Interview with the administrator on at approximately 3:45 p.m. acknowledged there was no documentation of the freedom from communicable and no test for 2012. She said she was not aware that Staff B's physical exam did not include the required communicable statement.<br><br>Class III | A 078 | | |
| A 085 | 58A-5.0191(6) FAC Training - Nutrition & Food Service<br><br>(6) NUTRITION AND FOOD SERVICE. The administrator or person designated by the administrator as responsible for the facility ' s food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility. A certified food manager, licensed dietician, registered dietary technician or health department sanitarians are qualified to train assisted living facility staff in nutrition and food service.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to assure the designated food service manager responsible for the day to day supervision of food service had evidence of a minimum of 2 hours of annual continuing education in the area of nutrition or food service.<br><br>Findings include: | A 085 | | |

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| A 085 | Continued From page 20<br><br>Record review of the Administrator's employee files revealed no annual updates in the area of food service for the years 2011, 2012 or 2013.<br><br>Interview with the Administrator on at approximately 3:45 p.m. revealed it was an oversight to not have the required annual continuing education.<br><br>Class III | A 085 | | |
| A 093 | 58A-5.020(2) FAC Food Service - Dietary Standards<br><br>(2) DIETARY STANDARDS.<br>(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.<br>(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:<br>1. Protein: 6 ounces or 2 or more servings;<br>2. Vegetables: 3 5 servings;<br>3. Fruit: 2 4 or more servings;<br>4. Bread and starches: 6 11 or more servings; | A 093 | | |

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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 residents to comply with the therapeutic diet shall

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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 accordance with shelf life to ensure safety and

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| A 093 | Continued From page 23<br>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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review and interviews, the facility failed to have therapeutic menus including low fat/low and failed to have regular and therapeutic menus signed on an annual basis and failed to serve therapeutic meals as ordered for 3 (Residents #3, #5 and #6) of 3 residents ordered therapeutic diets and failed to assure that no more than 14 hours passed between the time the last meal (dinner) was served before the breakfast meal was served.<br><br>Findings include:<br><br>Interview with live in caregiver/med tech/cook Staff B on at approximately 9:45am revealed meals were served as follows: Breakfast from 7:00-7:30am, snack at approximately 10:00am, lunch at 11:30am-12:00pm and dinner at 4:00pm-4:30pm plus an evening snack before bed; by using this schedule, the residents would have 14.5 hours between the dinner meal and breakfast surpassing the 14 hour limit between meals.<br><br>When the Staff B was asked for the menu she was working from, she proceeded to open a drawer and pull out a regular menu (week 4) signed and dated . The same menu also had the date of indicating the same | A 093 | | |

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| A 093 | Continued From page 24<br>menu was used for that year also. There was no menu signed or dated for the year 2012.<br><br>Review of the menu being used currently was labeled week 4. The menu was regular and on the bottom of the menu were notes indicating that no added salt menu= no salt shaker/packet after cooking. Also noted was NCS (no concentrated sweets)= offer fresh fruit for dessert, offer canned fruits in 100% fruit juice/light syrup. Offer reduced sugar or sugar free syrup and jello. Further review of the lunch menu included 1 hot dog sandwich, 1 cup fresh fruits, 1 cup tossed salad/dressing, 8 oz juice/milk/tea. There was no low fat/low menu.<br><br>Record review revealed the following therapeutic diets were ordered on their current health assessments (Form 1823):<br>Resident #3 was ordered a low fat/low diet in 2010.<br>Resident #5 was ordered a calorie controlled, no added salt diet on<br>Resident #6 was ordered a no concentrated sweets diet on<br><br>Observation of the lunch service revealed all residents were offered the same lunch menu as described above. Canned fruit cup was offered to all residents. The can was not available to see its ingredients however all other canned fruit in the cupboard revealed only fruit in heavy syrup was available.<br><br>Interview with the Resident #3on at approximately 10:00am revealed she did not like the types of food served at the facility and likes to make her own meals. She was observed to not eat the lunch meal offered to all residents and selected her own foods which she prepared | A 093 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11967553 | A. BUILDING: _____ B. WING _____ | |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RIVER MEADOWS OF BRANDON | 2318 CHERRY RIDGE LANE BRANDON, FL 33511 |

| (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 093 | Continued From page 25<br>under supervision of the staff.<br><br>Interview with Staff B on revealed all residents were on regular diets. She also said that Resident #3 and #6 (ordered a NCS diet) frequently refused the offered meals preferring to tell staff what they wanted to eat. She went on to say that fresh fruit was available (observed) but that due to dentation issues, residents mostly preferred the canned fruits.<br><br>Record review revealed neither Resident #3 or #6 had documentation in their records of their refusing their therapeutic ordered diets or notification of their physicians of their refusal to follow their ordered diets. An interview with the family (POA) of Resident #6 on at 9:35 a.m. revealed she was aware he did not follow his ordered diet and would only eat what he wanted to.<br><br>Interview with the Administrator on at approximately 2:00 p.m. revealed it was an oversight to not have the menus reviewed, signed and dated by the registered dietician/nutritionist for 2012 and she was not aware that a low fat/low diet was not included in the menus and acknowledged that hot dogs would probably not be included on a low fat/low menu. She also acknowledged that she had not seen the therapeutic diet ordered for Resident #3. During further interview the Administrator acknowledged that there was no documentation in Residents #3 or #6's records that they refused their ordered diets or that their physicians had been notified of their refusal to follow the ordered diets. The Administrator acknowledged there were more than 14 hours between the dinner meal and breakfast and would change the schedule to stay within the requirements. | A 093 | | |

| 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 093 | Continued From page 26<br><br>Class III | A 093 | | |
| A 181 | 58A-5.026(2) FAC Emergency Mgmt - Plan Approval<br><br>(2) EMERGENCY PLAN APPROVAL. The plan shall be submitted for review and approval to the county emergency management agency.<br>(a) The county emergency management agency has 60 days in which to review and approve the plan or advise the facility of necessary revisions. Any revisions must be made and the plan resubmitted to the county office of emergency management within 30 days of receiving notification from the county agency that the plan must be revised.<br>(b) Newly-licensed facility and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license.<br>(c) The facility shall review its emergency management plan on an annual basis. Any substantive changes must be submitted to the county emergency agency for review and approval.<br>1. Changes in the name, address, telephone number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule.<br>2. Changes in the identification of specific staff must be submitted to the county emergency management agency annually as a signed and dated addendum that is not subject to review and approval.<br>(d) The county emergency management agency shall be the final administrative authority for emergency management plans prepared by assisted living facilities.<br>(e) Any plan approved by the county emergency | A 181 | | |

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 |
|---|---|---|---|
| | AL11967553 | A. BUILDING: _____ B. WING _____ | |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| RIVER MEADOWS OF BRANDON | 2318 CHERRY RIDGE LANE BRANDON, FL 33511 |

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|---|---|---|---|---|
| A 181 | Continued From page 27<br>management agency shall be considered to have met all the criteria and conditions established in this rule.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to have evidence of an annual submission of or approval of the facility's Emergency Management Plan.<br><br>Findings include:<br><br>Record review revealed only an initial approved Emergency Management Plan. There was no submission of an annual plan for the years 2011, 2012 or 2013. Interview with the administrators on at approximately 10:00am revealed no knowledge of the annual requirement. Additionally they said someone from the Fire department did look at their plan in the past few months but no documentation was received regarding the plan.<br><br>Class III | A 181 | | |

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

*Better Health Care for all Floridians*

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
River Meadows of Brandon
2318 Cherry Ridge Lane
Brandon, FL 33511

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with limited nursing services (LNS) that was conducted on , 2013, by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 3020

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