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
	AL11967603	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMAZING GRACE ALF	1106 E RICHMERE STREET TAMPA, FL 33612

(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 Assisted Living Facility A complaint survey, CCR# 2013004927, was conducted on [redacted] The Amazing Grace Assisted Living Facility had deficiencies found at the time of the visit.	A 000		
A 026	58A-5.0182(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility shall provide an ongoing activities program. The program shall provide diversified individual and group activities in keeping with each resident ' s needs, abilities, and interests. (b) The facility shall consult with the residents in selecting, planning, and scheduling activities. The facility shall demonstrate residents ' participation through one or more of the following methods: resident meetings, committees, a resident council, suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities shall be available at least six (6) days a week for a total of not less than twelve (12) hours per week. Watching television shall not be considered an activity for the purpose of meeting the twelve (12) hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count	A 026		

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A 026	Continued From page 1	A 026		

those attendance hours towards the required twelve (12) hours per week of scheduled activities. An activities calendar shall be posted in common areas where residents normally congregate.
(d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to three (3) hours may be counted toward the required activity time.

This Statute or Rule is not met as evidenced by:
Based on observation and interview, the facility failed to provide an ongoing activities program for seven of seven sampled residents (Residents #1-7).

Findings include:

During a tour of the facility conducted on 05/16 approximately 9:40 AM-11:10 AM as part of a complaint investigation, there was no activity schedule posted.

On that same date at approximately 3:40 PM, Resident #1 was interviewed. Resident #1 stated that the facility residents "don't ever do anything." Resident #1 said that the days "drag" and said that the residents typically "Get up, eat, go outside, go inside and go back to bed, then go back outside, then back to bed." Resident #1 stated that "There's nothing to do besides sleep and watch TV."

On that same date at approximately 3:55 PM, Resident #3 was interviewed. Resident #3 stated that the facility does not provide any activities or outings for the residents and that the facility is "boring."

When interviewed on 05/16

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A 026	Continued From page 2 approximately 4:15 PM, the administrator said she does have playing cards and puzzles available to the residents but acknowledged that there are no formal organized activities. Class III	A 026		
A 030	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 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)9€ or 1(800)962-2873 " shall be posted in full view in a	A 030		

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A 030	Continued From page 3 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 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	A 030		

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A 030	Continued From page 4 and can remove or avoid without assistance shall not be considered a physical [illegible] 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 [illegible] 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 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 ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as	A 030		

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A 030	Continued From page 5 provided in s. 429.27. (g) Share a 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 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	A 030		

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A 030	Continued From page 6 active in, and to associate with advocacy or special interest groups. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to honor the rights of seven of seven sampled residents (Residents #1-7) to live in a safe and decent living environment, free from abuse and ; to be treated with consideration and respect and by requiring residents to work at the facility without compensation. Specifically, the facility failed to adequately address an ongoing infestation of bedbugs for six months, causing the residents to live in an environment where they were bitten by bedbugs. The residents were also forced to clean the bathrooms daily. Findings include: During a survey visit on tour was conducted from approximately 9:40 AM - 11:15 AM and the surveyor observed the following: In the a resident bedroom, occupied Resident #1 and Resident #5, the surveyor observed live bedbugs crawling on the sheets, pillow and mattress of Resident #1's bed. Brownish-red stains that appeared to be bloodstains were observed on Resident #1's sheets. A live bedbug was observed on the baseboard of the room. In resident bedroom, the also observed a live bedbug on the wall behind the bed belonging to Resident #3. In the bedroom belonging #4 and	A 030		

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A 030	Continued From page 7 #6, a live bedbug and multiple [redacted] bedbugs were observed on the floor. During a telephone interview conducted with a representative from the local county health department on [redacted] at 8:50 AM, the health department representative stated that he conducted a visit to the facility on [redacted] and found live bedbugs. The health department representative further stated that the bedbugs were being treated by a local pest control company and said the infestation had been ongoing for six months. The health department representative said that the facility was last treated on [redacted] and 24 hours later, the health department representative observed "at least ten live bugs and multiple carcasses" in one of the resident [redacted]. A review of the written report from the health department dated [redacted] confirmed all of the above information. During an interview conducted on [redacted] at approximately 3:40 PM, Resident #1 stated that he had bedbugs in his [redacted] "a long time" and still has them. Resident #1 stated that he had removed the wooden boards from under his bed and put them outside because he saw bedbugs on them and he hoped the sunlight would get rid of them. Resident #1 also stated that he would "lie on his bed and watch bedbugs crawling around on his dresser" so he put his dresser outside as well. Resident #1 stated he is no longer allowed to go visit his mother's home because he brought bedbugs and his mother's home is now infested as well. Resident #2 was interviewed on [redacted] at approximately 11:10 AM and said that he had been bitten by bedbugs at the facility multiple times off and on for the last several months.	A 030		

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A 030	Continued From page 8	A 030		

Resident #3 was interviewed on at approximately 10:05 AM and said that he had been bitten by bedbugs over the last several months multiple times and they were "really getting him." He stated that things would get better for a short time but then "they come back."

Resident #5 was interviewed on at approximately 10:30 AM and said he and his (Resident #1) had both been bitten by bedbugs.

Resident #4 stated during his interview on 05/16 approximately 9:55 AM that all of the rooms the facility had bedbugs and "everybody's getting bit."

Resident #7 was interviewed on 05/16 10:55 AM and said that all of the residents had been complaining about bedbugs and he was getting bit but didn't realize they were bedbugs. He said he thought he was getting bit by mosquitoes until another resident saw the bugs in his room him what they were.

During an interview conducted on 05/16 approximately 3:40 PM, Resident #1 stated that the residents are required to clean the resident bathroom stated that the residents take turns doing this. Resident #1 said the residents do not receive any type of compensation for cleaning the bathroom.

interviewed on 05/16 approximately 4:00 PM, Employee A confirmed that the residents take turns cleaning the bathroom. A said that each resident has a certain day that their laundry is done and on the resident's laundry day, the resident is also responsible for cleaning the resident bathroom.

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A 030	Continued From page 9 On that same day at approximately 4:15 PM, when interviewed, the facility administrator stated, "I don't think there's anything wrong with having the residents clean the . they mess it up. They pee on the floor all the time. They should clean it." Class I	A 030		
A 052	58A-5.0185(3) FAC Medication - Assistance with Self-Admin (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) For facilities which provide assistance with self-administered medication, either: a nurse; or an unlicensed staff member, who is at least . . trained to assist with self-administered medication in accordance with Rule 58A-5.0191, F.A.C., and able to demonstrate to the administrator the ability to accurately read and interpret a prescription label, must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. (b) Assistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), F.S. In order to facilitate assistance with self-administration, staff may prepare and make available such items as water, juice, cups, and spoons. Staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, shall not be returned to the container. (c) Staff shall observe the resident take the medication. Any concerns about the resident ' s	A 052		

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A 052	Continued From page 10	A 052		

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

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A 052	Continued From page 11 (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. (h) Medications ordered by the physician or health care professional with prescriptive authority to be given " as needed, " unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident. (i) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility staff failed to follow correct procedures for providing two of seven residents (Resident #2 and Resident #3) assistance with self-administration of medications. Specifically, the facility was observed to store pre-poured medication in the medication cabinet and failed to provide medications at the scheduled time. Findings Include: During a review of the facility's medications conducted on at 11:00 AM, two plastic cups were observed in the locked file cabinet where medications were stored. Each cup contained multiple medications.	A 052		

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A 052	Continued From page 12 On that same date at approximately 12:15 PM, the surveyor further observed that Employee A came into the administrator's office and asked the administrator to pass the cup with medication for resident #3 to him. The cup was passed and Employee A gave the cup with the medication to Resident #3. Employee A then turned to address another resident and did not watch Resident #3 to be sure he had swallowed the medication. During an interview with Employee A (the medication technician/caregiver on duty) conducted on that same day at approximately 11:25 AM, Employee A stated that during medication pass, he typically prepares the residents' medications by placing the pills in a cup and the resident receives the medications at mealtimes. Employee A stated that if a resident doesn ' t come for breakfast and get their medication, the cups with medications are left in the locked file cabinet. Employee A further stated that for the morning medication pass, he tries to wake up the residents twice to assist with self-administration of medications. Employee A stated that if the residents don't get up, he puts the medications in the file cabinet until they ask him for them. Employee A further stated that Resident #3's doctor had stated that Resident #3 can take his medication up to 4-5 hours after the time it is prescribed for. When interviewed on that same date at approximately 12:30 PM, the administrator stated that Resident #3's doctor had said the resident can get his medications 4-5 hours after they are prescribed. The administrator said the facility did not have any written documentation of this. During an interview with resident #1, he stated if he does not get up in time he has to go without his medication unless he asks Employee A. Class III	A 052		

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A 054	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed under subsection (2), the facility shall keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider ' s name, the resident ' s name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known the resident may have; the name of the resident ' s health care provider, the health care provider ' s telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered. (c) For medications which serve as chemical the facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician ' s annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to properly document any missed dosages and refusals to take prescribed medications for two of seven sampled residents (Resident #1 and Resident #3). Findings include:	A 054		

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A 054	Continued From page 14 On [redacted] at approximately 11:00 AM, Resident #3 was observed in the dining area of the facility advising Employee A that he needed his morning medication. On that same date at 11:05 AM, Employee A was asked why Resident #3 had not had his medication. Employee A stated that Resident #3 and Resident #1 often refuse to get up out of bed to take their medications and sometimes refuse their medications all together. On that same date, when the Medication Observation Record (MOR) was reviewed, there were no blank spaces or spaces marked to indicate any refusal of medications for Resident #1 or Resident #3. There were no notes on the back of the MOR for any of the residents. The space on the MOR for the 8:00 AM medications for Resident #3 were signed. During a follow-up interview conducted on [redacted] at 11:30 AM, Employee A stated that he signed the MOR when he prepared the medications for all of the residents at 8:00 AM, including Resident #3's MOR. Class III	A 054		
A 079	58A-5.019(4) FAC Staffing Standards - Levels (4) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities shall maintain the following minimum staff hours per week: Number of Residents — Staff Hours/Week 0-5 — 168 6-15 — 212 16-25 — 253 26-35 — 294	A 079		

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36-45 335
46-55 375
56-65 416
66-75 457
76-85 498
86-95 539

For every 20 residents over 95 add 42 staff hours per week.

2. At least one staff member who has access to facility and resident records in case of an emergency shall be within the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.

3. In facilities with 17 or more residents, there shall be at least one staff member awake at all hours of the day and night.

4. At least one staff member who is trained in First Aid and , as provided under Rule 58A-5.0191, F.A.C., shall be within the facility at all times when residents are in the facility.

5. During periods of temporary absence of the administrator or manager when residents are on the premises, a staff member who is at least , must be designated in writing to be in charge of the facility.

6. Staff whose duties are exclusively building maintenance, clerical, or food preparation shall not be counted toward meeting the minimum staffing hours requirement.

7. The administrator or manager ' s time may be counted for the purpose of meeting the required staffing hours provided the administrator is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility ' s staffing schedule.

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A 079	Continued From page 16 8. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, shall have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents scheduled and unscheduled service needs, resident contracts, and resident care standards as described in Rule 58A-5.0182, F.A.C. (c) The facility must maintain a written work schedule which reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules for direct care staff available to residents or representatives, specific to the resident ' s care. (d) The facility shall be required to provide staff immediately when the Agency determines that the requirements of paragraph (a) are not met. The facility shall also be required to immediately increase staff above the minimum levels established in paragraph (a) if the Agency determines that adequate supervision and care are not being provided to residents, resident care standards described in Rule 58A-5.0182, F.A.C., are not being met, or that the facility is failing to meet the terms of residents ' contracts. The Agency shall consult with the facility administrator and residents regarding any determination that additional staff is required. 1. When additional staff is required above the minimum, the agency shall require the submission, within the time specified in the notification, of a corrective action plan indicating how the increased staffing is to be achieved and resident service needs will be met. The plan shall be reviewed by the agency to determine if the	A 079		

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plan will increase the staff to needed levels and meet resident needs.
2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, modifications may be made in staffing requirements for the facility and the facility shall no longer be required to maintain a plan with the agency.
3. Based on the recommendations of the local fire safety authority, the Agency may require additional staff when the facility fails to meet the fire safety standards described in Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the Agency that fire safety requirements are being met.
(e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios.
(f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of Rule 58A-5.029, 58A-5.030, or 58A-5.031, F.A.C., respectively.

This Statute or Rule is not met as evidenced by:
Based on observation, interview and record review, the facility failed to maintain the minimum required staffing levels for seven of seven sampled residents (Residents #1-7).

Findings include:

During a visit to the facility conducted on . Employee A was the only staff

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A 079	Continued From page 18 person on duty. After the arrival of the surveyor, Employee A contacted the administrator by telephone. The administrator arrived approximately 30 minutes after the start of the survey. The administrator left the facility again approximately two hours later and returned approximately 1.5 hours after that. While at the facility on that same date, the surveyor reviewed the facility's staff schedule for . 2013. The facility had 188 staff hours scheduled for the month of . The administrator is not listed on the schedule. For seven residents (6-15 residents), the facility is required to have 212 staff hours scheduled. The facility is 24 hours short of the required number of hours. When interviewed on . at approximately 4:20 PM, the administrator said that she was not aware that she didn't have the required hours scheduled. The administrator said, "I'm here helping. I'm here almost every day." The administrator said she would add herself to the schedule. Class III	A 079		
A 093	58A-5.020(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The Tenth Edition Recommended Dietary Allowances established by the Food and Nutrition Board - National Research Council, adjusted for age, . and activity, shall be the nutritional standard used to evaluate meals. Therapeutic diets shall meet these nutritional standards to the extent possible. A summary of the Tenth Edition Recommended Dietary Allowances, interpreted	A 093		

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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 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

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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 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.

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A 093	Continued From page 21 (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, the facility failed to make the recommended daily dietary allowances of food servings available to two of seven sampled residents (Resident #1 and Resident #3). Specifically, the facility failed to offer options for meals and snacks to accommodate the resident needs and preferences and denied the residents access to food when they did not come to a meal at the scheduled time. Findings include:	A 093		

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A 093	Continued From page 22 On [redacted] at 3:10 PM, Resident #3 was interviewed. Resident #3 stated that he suffered from [redacted] and was often awake most of the night so he was tired in the mornings. Resident #3 said that when facility staff knocked on his [redacted] in the morning for breakfast, he did not always hear them. Resident #3 said that if he missed breakfast, he did not get anything to eat until lunch and "had to take meds on an empty stomach." On that same day at 3:40 PM, Resident #1 said that he did not like getting up at 7:00 AM every day for breakfast because "it makes the day long." Resident #1 said that if he didn't get up, he would not get any food until lunch. On that same day at 4:05 PM, Employee A was interviewed. Employee A said that it was important for the residents and the facility to have a schedule and there were challenges with residents not returning to the facility for dinner or getting up for breakfast. Employee A said that it was his policy that if the residents did not get up for breakfast or come to the dining area for dinner, they missed the meal. When asked if the residents could prepare something for themselves to eat, Employee A stated, "No. If they miss a meal, they wait until the next one." Class III	A 093		
A 152	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and 2. Must be maintained free of hazards; and	A 152		

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A 152	Continued From page 23 3. Must ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident [redacted] sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest or other furniture designed for storage of personal effects; 4. A table, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident [redacted] to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be [redacted] This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide a safe living environment, free of hazards to seven of seven	A 152		

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A 152	Continued From page 24 sampled residents (Residents #1-7). Specifically, the facility failed to address an ongoing infestation of bedbugs at the facility, causing multiple residents to be bitten by bedbugs. The facility also failed to maintain the facility in a clean and sanitary manner based on surveyor observation and the findings of the local county health department. Findings include: During a visit to the facility conducted on . the surveyor observed the following: In the a resident . occupied by Resident #1 and Resident #5, the surveyor observed live bedbugs crawling on the sheets, pillow and mattress of Resident #1's bed. Brownish-red stains that appeared to be bloodstains were observed on Resident #1's sheets. A live bedbug was observed on the baseboard of the . In another resident , the surveyor also observed a live bedbug on the wall behind the bed belonging to Resident #3. In the to Residents #4 and #6, a live bedbug and multiple . . . bedbugs were observed on the floor. In the to Resident #2, a . . . cockroach was observed on the floor by the bed. The blinds on the window were broken and did not . . . the window. There was also a large amount of dust and brown grime along the lower wall and baseboards behind the bed. The air vent in the kitchen was attached to the ceiling by one screw and was hanging down at a 45 degree angle. There was no towel or handsoap in the resident	A 152		

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A 152	Continued From page 25 The large main air conditioning vent off of the dining area was observed to be covered with dust and residue. During a telephone interview conducted with a representative from the local county health department on [redacted] at 8:50 AM, the health department representative stated that he conducted a visit to the facility on [redacted] and found live bedbugs. The health department representative further stated that the bedbugs were being treated by a local pest control company and said the infestation had been ongoing for six months. The health department representative said that the facility was last treated on [redacted] and 24 hours later, the health department representative observed "at least ten live bugs and multiple carcasses" in one of the resident [redacted] The health department representative also stated that the facility has failed to renew their health department permit, which expired on [redacted] despite multiple reminders. The facility's inspection status is currently unsatisfactory and has been since [redacted] A review of the written report from the health department dated [redacted] confirmed all of the above information. During a confidential interview conducted on [redacted] at approximately 3:40 PM, Resident #1 stated that he had bedbugs in his [redacted] "a long time" and still has them. Resident #1 stated that he had removed the wooden boards from under his bed and put them outside because he saw bedbugs on them and he hoped the sunlight would get rid of them. Resident #1 also stated that he would "lie on his bed and watch bedbugs crawling around on his dresser" so he put his dresser outside as well. Resident #1 stated he is	A 152		

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no longer allowed to go visit his mother's home because he brought bedbugs and his mother's home is now infested as well.
Resident #2 was interviewed on at approximately 11:10 AM and said that he had been bitten by bedbugs at the facility multiple times off and on for the last several months.
Resident #3 was interviewed on at approximately 10:05 AM and said that he had been bitten by bedbugs over the last several months multiple times and they were "really getting him." He stated that things would get better for a short time but then "they come back."
Resident #5 was interviewed on at approximately 10:30 AM and said he and his (Resident #1) had both been bitten by bedbugs.
Resident #4 stated during his interview on at approximately 9:55 AM that all of the at the facility had bedbugs and "everybody's getting bit."
Resident #7 was interviewed on at 10:55 AM and said that all of the residents had been complaining about bedbugs and he was getting bit but didn't realize they were bedbugs. He said he thought he was getting bit by mosquitoes until another resident saw the bugs in his told him what they were.

The facility administrator said that one of the residents "brought in bedbugs" and said she was first made aware of the bedbugs about six months ago. The administrator said that a local pest control company had been treating the bedbugs once per month with pesticide sprays and powder. The administrator said that she believed that it could take up to a year to get rid of the bedbugs.

During a telephone interview conducted on

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
	AL11967603	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMAZING GRACE ALF	**1106 E RICHMERE STREET TAMPA, FL 33612**

(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 152	Continued From page 27 ..... at 12:35 PM with a representative from the pest control company treating the facility, the representative confirmed that the facility had bedbugs in multiple ..... and indicated the infestation was being treated with sprays and powder. The representative said the facility was "badly infested" when the treatments began and said the situation has improved. The representative said that the "overall lack of cleanliness" of the facility will impact how long the treatment process takes. A representative from a county health department was contacted via e-mail on ..... regarding the facility's pest control plan for the bedbugs. The health department representative's reply stated, in part: "bedbugs don't exactly run around like roaches and most other bugs. If they have recently fed, they might sit tight in a crack for awhile never coming into contact with this powder." Class I	A 152		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Amazing Grace ALF
1106 E Richmere Street
Tampa, FL 33612

Dear Administrator:

Re: **CCR# 2013004927**

This letter reports the findings of a complaint survey 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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