STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932574	07/01/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cypress Palms Assisted Living	400 Lake Avenue N.E. Largo, FL 33771	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0092 - 58a-5.020(1) Fac - Food Service - General Responsibilities S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced abbreviated biennial state licensure survey with extended congregate care was conducted on [redacted] in conjunction with a complaint survey, CCR# 2013004738.

The Cypress Palms, assisted living facility, had deficiencies at the time of the visit.

0092-Food Service - General Responsibilities 58A-5.020(1) FAC

Based on observation, record review, and staff interview, the facility failed to ensure the provision of therapeutic diets as ordered by the residents ' health care providers for residents who require special diets.

Findings include:

When AHCA Surveyor asked if any residents are on special diets and how food service staff ensure special diets are provided, the Executive Chef provided a computer print-out used by the former Dining Services Director: "Special Diets Notebook prepared [redacted] (provided [redacted] at approximately 3:00pm). Per the Executive Chef, the list was not continued beyond [redacted] 2013 because the former Dining Services Director, who used to keep track of it, left facility employment during [redacted] 2013. The list contained diet orders (regular and special diet orders) for all facility residents.

The Executive Chef retrieved from a container on desk in kitchen office 14 memo slips labeled " Dietary Communication " containing resident diet orders: 7 of the 14 slips contained special diet orders; the other 7 slips contained regular diet orders. Review of facility Admission Log dated from [redacted] through [redacted] revealed 17 new admissions. Five of the 17 admissions had " Dietary Communication " slips; there was no evidence of dietary orders submitted to the kitchen for 12 of the 17 new residents. The master resident diet list had not been updated since [redacted]

Per interview (3:15pm), the Executive Chef stated: "There is no guarantee residents are getting correct diets," and agreed that not providing special diets as ordered by doctors is potentially dangerous for residents. The facility's current census is 128.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932574	**07/01/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cypress Palms Assisted Living	**400 Lake Avenue N.E. Largo, FL 33771**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

A facility staff person provided a 4th Floor diet list dated at approximately 5:00pm), stating the list is posted in the 4th floor dining Special diets and/or special instructions are indicated for 34 of 43 residents listed, including, but not limited to: 4 mechanical soft, 1 mechanical ground, lactose free, low carb, ground meats/divider plate, and -free. Per earlier interview with kitchen staff, the list is not available in the kitchen where meals are prepared. There was no evidence of the special diets listed being prepared and provided as ordered.

Per interview with the facility Administrator at approximately 6:45pm), a plan of correction is already in place, as he is in the process of getting a new Dietitian to review and approve all diets and a new Food Services Manager who will assure provision of regular and special diets and train staff to provide appropriate diets.

Class III

Widespread

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation, record review, and staff interview, the facility failed to ensure that: 1.) Regular and therapeutic menus used by the facility are reviewed annually by a registered dietitian, licensed dietitian/nutritionist, or by a dietetic technician (supervised by a registered dietitian or licensed dietitian/nutritionist) and documented in facility files, including the signature of the reviewer, registration or license number, and date reviewed. 2.) Therapeutic diets as ordered by health care providers are prepared and served to residents. 3.) Regular and therapeutic menus served, including the food items which enable residents to comply with therapeutic diets, are identified on the facility menus, with substitutions noted before or when the meal is served and kept on file in the facility for 6 months.

Findings include:

AHCA Surveyor requested a copy of the current facility menu in use at approximately 2:30pm). An unsigned, undated menu was provided by the facility ' s Executive Chef, who stated the facility is currently on week #3. Surveyor requested a copy of the approved menu, signed & dated by the dietitian. The Chef provided a menu dated with rotating weeks 1-4, signed by a Registered Dietitian with a license expiration date of

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932574	07/01/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cypress Palms Assisted Living	**400 Lake Avenue N.E. Largo, FL 33771**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

The Chef said that no current, approved menu was available, and stated: "The dietitian is currently reviewing and signing annual menus." Another facility staff person delivered a copy of the menu currently in use to surveyor (~3:30pm) after having menu signed by the Dietitian from an associated facility. The menu was undated and contained no Registered Dietitian license number; there was no indication of annual review of the menu, no portion sizes indicated, and no mention of therapeutic diets other than sugar-free desserts being offered at some meals. There was no evidence that the facility prepared and served therapeutic diets as ordered by health care providers.

AHCA Surveyor requested a copy of the Menu Substitution Log. Per the facility ' s Executive Chef, menu substitutions are kept in the computer. Surveyor observed substitution log present only for . The Chef stated he very rarely makes substitutions because he plans meals and orders supplies well in advance, but does substitute for special events and holidays and during kitchen renovation . Per interview with the chef and surveyor observation, no Menu Substitution Log has been maintained by the facility since .

Residents shall be encouraged to participate in menu planning. AHCA Surveyor conducted a review of 2013 monthly resident Food Committee meetings at approximately 4:30pm). Meeting notes included the following comments: " Pay more attention to menus; " " I seem to be a broken record-When oh when will we have the new menu cycle we ' ve been promised for months? I ' m tired of the same food month after month. Hope this will include some favorites I ' ve been requesting ...; " " Again, we ' ve been promised a new, different menu-cycle for months but, to date, nothing! Why? Have had same cycle since summer, 2012! " " When will new menu-cycle be initiated? Am very tired of same food month after month; " and " Pay more attention to menus. "

Per interview with the facility Administrator at approximately 6:45pm), a plan of correction is already in place, as he is in the process of getting a new Dietitian to review and approve all diets and a new Food Services Manager who will assure provision of regular and special diets and train staff to provide appropriate diets.

Class III

Widespread

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Cypress Palms Assisted Living
400 Lake Avenue N.E.
Largo, FL 33771

Dear Administrator:

Re: **CCR# 2013004738** & Abbreviated Biennial w/ECC

This letter reports the findings of a complaint survey and an abbreviated biennial state licensure survey with extended congregate care (ECC) that were conducted on , 2013, by a representative of this office.

Attached is the provider's copy of the State (5000-3547) 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

Enclosures: State (5000-3547) Forms

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

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161