

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967431	(X3) DATE SURVEY COMPLETED 01/05/2015
NAME OF PROVIDER OR SUPPLIER The Lenox On The Lake	STREET ADDRESS, CITY, STATE, ZIP CODE 6700 West Commerical Blvd Lauderhill, FL 33319	
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

An unannounced complaint survey, CCR# 2014010219, was conducted on 01/05/15 at The Lenox On The Lake. The facility had deficiencies found at the time of the visit.

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

Based on observation, interview, and record review, it was determined that the person designated responsible for total food services and the day-to-day supervision of food service staff failed to provide regular meals that meet the nutritional needs of the residents and therapeutic diets, as ordered by the health care provider.

The findings included:

During the review of the facility's approved Menu Cycle 4 on 01/05/15, it was noted that the following selections were to be served for the lunch meal:

- a) 8 ounce Soup Dejur (Tomato & Vegetable)
- b) 6 ounce Chef Salad (6 oz protein)
- c) 6 ounce Chicken Philly Sandwich (6 oz. protein)
- d) 2 ounces Broccoli Salad
- e) 4 ounces Red Velvet Roll Cake
- f) 4 ounce Vanilla cake

During the observation of the lunch meal preparation in the main kitchen on 01/05/15 at 11:45 AM, the following were being served to the residents:

- a) 6 ounce Tomato & Vegetable Soup
- b) Chef Salad (weighed 2.25 protein -ham, turkey, and cheese)
- c) Chicken Philly (only 1/2 hoagie roll with 4 ounces of weighed chicken)
- d) Potato Salad (Broccoli Salad not prepared)
- e) Slice of Red Velvet Roll Cake
- f) 4 ounces Pears (Vanilla Cake not prepared)

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During the observation of the lunch meal, the Acting Food Service Manager was questioned concerning why the approved menu was not being followed. The Director stated, that he was not aware the the Broccoli Salad and Vanilla Cake were prepared as per the menu. The Director also stated, that he was unaware of the protein portions and soup portion indicted on the approved menu. Following the interview the surveyor requested the standardized recipes for the Chef Salad and Chicken Philly Sandwich that were being followed for the lunch meal. After a period of time the Manager stated that there were no recipes available for the entrée preparation and could only find a recipe guide.

A review of the recipes guide revealed that the required component to the recipes were missing that included the following:

- 1) The ingredients listed on the entrée recipes failed to have weights or measurements. The Chef salad documented a boiled egg, tomato slices, cucumber slices,, turkey, ham and cheese. Observance of the Chefs Salad revealed that an egg and were not included. The Chicken Philly was observed to be sauteed peppers, ms,Swiss cheese on a half Hoagie roll. Observation of the Chicken Philly Sandwich included only chicken, Swiss cheese , peppers, and onions served on a half (4 inch) Hoagie roll.
- 2) The recipes failed to indicate the method to prepare each entrée.
- 3) The recipes failed to have a documented yield of the entrees.
- 4) The recipes failed to have a portion size of the entrée documented that was the same as the approved menu.

Class III

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

Based on observation, interview, and record review, it was determined that the facility failed to prepare and serve therapeutic diets (Pureed Diet) as ordered by the health care provider order for of 3 sampled residents (R #8, R #9 and R #10).

The findings included:

During the observation of the lunch meal in the main kitchen on 01/05/15 at 11:45 AM, it was noted that pureed foods were portioned on 4 plates. Further observation and interview with the Food Service Manager, at this time, revealed that there were 4 residents receiving a pureed diet. Two of the plate consisted of a portion of pureed turkey and zucchini squash and the other two plates consisted of a portion of pureed turkey and applesauce. The Manager was questioned why the approved menu was not further developed for purred diets and why the plates did not include pureed foods that were included on

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the approved lunch menu for . . . that included soup, ham, cheese, broccoli, bread, and cake. The Manager stated, that the Dietitian had not developed a pureed menu for the staff to follow and that the cook utilizes leftover foods to puree on a daily basis.

During further interview with the Manager, It was discussed that purred food should be prepared from freshly made foods prepared according to the daily menu. In addition to purred leftovers on a daily basis residents receiving pureed diets on 01/05/15 failed to receive a pureed soup portion, purred bread, pureed vegetable, and milk to ensure that their nutrition needs were being met.

Further investigation revealed that there were 3 facility residents that had current physician orders for a pureed diets that included R #8, R #9, and R #10. It was further noted residents R #9 and R #10 resided in the Ivy Commons Unit (secured memory care unit).

It was concluded during the exit conference with the DON (Director of Nursing) that the Acting Food Service Manager and staff were not properly trained for mechanically altered diets and did not have knowledge of meeting the nutritional needs for residents receiving pureed diets.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
The Lenox On The Lake
6700 West Commerical Blvd
Lauderhill, FL 33319

RE: CCR #2014010219

Dear Administrator:

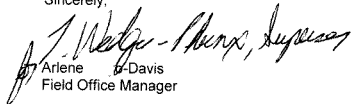
This letter reports the findings of a complaint survey that was conducted on , 2015 by a representative of this office.

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 (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene G. Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

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