STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965485	**05/06/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
PROFESSIONAL HEALTH CARE GROUP	**10620 NW 32ND STREET SUNRISE, FL 33351**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced licensure complaint survey, CCR# 2015002078, was conducted on [redacted] at Professional Health Care Group. The Assisted Living Facility had a deficiency found at the time of the visit.

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and an interview, the facility failed to ensure that 1 out of 3 employees (Staff A) had completed one hour of required training on resident rights.

The Findings Include:

Record review of personnel files was conducted on [redacted] Staff A, a Certified Nursing Assistant (CNA), did not have a certificate in his/her file reflecting completion of a one-hour training on resident rights. In an interview conducted on [redacted] at 2:18 PM, the Administrator acknowledged the findings and stated no further documentation was available for review.

Class [redacted]

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

Based on observations, interviews, and record review, the facility failed to ensure proper dietary standards were followed by not following the menu for 2 out of 2 meals observed (lunch and dinner) and not recording the substitutions prior to the meal. In addition, the facility failed to ensure adequate nutrition for 1 out of 2 meals observed (dinner). The facility failed to ensure snacks were offered once a day for residents who do not have access to the kitchen. The facility failed to adhere to the 14-hour interval between dinner and breakfast. The facility failed to have a therapeutic diet refusal documented for 1 out of 6 residents (Resident #3).

The Findings Include:

1. In anonymous interviews conducted on [redacted], two residents stated that they are hungry after meals. They stated occasionally snacks are offered but it is rare. The ombudsman stated on [redacted] at noon that her office has had complaints of skimpy meals and the staff not following the menu.

2. The menu reviewed had an effective date of [redacted] and an expiration date of [redacted] There was no date indicated for the week. The words ' Week One ' was noted at the top of the menu. The menu was signed by a Registered Dietician. Week 1 ' s menu documented the following for lunch: 6 ounces of tomato soup, 3 ounces grilled cheese sandwich, 4 ounces potato chips, 4 ounces vegetable blend, 4 ounces fruited gelatin, 4 ounces sugar-free gelatin, and an 8 ounce beverage.

During lunch observation on [redacted] beginning at 12:25 PM, Residents #2 was served a large hoagie roll with

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cheese, tomato, and lettuce with potato chips and a beverage. Residents #4, #5, and #6 were served the same sandwich on a smaller [illegible]. Resident #3 had a vegan burger on a hoagie roll with cheese, tomato and lettuce with potato chips and a beverage. Substitutions were not noted on the menu before lunch. When asked if the Administrator had tomato soup, vegetable blend, fruited gelatin and sugar-free gelatin listed on the lunch menu, he stated, "No, we are depleted."

3. Review of the menu for Wednesday ' s dinner documented the following: 4 ounces tossed salad/dressing, 6 ounces beef stew, 4 ounces noodles, 1 dinner roll/margarine, 4 ounces of sweet corn, 4 ounces citrus sections, fresh fruit for a [illegible] dessert, 8 ounce beverage, and 8 ounce glass of milk. At 3:20 PM the Administrator was asked what he was serving for dinner, he stated Resident #2 does not eat beef and Resident #3 does not eat meat. The Administrator stated he might substitute chicken strips for the beef. Dinner preparation was observed and consisted of chicken nuggets or drummettes, noodles, and green beans and onions. There was no tossed salad being prepared. The substitutions were not noted on the menu prior to the meal.

4. Staff B was observed making dinner on [illegible] at 3:47 PM. When asked what she was cooking, he/she stated noodles, green beans and onions, and chicken. Substitutions for the dinner menu were not documented on the menu prior to the meal.

5. On [illegible] at 3:48 PM, the Administrator opened the convection oven and used a utensil to separate the items. He stated two chicken nuggets were for Resident #4, two for Resident #5, and two for Resident #6. He stated three chicken drummettes are for Resident #2. The Administrator stated he was going to ask Resident #3 what she wanted to eat. When this writer asked him if that was enough food for the residents, the Administrator stated they are not big eaters. This writer pointed out that two chicken nuggets and three drummettes would not equal 6 ounces of protein.

6. The Administrator was observed offering all residents cookies on [illegible] at 12:58 PM. The Administrator stated that residents have their own snacks that they buy or friends bring in. He stated on [illegible] at 3:30 PM, " If they want yogurt or a piece of pie I give it to them, but it's not a regular thing where between meals that I give them. "

7. The Administrator stated on [illegible] at 3:20 PM that breakfast is from 8:30 to 9:30 AM. Lunch is at Noon. Dinner is at 4:00 PM. The time between the end of dinner, 5:00 PM, and breakfast at 8:30 AM equals 15 1/2 hours which is 1 ½ hours past the 14-hour interval allowed between the end of dinner and the beginning of breakfast.

8. Record review of Resident #2 ' s 1823 dated [illegible] indicates a No-Added Salt, Low Fat/Low [illegible] diet. Resident #3 ' s 1823 dated [illegible] notes a [illegible] vegetarian diet. Residents #4, #5, and #6 diets are listed as No-Added Salt on their current 1823s.

The Administrator stated on [illegible] at 12:58 PM that he did not have any sugar-free snacks currently on-hand. He stated that Residents #2 and #3 do not adhere to a [illegible] diet. When asked if he had a therapeutic diet refusal, the Administrator stated he did not know he had to have one.

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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Professional Health Care Group
10620 NW 32nd Street
Sunrise, FL 33351

RE: CCR #2015002078

Dear Administrator:

This letter reports the findings of a state 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 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 Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: 5000-3547
XG90

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