STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968807	09/09/2015
NAME OF PROVIDER OR SUPPLIER RSC WEST PALM BEACH LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2220 N AUSTRALIAN AVE 6TH FLOOR WEST PALM BEACH, FL 33407	

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

0000 Initial Comments

An unannounced welfare monitoring survey was conducted on 09/09/15 at Rsc West Palm Beach. The facility had deficiencies found at the time of the visit.

0008 Admissions - Health Assessment

Based on interview and record review, it was determined that 1 (Resident #3) of 4 sampled residents failed to have Health Assessment (1823) as part of the admission process that includes a face to face medical examination completed by a health care provider 60 calendar days before admission to a facility or within 30 calendar days of the admission date.

The findings include;

During the review of the record of R #3 on / it was noted an admission date of / and also noted that the resident had a diagnoses of dependent and self administration injections routinely three times per day . Further review of the record revealed that a health Assessment was not completed 60 days prior to admission or 30 days following admission to the facility. It was also revealed that there was no current physician order for the resident to self administer injections. An interview with the Medication Tech and Administrator at the time of the review revealed that they were unaware the the required Health Assessment (AHCA form 1823) had not been completed nor physicians order to self administer injections.

Class III

0092 Food Service - General Responsibilities

Based on observation, interview and record review, it was determined that the Administrator (Designated Food Manager) failed to perform his duties in a safe and sanitary manner and failed to ensure the physician ordered therapeutic diets were being followed.

The findings include:

1) During the observation of the breakfast meal on at 9 AM, it was noted that the resident's breakfast meal were located in a hot holding box located in the dining . The food temperatures were taken with a calibrated bayonet thermometer and were found to be not held at the required regulatory hot food temperature temperature of 135 degrees F or greater. The temperatures were recorded as follows:

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a) Fried Eggs = 110 degrees F
b) Pancakes = 110 degrees F
c) Hash Brown Potatoes = 110 degree F.

2) During the observation of the lunch meal on 09/09/15 at 11:30 AM, it was noted that the catered lunch meal were delivered in a Cambro insulated container. The foods temperatures were taken with a calibrated bayonet thermometer and were found to not being held during transportation at the required regulatory food holding temperature of of 41 degrees F or below. The temperatures were recorded as follows:
a) Roast Beef Sandwich = 80 degrees F.
b) Potato Salad = 80 degrees F.

An interview conducted with the Administrator and the CNA/Medication Tech on revealed that they were unaware of the regulatory holding temperatures of hot and foods. It was also revealed that the facility does not have a food thermometer available to take the temperatures of foods as they arrive to the facility from the caterer.

3) During the review of the record of R #1, R #2,, and R #4 on , it was noted that all 3 sampled residents had current physician orders for a therapeutic diet. The therapeutic diets included the following:

a) R #1 - No Added Salt (NAS), Low Fat & Low
b) R #2 - Controlled (CCHO)
c) R #4 - No added salt (NAS)

During the review of the record of R #3 on , it was noted that the resident was an dependent and received routine injections three times per day. The record failed to have a completed Health Assessment and a physician order for controlled therapeutic diet order.

Interviews conducted with R #1, R #2, R #3 and R #4 on revealed that the physician ordered therapeutic diet orders for NAS, CCHO, and Low Fat & Low are not being followed The residents stated that there are no food offered by the caterer or facility that are sugar free, low in salt/, or low in fat/.
Following the record reviews, an interview was conducted with the Administrator and medication tech who stated that they were unaware of the physician ordered diets that were documented in the resident's Health Assessment (1823). It was also revealed that they were unaware that R #3 failed to have a a completed health Assessment (1823) that included a physician ordered therapeutic diet.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0093 Food Service - Dietary Standards

Based on observation, interview, and record review, it was determined that the facility failed to have all regular and therapeutic menus revived annually by a licensed or registered dietitian, licensed nutritionist or a registered dietetic technician reviewed on an annual basis. The facility failed to meet the nutritional needs of the residents.

The findings include:

During the welfare monitoring survey conducted on the following were noted:

1) During the entrance conference conducted with the facility administrator the surveyor requested the facility's approved menu. The administrator stated the residents meals are contracted by a caterer that delivers meals 3 times per day to the facility. Further investigation revealed that there was not an approved facility menu that included a variety of foods and portion size indicated on the menu. The administrator submitted to the surveyor a monthly menu that did not document the daily menu nor did were portion sizes included on the menu.. The submitted menu also failed to have a required signature and date that the menus were approved. Observation of the breakfast meal on revealed that pancakes and sausage links were sent by the caterer. Further observation revealed that there was no milk source, fresh fruit or fruit juice sent with the catered meals. The facility failed to have regular and sugar free syrup available for the pancakes. Observation of the lunch meal a roast beef and potato salad was sent by the caterer. Further observation again revealed no milk source, fruit or vegetable serving with the meal.

Interview with the administrator revealed that he was unaware of the ALF regulation requiring the the facility must have a annual approved menu with portion sizes that includes a variety of foods and meets the nutritional needs of the residents.

2) During interviews conducted with R #1, R #2, and R #3 it was revealed that the meals being served did not meet the nutritional needs of the residents. Specifically, the residents stated that they did not receive any of the required 16 ounces of milk or milk equivalent on a daily basis. The residents stated that a variety of fresh fruits, fruit juices, fresh vegetables and cooked vegetables are not served on a daily basis.

3) During interviews conducted with R #1, R #2, and R #3, it was revealed that the residents were not

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being offered between meal snacks and bedtime snack on a regular basis. The only foods available for between meal snacks was coconut water, and occasional orange and apple juice.

4) During interviews conducted with R #1, R #2, and R #3, it was revealed that there were no meal substitutions available for the residents. It was further revealed that the caterer does not prepare and send any alternate entree, vegetable, starch, or dessert for any of the meals being served on a daily basis.

5) During an interview conducted with the administrator it was revealed that a 3-day supply of nonperishable foods based on the resident census was not on hand at all times.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2015

Administrator
RSC West Palm Beach LLC
2220 N Australian Ave 6th Floor
West Palm Beach, FL 33407

RE: Welfare Monitoring Survey

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on [redacted], 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than [redacted], 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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

XG90

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