STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966519	10/16/2015
NAME OF PROVIDER OR SUPPLIER **INDIGO PALMS AT MAITLAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **740 NORTH WYMORE ROAD** **MAITLAND, FL 32751**	

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

0000 Initial Comments

A Complaint Investigation (2015007909) was conducted at Indigo Palms at Maitland Assisted Living Facility on through / / in conjunction with the Follow up visit for Complaint Inspections (2015006058 and 2015006941).
Indigo Palms at Maitland Assisted Living Facility had deficiencies at the time of the investigation.

0030 Resident Care - Rights & Facility Procedures

Based on observations and interviews, the facility failed to ensure that 1 of 1 sampled memory care resident was treated with consideration and individuality and did not honor his food choices.

Findings:

On / / at 4:50 PM observations of the memory care unit revealed the staff were having to assis: with bringing the residents to the dining eat.
The dinner menu for the day was Country fried Pork with gravy, Oven Roasted potatoes, green bean or Steak and cheese sub. French fries, mixed melon salad.
At approximately 5:15 PM the meal was served. One of the staff present was asked at the time if there were any residents who did not eat pork. The staff identified one resident who was Resident #12.

Observations revealed some of the resident's received cheese steak subs and Fries and some of them received the Country Fried pork entrée. The staff stated they would show the resident's what was served and they could choose. Some of the resident's that could not choose were given the subs because it was soft and easy for them to eat.

On / at approximately 5:25 PM Resident #12 was observed sitting at the table eating off of the plate that included the pork entrée. The meat was breaded and it was difficult to determine what it was. A staff member passing by was asked prior to the resident eating the meat if it was pork and she stated it was.
The resident was observed to only have eaten the other foods on his plate and had not touched the Pork, He was asked at the time by the surveyor if he wanted to eat the meat because it was pork. The resident push his chair back from the table, raised both hands as if in and stated oh no I do not eat pork, I thought it was beef. The staff were informed at the time that the resident did not eat pork. The staff apologized to him and told him they were sorry for him being served the pork and gave him the plate with the Steak sub and fries.

During an interview with Staff C at 5:30 PM, she stated she served the Pork Entrée to Resident #12, she

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was not aware that the resident did not eat pork. Because she usually worked in the other building and no one had informed her.

During an interview with Staff B a Medication Tech on at 5:35 PM, she stated she knew the resident prior to him being admitted into the memory care building when he resided in the other building and she knew he did not eat pork.

Class III

0093 Food Service - Dietary Standards

Based on Menu review, Observations and Interviews, the facility failed to ensure that the menu was reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to date the menus that were planned and served, maintain the last 6 months of menus including substitutions, to encourage the residents of the facility to participate in the menu planning, to serve food that was attractive.

Findings:

During an interview with Staff A the Dietary Manager on / / at approximately 10:15 PM, she stated she did not have the menus that were dated for the last six months, she used cycle menus and would just rotate them with the dates. She further stated she threw out the meal substitutions. The dietary manager stated the last menu had expired and she was waiting on the Dietitian to provide the new menu for the year.

Observations on / / at 11 AM revealed there was no menu posted anywhere in the facility for the week. What was served for Lunch and Dinner for the day was written on a board in the dining

During interviews with Resident's Throughout the survey on and revealed that the food was not good at times and they had spoken with the facility administrator about it and would be told it was being looked into and no improvements had been made. The residents stated they were not encouraged to participate in the menu planning.

Observations on / at approximately 12:20 PM of the written menu on the board revealed it noted: fried chicken, garlic mash potatoes, garden Broccoli or Vegetable lasagna, Tossed salad with dressing and Dessert was cream pie.

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Observations of the meals on the plates revealed residents had ate the other foods and the chicken remained. When the some of the residents observed the surveyor in the dining immediately stated come look at this chicken. Observations of the chicken at the time revealed it had a lot of breading. One of the residents chicken was all bones and breading. Further observations revealed the inside of the heavily breaded chicken looked dry and did not look appetizing. The administrator was asked to come to the dining , where he also made an observations and confirmed that the chicken did not look appetizing. He stated at the time the chicken came to the facility already breaded from the company that the facility ordered from. He stated when the Dietary manager fried chicken the residents enjoyed it.

During an interview with Resident #7 on / / at approximately 1:30 PM, he stated he was the Resident Council president. He stated there was various food complaints. He stated the staff would always tell them during meetings that food was served according to the menus. He stated residents were never encouraged to participate in the menu planning because they were told the dietitian made the menu. He stated he asked in the last month meeting to meet with the dietitian and he had never received a response. He stated the residents were not provided with a copy of the menu weekly nor was it posted anywhere so that they could know what was going to be served in advance. He stated the only menu that they knew about was the ones that were posted in the dining . He was not aware of a weekly dated menu.

During an Interview with Resident #10, the Resident Council Secretary on at approximately 2:15 PM, she stated she did ask Staff A for a copy of the menus to review. Resident #10 provided the surveyors with a copy of the menu that she was given and it was a one page menu from 2014.

During an Interview with Staff A on at approximately 3 PM, she stated Resident #10 did ask her for a menu and she just grabbed the old one for her to review as an example of how the dietitian prepared the menus. She stated she did not have any dated menus prepared to provide to the residents if they wanted to review them, nor were they posted anywhere. She stated the food served would be posted daily in the different dining . Staff A stated the Chicken that was served came breaded and did not look good. She stated she would usually bread and fry chicken at the facility. The food company sent breaded chicken instead of just plain chicken for her to prepare and fry.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Indigo Palms At Maitland
740 North Wymore Road
Maitland, FL 32751

RE: CCR #2015007909 w/LNS

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation survey that was conducted on , 2015 by representative(s) 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 , 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 surveyor(s). Should you have any questions please call Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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