AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922281	01/29/2016
NAME OF PROVIDER OR SUPPLIER **WESTBROOKE MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **6701 DAIRY ROAD** **ZEPHYRHILLS, FL 33542**	

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

0000 Initial Comments

Assisted Living Facility Licensure

On , 2016, through , 2016, a biennial relicensure survey with extended congregate care (ECC) services was conducted at Westbrooke Manor assisted living facility. A deficiency was identified during the survey.

0093 Food Service - Dietary Standards

Based on observation, interview, and record review, the facility failed to ensure that therapeutic diets were served as ordered by the healthcare provider (Therapeutic Diets) for 2(#1 and #15) of 2 residents observed . Additionally, the facility failed to ensure that nutritional needs were met by offering a variety of meals adapted to the food habits and preferences of the residents.

Findings included:

A dining and food service review was conducted on / . At 11:35 am, the dietary aide was asked to identify residents on therapeutic diets. The dietary aide stated that Resident #1 and Resident #15 were on no concentrated sweets (NCS) diets. The dietary aide was then observed placing plates of cheesecake in front of Resident #1 and #15 without asking for their dessert preference. When the dietary aide was asked if the cheesecake was sugar free, she stated that it was not. The dietary aide then approached Resident #1 and #15 and asked if they wanted the sugar free dessert (apple pie). Resident #1 stated that she would have the sugar free apple pie and Resident #15 stated that he wanted the cheesecake. When asked why the residents were not initially given the sugar free option, the dietary aide stated that Resident #1 is always given regular desserts because that is want she wants.

A review of Resident #1 ' s AHCA Form 1823 dated / / indicated diagnoses of (non- - type 2), OA, , HLD, , s/p , Parkinson s, s, , Knee Pain. Special Diet Instructions read: No Concentrated Sweets.

A review of Resident #15 ' s AHCA Form 1823 dated indicated diagnoses of , , , Carotid . Special Diet Instructions read: No Sugar Added.

The registered dietitian approved menu for / (week 1, Thursday, in 4 week menu cycle) stated potato crusted cod loin, buttered mashed potato, sliced carrots, assorted bread/rolls, chef's choice

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dessert/SF dessert, coffee/decaf coffee/tea, milk/water. The lunch meal served was observed at 11:15 am on / and there was an absence of assorted bread and rolls.

The culinary director was interviewed at 1:00 PM on / and he acknowledged that bread and rolls were not served during the lunch meal. He stated that the facility did not serve bread/rolls because residents complain about too many carbohydrates on the menu and 90% of bread served would go in the garbage. When asked if the residents have any input in to developing the facility ' s 4 week menu cycle, he stated that he was not aware of residents having any input.

Resident interviews were conducted on / / and / and residents indicated that the facility did not ask for input when their 4 week menu cycle was developed.

The facility ' s non-compliance with Therapeutic Diets for Resident #1 and #15 on /, the lack of full compliance with the registered dietitian approved lunch menu for / , and the lack of encouragement of residents in to menu planning was discussed and acknowledged by administration during the exit interview conducted on / / .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Westbrooke Manor
6701 Dairy Road
Zephyrhills, FL 33542

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with extended congregate care (ECC) that was conducted on , 2016, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 deficiency. Submit summary and documents to the Field Office no later than , 2016.** 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 deficiency 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.

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Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Paul Brown

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547