STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965889	08/22/2016
NAME OF PROVIDER OR SUPPLIER **PLEASANT RETIREMENT HOME INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **7512 Washington Ave.** **LANTANA, FL 33462**	

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

0000 Initial Comments

On 08/22/2016, a Biennial Licensure survey was conducted at Pleasant Retirement Home, (license number 10188). The facility had deficiencies identified during the survey.

0056 Medication - Labeling and Orders

Based on interviews and record review, the facility failed to ensure unlicensed staff who assisted residents with self-administration of medications maintained required standards of practice for 1 of 3 sampled Residents (12) by not obtaining written Health Care Provider (HCP) orders to crush specific medications.

The findings included:

Review of Resident 12's medical records conducted revealed the following:

1. He was admitted to the facility on / . His AHCA Form 1823 (medical examination) documented diagnoses of , , history of with right-sided , history of severe tongue-thrusting, sight , and to his right arm.

2. An / evaluation called for "crush [oral] meds, give with applesauce".

3. An / hand-written HCP order called for "may crush [oral] med and give with applesauce".

Further review of Resident 12's medical records revealed no written HCP order that specified which medications were to be crushed.

In an interview conducted at 2:15 PM, the Administrator and the facility's contracted Licensed Practical Nurse both stated Medication Technicians (MT's), unlicensed staff who assist residents with self-administration of medications, crush medications for Resident 12. Both acknowledged MT's are not expected to know which medications may be crushed, and that written HCP orders must specify which medications the MT's my crush.

Class III

0093 Food Service - Dietary Standards

Based on observations, interviews and record review, the facility failed to provide a therapeutic diet

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ordered by a Health Care Provider (HCP) for 1 of 2 sampled Residents (12) by not properly pureeing the resident's food and not providing dietary services as ordered by a HCP.

The findings included:

Review of Resident 12's medical records revealed the following documentation:

1. He was admitted to the facility on / . His AHCA Form 1823 (medical examination) documented diagnoses of , history of with right-sided , history of severe tongue-thrusting, sight , and to his right arm.

2. An (difficulty swallowing) evaluation disclosed, " is at risk for , of thin liquids, secondary to oral , delayed swallow. Note also multiple swallows per bolus, indicative of residuals. tolerated puree and honey-thick liquid trials without overt signs or symptoms of . Results/recommendations were discussed with [home health agency nurse]." "Recommendations: pureed diet, honey thick liquids ... supervise when eating, slow rate, small bites, small sips, double swallow."

3. An / written HCP order called for puree diet and honey-thick liquids related to and precautions.

Resident 12 was observed eating his lunch on from 12:25 PM until 12:50 PM. The following concerns were identified:

1. His meal was not pureed properly and had a "chopped" texture. He was served a mixture of sweet potatoe, tomatoes, ground beef, and tomatoe sauce all mixed together. The other residents received spaghetti with meatballs and tomatoe sauce, lettuce and tomatoe salad, and garlic toast. In an interview conducted at the time of observation, Employee B, the staff member who prepared his meal, stated she thought his food was a "pureed" texture, she confirmed she used sweet potatoe instead of pasta, did not provide a substitute for the lettuce in the salad, and did not serve him garlic toast. The Administrator, present at the time, stated it was not pureed enough, it should have a "baby food" texture, smooth with no chunks. She also acknowledged his entree should not have been all mixed together, that there was no reason to not puree the pasta and garlic toast, and a nutritional equivalent to the lettuce should have been provided to the resident.

2. The Administrator was present the entire time Resident 12 was observed eating his lunch. He was observed to feed himself, eat at a normal pace, eat his food in large bites, take normal-sized sips of his drink, and he did not try to double-swallow. There were no observations of the Administrator following

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the evaluation recommendations listed in Item 2. above. She did not encourage or cue the resident to eat at a slow rate, take small bites, take small sips, or double swallow.

This was discussed and acknowledged by the Administrator and the facility's contracted home health nurse on at 3:45 PM.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Pleasant Retirement Home Inc.
7512 Washington Ave.
Lantana, FL 33462

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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 , 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 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 the field office at 561-381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/ch
Enclosure

XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com