STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910722	**11/01/2017**
NAME OF PROVIDER OR SUPPLIER **LAUDERHILL MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2801 NW 55TH AVENUE** **LAUDERHILL, FL 33313**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on and at Lauderhill Manor (License #7249). There were deficiencies found during the time of the survey.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on record review and interview, it was determined the facility failed to address resident grievances in a timely manner and demonstrate that the facility is addressing all grievance(s) made by residents and/or family members both verbal and written .

The findings include :

A confidential interview was conducted with Resident #22 on , 2017 at 1:40 PM. Surveyor was informed that he is very unhappy with the food service at the facility. Resident #22 stated he is a type II resident and is not getting the food that he is supposed to eat. Resident #22 stated the menu presented to them says they offer a Therapeutic menu that caters to the residents they have but feel the facility is too cheap to buy sugar free food for people like him who lives depend on it. He says he has verbalized his complaint to some of the nurses but no one seems to care in the facility. Resident #22 stated "I know for a fact that the food is not sugar free because when it is sugar free you can definitely taste the difference, they are serving everyone out of one pot. During other random confidential interviews conducted on and , the same concerns were identified.

Review of the facility's grievance policy and records failed to indicate the facility had documented and/or addressed aforementioned concerns. An interview was conducted with Staff E, who is the designated chef in the absence of the facility's main chef. The surveyor asked to see their dry food storage being used on a daily basis. At this time a request was made to see the menu that she follows on a daily basis to compare to what is present in the dry food storage. The menu presented for Thursday, , 2017 showed residents were to be served the following:

Breakfast
4 oz Orange Juice
1/2 cup cereal
French toast
2 T Syrup
DB: Sugar Free Syrup
1 oz of sausage
8 oz Milk

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6 oz Coffee or Tea

Dinner
8 oz chili with beans over one cup white rice
OR
Shepard's Pie
3 oz Protein
1 cup tossed salad
2 T Salad Dressing
½ cup pudding
DB: Sugar free Pudding
8 oz Beverage/ Water

Staff E was not able to locate any food items in the closet that was labeled sugar free. Staff E proceeded to call the head chef and ask where the sugar free menu items are kept, the head chef replied he does not order sugar free food and there is none currently in the facility.

An interview was conducted with the Administrator on , 2017 at 2:00 PM. The surveyor informed the Administrator that there is a list posted in the kitchen that stated 21 residents who are within the facility, you have a therapeutic menu posted in the dining state sugar free food items should be given as a replacement for your residents; however, designated kitchen staff cannot locate any sugar free food items. A request was made to review the two most recent food orders placed. A food order was placed on , and from there food service distributors, review of the order revealed no sugar free items were ordered to support the approved the menu dated , 2017 - 2018. The menu further stated the following food should be on hand for residents:

a) Skim Milk
b) Sugar Substitute
c) Sugar Free Beverages
d) Fruit Juices with no added sugar and fruit in own juice

During an interview with the Administrator, he was advised that the head chef stated Sugar Free food items are never ordered. The Administrator was unable to provide any further documentation indicating the food grievance concerns have been addressed/resolved.

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Class III

0092 - Food Service - General Responsibilities - 58A-5.020(1) FAC

Based on interview and observations, it was determined that the Food Service Manager and Dietary Manager failed to ensure that the facility's emergency food supply was maintained in a safe manner.

The findings include:

During observation on at 12:10PM, of emergency food storage closet, it was revealed the the facility has a unknown rodent issues. Upon opening the door of the emergency supply closet, unknown rodent droppings were observed and there was shuffling / crawling sounds in and around the items in the . Two containers of peanut butter had been eaten through and Styrofoam plates had missing section consistent with being chewed. Further observation of the rodent dropping in various areas. Day 2 observations revealed the emergency food storage . There were no visible holes in the walls, or visible rodent entry areas. The a musky odor and the carpet was badly stained. There were three mouse traps that had been set the previous day, no rodents in traps.

During an interview with the Administrator he stated, that he was not aware of any rodent issues in the emergency food storage closet. He stated he called the exterminator on Day 1 of the survey and they trapped three small mice within the . The facility has monthly routine pest control, he was not sure if the treatments were for rodents / mice.

The facility failed to implement a rotation system and/or monitor the emergency food to ensure it was maintained in safer manner for resident consumption in the event of an emergency. The Broward area experienced a hurricane during the month of 2017, in which the facility needed to prepare and ensure appropriate non-perishable food items were available for residents. This would include inspecting the food supply and paper products (plates, utensils). According to the facility the emergency food items were not used and therefore never had to replenish the items . Therefore, the items and the rodents had been in the area for an unknown period of time.

During an interview with the Administrator, on , he stated the treatments have started and they will continue until the problem is resolved. He acknowledged the findings and provided no additional information for review.

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Class III

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

Based on observations, interviews and record reviews, it was revealed the facility failed to honor a therapeutic diet, for 21 of 21 sampled residents that reside in the facility. As evidence of the facility failure to order sugar free items for the residents.

The findings include:

A confidential interview was conducted with Resident #22 on , 2017 at 1:40 PM. Surveyor was informed that he is very unhappy with the food service at the facility. Resident #22 stated he is a type II resident and is not getting the food that he is supposed to eat. Resident #22 stated the menu presented to them says they offer a Therapeutic menu that caters to the residents they have but feel the facility is too cheap to buy sugar free food for people like him who lives depend on it. He says he has verbalized his complaint to some of the nurses but no one seems to care in the facility. Resident #22 stated "I know for a fact that the food is not sugar free because when it is sugar free you can definitely taste the difference, they are serving everyone out of one pot. During other random confidential interviews conducted on and , the same concerns were identified.

An interview was conducted with Staff E, who is the designated chef in the absence of the facility's main chef. The surveyor asked to see their dry food storage being used on a daily basis. At this time a request was made to see the menu that she follows on a daily basis to compare to what is present in the dry food storage. The menu presented for Thursday, , 2017 showed residents were to be served the following:

Breakfast
4 oz Orange Juice
1/2 cup cereal
French toast
2 T Syrup
DB: Sugar Free Syrup
1 oz of sausage
8 oz Milk
6 oz Coffee or Tea

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Dinner
8 oz chili with beans over one cup white rice
OR
Shepard's Pie
3 oz Protein
1 cup tossed salad
2 T Salad Dressing
½ cup pudding
DB: Sugar free Pudding
8 oz Beverage/ Water

Staff E was not able to locate any food items in the closet that was labeled sugar free. Staff E proceeded to call the head chef and ask where the sugar free menu items are kept, the head chef replied he does not order sugar free food and there is none currently in the facility.

On , 2017 observations and record review revealed 21 residents who are diagnosed with of which 14 of them were also being treated with . Further observations revealed a list was posted on a wall inside of the kitchen for staff viewing. However, the facilty nor the dietary staff were following or ensuring these residents were served meals as it relates to their diagnosis or dietary needs (diet).

An interview was conducted with the Administrator on , 2017 at 2:00 PM. The surveyor informed the Administrator that there is a list posted in the kitchen that stated 21 residents who are within the facility, you have a therapeutic menu posted in the dining state sugar free food items should be given as a replacement for your residents; however, designated kitchen staff cannot locate any sugar free food items. Today the sugar free items according to the posted menu should be sugar free syrup and sugar free pudding. A request was made to review the two most recent food orders placed. A food order was placed on , and from there food service distributors, review of the order revealed no sugar free items were ordered to support the approved the menu dated , 2017 - 2018. The menu further stated the following food should be on hand for residents:

a) Skim Milk
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During an interview with the Administrator, he was advised that the head chef stated Sugar Free food items are never ordered. At this time, the Administrator presented a menu that the head chef is supposed to follow but does not follow. The Administrator stated he will place an order for all sugar free items when the chef returns to duty.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

1) Based on observation and interview, the facility failed to provide a clean and decent living environment and ensure the facility was maintained in good repair, and free of pest and rodents, for 94 of 94 sampled residents.

The findings include:

While conducting a tour on with the Activities Director the following was observed:

a) In # - the resident's handle was broken. The door handle was observed turned downward unable to turn in an upward motion making the door unable to close completely. During an interview with the resident on at 9:56 AM, it was revealed the door handle became broken on the for a while and unable to remember exactly how long. The residents residing in the unable to secure privacy within the the door knob is broken.

b) # the door knob for the entry door to the residents broken. The door knob was observed from the door making the door unable to completely close if leaving the .

c) In the Common Area of wing 100, the tan colored walls were observed to have white discoloration of the paint in various areas. Black Markings were also observed on the walls, and on the floor in various places (Photographic Evidence Obtained).

During an interview with the Administrator on 11/ at 2:34 PM, the physical plant concerns were discussed that were found during the tour. The Administrator wrote down the concerns discussed, and had no response. No further information was provided.

2) During observation on at 12:10PM, of emergency food storage closet, it was revealed the

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the facility has a unknown rodent issues. Upon opening the door of the emergency supply closet, unknown rodent droppings were observed and there was shuffling / crawling sounds in and around the items in the . Two containers of peanut butter had been eaten through and Styrofoam plates had missing section consistent with being chewed. Further observation of the rodent dropping in various areas. Day 2 observations revealed the emergency food storage . There were no visible holes in the walls, or visible rodent entry areas. The a musky odor and the carpet was badly stained. There were three mouse traps that had been set the previous day, no rodents in traps.

During an interview with the Administrator, he stated that he was not aware of any rodent issues in the emergency food storage closet. He stated he called the exterminator on Day 1 of the survey and they trapped three small mice within the . The facility has monthly routine pest control, he was not sure if the treatments were for rodents / mice.

During an interview with the Administrator, on , he stated the treatments have started and they will continue until the problem is resolved. He acknowledged the findings and provided no additional information for review.

Class III