

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965503	(X3) DATE SURVEY COMPLETED 10/05/2018
NAME OF PROVIDER OR SUPPLIER PRESIDENTIAL PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 3880 SOUTH CIRCLE DRIVE HOLLYWOOD, FL 33021	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR #2018011096 was conducted on _____ at Presidential Place, License #9921. The facility had deficiencies identified at the time of the visit.

This compliant survey was conducted in conjunction with the licensure complaint revisit survey, CCR #2018004866, CCR #2018005201 & CCR #2018005212, and the Relicensure revisit survey. See separate reports for survey findings.

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

Based on observation, interview, and record review, the facility failed to provide a variety of palatable, nutritious meals as evidenced by not offering, serving or substituting items of comparable nutritional value or offering a variety of menu items of the residents liking that accommodates those with therapeutic diets.

The findings included:

Review of the menu for the week of _____ revealed that the facility does not show that they have variety of nutritious food on the menu or a variety of nutritious meals on their alternate menu based on the documentation provided. Review of the menu posted for residents revealed meals with ground beef served four times in the week meat lasagna for dinner on _____, beef Taco on Tuesday for lunch _____, beef Pattie for lunch on _____, chili for lunch on Friday _____. Further review of the menu revealed peas and carrots served three times in the same week for lunch on Sunday _____, Tuesday _____, and Friday _____. Review of the dinner menu revealed mixed green salad served every day. Chicken is served for lunch Sunday _____ for dinner Tuesday _____, Thursday _____ and Friday _____. On Saturday _____ no protein was observed on the menu to be served at all. Desserts for lunch and dinner for residents that require sugar free items are the same for both meals each day.

Review of the alternate menu that does not change daily revealed food items high in _____, sugar, _____, and foods that are fried serving as unhealthy alternatives for those requiring therapeutic diets. Food items on the menu are listed as follows: Hamburger (4 oz beef patty on a _____ with lettuce, tomato, onions and pickles), all beef hotdog with all of the condiments, deli sandwich (thin sliced ham, turkey, cheese on your choice of bread), accompaniments: onion rings, french fries, desserts: Ice Cream, Jello. Review of the menu approved by the dietician list a variety of items the facility can serve for the week, the facility chooses from the items and put together their own menu.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965503	(X3) DATE SURVEY COMPLETED 10/05/2018
NAME OF PROVIDER OR SUPPLIER PRESIDENTIAL PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 3880 SOUTH CIRCLE DRIVE HOLLYWOOD, FL 33021	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
During an interview with the Food Service Director and the Administrator at 1:40 pm on _____, it was stated that every Tuesday they do a different ethnic theme, this week is Jamaican, one week its Greek, polish, and every week its something different, and that the menu shown is a shortened version of the items they actually have. It was further stated that I have been serving a lot of peas and carrots this week because I am trying to make _____ the freezer and didn't want to throw it out because I would have to write it up as a loss. It was stated that usually by the end of the week it is not like that. At 2:30 PM on _____ another alternative menu was provided that listed as follows: roasted chicken quarters, grilled ham steak (served with a honey mustard sauce), seasoned tilapia (flavored with basil, sage, parsley, and thyme baked) with accompaniments : baked Potato, baked sweet potato, desserts: ice cream, jello. The lack of variety in non-starchy vegetables, desserts, and the salt in the ham was discussed, no further information from either staff was provided for review. Class III 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on record review and interview, the facility failed to ensure that the facility's Comprehensive Emergency Management Plan (CEMP) was up-to-date and approved by the local emergency management agency. The findings included: Upon requesting documentation of the CEMP approval letter on _____, it was revealed that the facility was unable to provide the documentation due to requested corrections in the CEMP from the Local Emergency Management Division. Review of the letter from the Local Emergency Management Division dated for _____ stated that the facility has until _____ to make corrections and resubmitted. Therefore, the facility was unable to provide a current approved CEMP. During an interview with the Administrator on _____ at 4:36 pm, the findings were discussed. The facility provided no further documentations for review. Class III		