

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966301	(X3) DATE SURVEY COMPLETED 01/30/2019
NAME OF PROVIDER OR SUPPLIER SUN COAST RETREAT	STREET ADDRESS, CITY, STATE, ZIP CODE 8151 TREELET COURT NEW PORT RICHEY, FL 34653	

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

0000 - Initial Comments

Assisted Living Facility

A Complaint Survey (CCR#: 2018016601) was conducted at Suncoast Retreat Assisted Living Facility on . Suncoast Retreat Assisted Living Facility had deficient practice identified at the time of the survey.

(License#: 10530)

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, record review, and interview, the Facility failed to provide care and service to meet the needs for supervision of medications, testing, and dietary services.

Findings Included:

During an observation and interview with Resident #7, conducted on at 11:35am, Resident #7 stated that there was not enough to eat and that the Facility served the resident the same food for both lunch and dinner, which consisted of foods high in . Resident #7 stated that the resident was supposed to have a salt-free diet and that the Facility served hotdogs "way too often". Resident #7's ankles (left and right) appeared fluid filled and . At 11:55am, observed Resident #7's lunch plate which consisted of four types of cuts (turkey, ham, pepperoni, and an unknown looking meat), two types of cheese cubes, a cup of fat-free yogurt, a bowl of potato soup, and a small orange slice and stated "this is what I get twice a day".

During an observation of the lunch meal, conducted on at 11:45pm, Resident #5 sat at the dining table with food positioned in front of the resident for 20-minutes and no staff assisted the resident while the two residents who sat at the same table ate in front of Resident #5. Resident #5 appeared unable to lift their arms up to the table to eat independently. When Resident #5 leaned forward and the residents in to the plate set in front of the resident, staff assisted and fed the resident.

Between 12:00pm through 12:30, Resident #1 was observed with a salad positioned in front of the resident as the dining table. Resident #1 stated that the resident unable to eat due to not "received my yet and it's ordered to take five minutes before I eat".

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/14/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966301	(X3) DATE SURVEY COMPLETED 01/30/2019
NAME OF PROVIDER OR SUPPLIER SUN COAST RETREAT	STREET ADDRESS, CITY, STATE, ZIP CODE 8151 TREELET COURT NEW PORT RICHEY, FL 34653	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
A record review for Resident #1, conducted on _____, revealed that Resident #1 required assistance with self-administration of medication according to the residents Health Assessment Form dated _____. Resident #1 had Home Health Care services ordered only for Physical and Occupational Therapies but not for medication assistance. Resident #1 had a note from a health care provider to the Facility that stated that the "Assisted Living Facility must give (the Patient) _____ as scheduled on time daily". Resident #1 had ordered _____ testing (BGT) five times each day. There was no documentation that the Facility offered Resident #1 the BGT each time it was due on _____ at 06:00am; _____, _____ at 02:00pm; and, _____ and _____ at 10:00pm. Resident #1 had BGT circled as not done for reasons such as "resident sleeping", "resident refused to get up", and "resident refused." The dates and times included: _____, 16, _____, _____, and _____ at 06:00am _____ and _____ at 05pm _____ and _____ @10:00pm There was no documented evidence that Resident #1's health care provider was notified related to the non-performance of BGT. There were no orders in Resident #1's record to hold the BGT. A record review for Resident #6, conducted on _____, revealed that Resident #6 required assistance with eating and a no added sugar diet according to the resident's Health Assessment Form dated _____. A record review for Resident #7, conducted on _____, revealed that Resident #7 required a diet with no added salt and no added sugar according to the resident's Health Assessment Form dated _____. There was no diet order in Resident #7's record for a diet consisting of _____ cuts and cheese cube. A review of the Facility's dietary services list of Specialty Diets, conducted on _____, revealed that Resident #6 was not listed as requiring a no added sugar diet and Resident #7 was not listed as requiring a no added salt and no added sugar diets. During an interview with the Dietary Manager, conducted on _____ at 11:41am, the Dietary Manager stated that Specialized Diets followed by reviewing the board for the special diets listed in the kitchen. The Dietary Manager stated that the special protein plates for special diets never reviewed by a dietician and it was something that "I created". During an interview with Staff B, conducted on _____ at 12:54pm, Staff B stated that the staff assisted		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966301	(X3) DATE SURVEY COMPLETED 01/30/2019
NAME OF PROVIDER OR SUPPLIER SUN COAST RETREAT	STREET ADDRESS, CITY, STATE, ZIP CODE 8151 TREELET COURT NEW PORT RICHEY, FL 34653	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
in the dining room because Staff C was the only staff in the dining room and more residents required assistance. During an interview with the Assistant Administrator (AA), conducted on at 02:52pm, the AA acknowledged & confirmed BGT not documented as done for Resident #1. The AA stated that the expectation in the dining room was "for (Residents #1 and #5) not having to wait to eat and that (Resident #1's) should be more consistent with the order and dining time." At 03:25pm, the AA was unable to provide requested documentation that Resident #7 refused prescribed diet and that Residents #6, #7, #8, #9, and #10 requested the specialty plates with diets not reviewed by a Registered Dietician. At 04:00pm, the AA unable to provide documentation that Resident #1's Physician notified regarding non-compliance with BGT. Class III 0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28() FS 429.27 Based on observation, record review, and interview, the Facility failed to honor residents' rights by failing to treat residents respect and consideration by responding to their concerns and grievances regarding dietary services. Findings Included: A review of the Facility Grievance Log, conducted on, revealed that Residents #2 and #3 filed grievances regarding dietary services. Resident #2, on, filed a grievance that stated that staff shut the kitchen door in the resident's and ignored the resident while the resident attempted to find out what the lunch and dinner would be. Resident #3, on, filed a grievance that stated that the Dietary Manager got "very mean" and told the resident to leave the kitchen because the resident was "bothering them" while the resident attempted to obtain "something to eat for breakfast". During an interview with Resident #4, conducted on at 11:15am, Resident #4 stated that the Dietary Manager refused to give more food when requested and that food was usually served During an interview with Resident #2, conducted on at 12:10pm, Resident #2 stated that the Facility never listened to residents' suggestions regarding meals. Resident #2 stated that no staff questioned the resident regarding the grievance that the resident filed on and that there was		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/14/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966301	(X3) DATE SURVEY COMPLETED 01/30/2019
NAME OF PROVIDER OR SUPPLIER SUN COAST RETREAT	STREET ADDRESS, CITY, STATE, ZIP CODE 8151 TREELET COURT NEW PORT RICHEY, FL 34653	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
never any resolve. During an interview with Resident #3, conducted on at 12:20pm, Resident #3 confirmed that the Dietary Manager "was mad at me" on the day that the resident filed the grievance. During an interview with Staff B, conducted on at 12:54pm, Staff B stated that the Facility served food portions that were not adequate and that the Dietary Manager told residents "no" when residents requested ice or coffee and that the Dietary Manager was "just rude to everyone both staff and residents all the time". During an interview with the Assistant Administrator (AA), conducted on at 04:00pm, the AA was unable to provide documented evidence that the Facility investigated and resolved Resident #2 and #3's grievances filed. Class III 0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC Based on observation, interview, and record review, the facility failed to ensure that any menu substitutions were substituted with foods of comparable nutritional value, failed to have a licensed dietitian review an alternative special diet served for 5 of 5 residents (Residents #6, 7, 8, 9 and 10), failed to serve substitutions approved by a dietician and failed to offer a variety of menu items at the facility. Findings included: A review of the facility's lunch menu approved by a registered dietician for revealed beef tips, mashed potatoes, baby carrots and fruit cake. An observation of the lunch meal in the assisted living section (AL) revealed five residents #6, #7, #8, #9 and #10 were served a plate of sliced cheese, a small cup of yogurt, fruit (a couple pieces of grapes and strawberry), a slice of ham, turkey, and or salami and one boiled egg. During an observation and interview with Resident #7, conducted on at 11:35am, Resident #7 stated that there was not enough to eat and that the Facility served the resident the same food for both		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966301	(X3) DATE SURVEY COMPLETED 01/30/2019
NAME OF PROVIDER OR SUPPLIER SUN COAST RETREAT	STREET ADDRESS, CITY, STATE, ZIP CODE 8151 TREELET COURT NEW PORT RICHEY, FL 34653	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
lunch and dinner, which consisted of foods high in Resident #7 stated that the resident was supposed to have a salt-free diet and that the Facility served hotdogs "way too often". At 11:55am, observed Resident #7's lunch plate which consisted of four types of . . . cuts (turkey, ham, pepperoni, and an unknown looking meat), two types of cheese cubes, a cup of fat-free yogurt, a bowl of potato soup, and a small orange slice and stated "this is what I get twice a day". The Dietary Manager was interviewed on at 11:41 AM PM during an interview with the facility Dietary Manager, the dietary manager confirmed there are eight residents for whom she provided a special diet plate to them as a meal replacement. The dietary manager stated; "I make a nice clean protein plate which consists of; cheese, low fat plain vanilla yogurt, fruit or egg, they may get ham, turkey, and salmon." "I give them a special plate I designed." The dietary manager stated; "My special diets for protein plates have never not been reviewed by a licensed dietitian, it is something I created, and it's an alternative meal, residents have successfully lost . . . with my special plates." The assistant administrator was interviewed on at 3:05 PM. The assistant administrator confirmed the dietary manager is providing a special plate to eight residents who currently reside at the facility. The special plates are served in place of their breakfast, lunch and dinner meals. The facility has a registered dietitian on file who is supposed to review and approve all menus for meals being provided. The registered dietitian has not reviewed or approved the special food diet plates that the dietary manger serves for meal replacements on a daily basis for residents mentioned above. The facility did not produce any documentation of a health care provider's order for diet modifications for Residents #6, #7, #8, #9 and #10. An employee record review for the Dietary Manager, conducted on, revealed that the Dietary Manager's record had no documentation that the Dietary Manager was a Registered Dietician. At 03:25pm, the Assistant Administrator was unable to provide requested documentation that Resident #6, #7, #8, #9, and #10 requested the specialty plates with diets not reviewed by a Registered Dietician. During an interview with Resident #1, conducted on at 11:00am, Resident #1 stated that the Facility served small portions at meals and that some residents do not get enough food to eat (See Photographic Evidence1). During an interview with Resident #4, conducted on at 11:15am, Resident #4 stated that the		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/14/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966301	(X3) DATE SURVEY COMPLETED 01/30/2019
NAME OF PROVIDER OR SUPPLIER SUN COAST RETREAT	STREET ADDRESS, CITY, STATE, ZIP CODE 8151 TREELET COURT NEW PORT RICHEY, FL 34653	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Facility served the food . . . , never offered snacks between meals, and served hotdogs every other day. During an interview with Resident #13, conducted on at 12:00pm, Resident #13 stated that the Facility served hotdogs "too often". During an interview with Resident #2, conducted on at 12:10pm, Resident #2 stated that the Facility does not offer snacks between meals. Class III		