| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11910052 | 03/29/2019 |
| NAME OF PROVIDER OR SUPPLIER<br>**LAKE HOWARD** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**650 NORTH LAKE HOWARD DRIVE**<br>**WINTER HAVEN, FL 33881** | |

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

**0000 - Initial Comments**

Assisted Living Facility

An abbreviated biennial survey was conducted on [redacted] at Lake Howard [redacted] (License #5494) located in Winter Haven, FL. The facility had deficiencies at the time of the survey.

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

Based on observation, interview and record review the facility failed to follow a therapeutic diet order as prescribed by the health care provider for one resident (#9) out of 1 resident reviewed for therapeutic diets and also failed to maintain sufficient three day food supply by having expired non-perishable foods.

Findings included:

1. An observation and interview was conducted on [redacted] at 12:32 p.m. with Resident # 9. She stated she was hungry and asked this surveyor to open the styrofoam container that was on her dining table. The styrofoam container was labeled "107" and the resident's room is 107. When this surveyor opened the container there was a whole muffin inside (picture evidence available). The resident said "oh that was from yesterday." There was also a bowl of multiple crackers, animal crackers,"Cheez Its", and a bag of "Frito" chips on the resident's dining table (picture evidence available). The resident said "oh that's been here since I have moved in and they refill it when it gets low."

Review of Resident #9's Health Assessment dated [redacted] revealed the resident has a special diet instruction for a regular pureed diet.

Review of the resident's diet communication form dated [redacted] revealed a diet order of regular puree. The form was signed and dated by the physician on [redacted].

On [redacted] at 12:47 p.m. an interview was conducted with the Director of Dinning Services. He confirmed Resident #9 is on a puree diet.

Further observation and interview was conducted on [redacted] at 1:16 p.m. of Resident #9's lunch meal. The resident was observed to be in her room sitting at her dinning table eating her lunch. Her lunch was observed to be a large portion of tan pureed substance and a medium portion of a green pureed substance. The resident was also observed to have a yellowish soup and the resident had picked out

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the corn kernals that were in the soup and placed them on a plastic lid next to her meal. The resident stated she normally receives pureed food because a few years , she lost her last chewing .

On at 1:28 p.m. the facility Administrator was brought into Resident #9's room and she confirmed the resident is on a puree diet and should not have the bowl of snacks or the muffin in her room.

2. Observation of the three day food supply conducted on at 1:20pm revealed there were expired non-perishable foods, including beef ravioli with an expiration date of .

An interview was conducted on at 1:25pm with the Director of Dining Services. The Director of Dining Services confirmed the food was expired.

Class III