Agency for Health Care Administration

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11922141 | A. BUILDING: _____ B. WING _____ | 08/28/2020 |

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| RENAISSANCE RETIREMENT CENTER | 300 WEST AIRPORT BLVD. SANFORD, FL 32771 |

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| A 000 | Initial Comments<br><br>A Complaint Investigation 2020014471 was conducted at Renaissance Retirement Center on . Deficiencies were identified at the time of the investigation. | A 000 | | |
| A 093 SS=D | 59A-36.012(2) FAC Food Service - Dietary Standards<br><br>(2) DIETARY STANDARDS.<br>(a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2010, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current summary of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2010, which are incorporated by reference and available for review at: http://iom.edu/Activities/Nutrition/SummaryDRIs/~/media/Files/Activity%20Files/Nutrition/DRIs/New%20Material/5DRI%20Values%20SummaryTables%2014.pdf. Therapeutic diets must meet these nutritional standards to the extent possible.<br>(b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes.<br>(c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed | A 093 | | |

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| A 093 | Continued From page 1<br>nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet.<br>1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences.<br>2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.<br>(d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months.<br>(e) Therapeutic diets must be prepared and served as ordered by the health care provider.<br>1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility.<br>2. The facility must document a resident's refusal to comply with a therapeutic diet and provide | A 093 | | |

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| A 093 | Continued From page 2<br><br>notification to the resident's health care provider of such refusal.<br>(f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals.<br>(g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on .<br>(h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observations, menu review and interviews, the facility failed to plan at least one week in advance for the menus that were to be served resulting in not having enough food for 19 residents and failed to indicate food portion sizes on the menu or on a separate sheet. | A 093 | | |

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| A 093 | Continued From page 3<br><br>Findings:<br><br>At 9:40 a.m. on residents #1 and #2 both said the facility often ran out of food.<br><br>Review of the facility's daily menu revealed lunch would consist of pulled pork with caramelized onions or meatloaf with marinara, Italian zucchini, spinach with tomatoes and vegetables.<br><br>At 1 p.m. on , the chef said the facility was out of meatloaf and that the facility had only two 5-, logs of ground beef in which to make the meatloaf. Observations revealed this to be true. The chef said those residents who requested meatloaf would be served the pulled pork instead.<br><br>At 1:30 p.m. on , the chef said the facility ran out of the pork so the remaining residents would be served a ham sandwich. Observations revealed there was no more pork. The administrator said she was unaware that the facility ran out of the food.<br><br>Review of the choice menus completed by residents revealed that residents #5 through #14 selected meat loaf but were given pork.<br><br>Residents #15 through #23 were given a ham sandwich.<br><br>A review of the daily menu used by the facility revealed it did not indicate the portion sizes for the lunch meal.<br><br>At 2:20 p.m. on the chef said she did not have documentation of portion sizes to follow but rather based on her experience, she knew meats and vegetables were always 4 ounce and | A 093 | | |

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| A 093 | Continued From page 4<br>starches 3-ounce servings.<br><br>At 2:30 p.m. on [illegible] the administrator said she was unable to provide documentation to indicate portion sizes were indicated elsewhere.<br><br>Class III | A 093 | | |
| A 193 SS=D | 59AER20-4 Mandatory Testing for Assisted Living Facilit<br><br>(1) APPLICABILITY. The requirements of this emergency rule apply to all assisted living facilities licensed under Chapter 429, F.S.<br>(2) DEFINITIONS.<br>"Staff" means all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or [illegible] materials, including body substances (e.g., , tissue, and specific , ); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. Staff may include, but are not limited to, nurses, nursing assistants, physicians, technicians, , [illegible], , pharmacists, students and trainees, contractual staff not employed by the health care facility, and persons (e.g., clerical, dietary, environmental services, laundry, security, maintenance, engineering and facilities management, administrative, billing, and volunteer personnel) not directly involved in patient care but potentially exposed to [illegible] agents that can be transmitted among from staff and patients. This definition is consistent with the Centers for Control and Prevention definition of Healthcare personnel as defined in Appendix 2.<br>(3) MANDATORY STAFF TESTING FOR | A 193 | | |

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| A 193 | Continued From page 5<br><br>COVID-19.<br>(a) Beginning , , , assisted living facilities shall not admit into the facility any staff who has not been tested for COVID-19.<br>(b) Assisted living facilities shall require all staff be tested every two (2) weeks thereafter with testing resources provided by the state.<br>(4) EXEMPTION FROM TESTING.<br>Staff who have already been and recovered from COVID-19 do not need to be tested if they can provide medical documentation to the assisted living facility.<br>(5) DOCUMENTATION.<br>(a) If testing is conducted off-site, then staff must provide proof of testing to the assisted living facility.<br>(b) Assisted living facilities shall document all staff testing, including the name of the individual, time, and date of the test.<br>(c) Assisted living facilities shall require all tested staff to notify the facility of the test results the same day the results are received. Written documentation of test results must be provided to the facility upon receipt by the staff.<br>(d) Assisted living facilities shall keep copies of all staff testing documentation on site.<br>(6) REVOCATION OF LICENSE, FINES OR SANCTIONS. For a violation of any part of this rule, the Agency may seek any remedy authorized by Chapter 429, Part I, or Chapter 408, Part II, F.S., including but not limited to, license revocation, license suspension, and the imposition of administrative fines.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observations, record reviews and interviews, the facility allowed entry into the facility for 3 of 3 sampled staff (A, B and C) who had not been tested for COVID-19 every 2 weeks. | A 193 | | |

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| A 193 | Continued From page 6<br><br>Findings:<br><br>At 11:20 a.m. on [redacted], health care provider A was seen on the second floor of the facility.<br><br>Review of the facility's visitor sign-in log revealed that provider A signed in at 10:16 a.m. and hospice caregiver B signed in at 7:25 a.m.<br><br>At 11:30 a.m. on [redacted] the front desk receptionist said that she only checked visitor's temperatures and instructed them to complete a Covid screening questionnaire and said she did not verify whether they were Covid tested.<br><br>At 12:15 p.m. on [redacted], a review of Covid test results provided by the administrator revealed that provider A's most recent test was completed on [redacted] however, the receipt date on the test revealed the facility received the results after a request was made by the surveyor to review it and after the provider was already allowed entry. (photographic evidence obtained.)<br><br>Caregiver B's most recent test was completed on [redacted], which was greater than 2 weeks prior to her entry into the facility on that day.<br><br>Staff C's most recent test was completed on [redacted] and review of time sheets revealed that he worked from 7 p.m. to 7:30 a.m. on [redacted].<br><br>At 3 p.m. on [redacted] the administrator confirmed the findings.<br><br>Class III | A 193 | | |