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
	AL11969703	A. BUILDING: _____ B. WING _____	09/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIANA OF SARASOTA	2630 UNIVERSITY PARKWAY SARASOTA, FL 34243

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced relicensure, limited nursing services, health facility reporting system, generator, visitation monitoring and complaint survey for #2022003251 was conducted on through at Liana of Sarasota, an assisted living facility in Sarasota, Florida. Complaint #2023010496 was substantiated without citation. The following is a description of the deficiencies.	A 000		
A 093 SS=D	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (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	A 093		

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A 093	Continued From page 1 resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed 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. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 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. (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. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 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	A 093		

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A 093	Continued From page 2 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. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (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. (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 . (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. This Statute or Rule is not met as evidenced by:	A 093		

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A 093	Continued From page 3 Based on observation, interview, and record review the facility failed to ensure the posted menu had the day's date. The facility failed to ensure the menu posted was the one that served to residents. The facility failed to ensure substitutions to the regular and therapeutic menus were noted before or when the meal was served, and kept on file in the facility for 6 months. Findings included: During an interview on . . . . . at 11:45 a.m., the Administrator said the kitchen will be serving the dinner menu for lunch and the lunch menu for dinner. Meal observation on at 12:00 noon revealed that the menu posted did not match the meal that was served. The administrator stated that the facility was to follow the planned menu. The posted menu listed that the meal, based on the dinner menu would be: Carrot and Ginger Soup, Tossed Salad, Baked Ziti, Green Beans, Buttered Noodles, Vanilla/Graham Pudding Parfait, and Sugar Free Dessert. Actually served on . . . . . at 12:00 noon was: Ham Salad Sandwich with lettuce and tomato, Green Salad, Potato Chips, and Seedless Watermelon. During an interview on . . . . . at 1:07 p.m., the kitchen manager-Certified Dietary Manager (CDM) and district manager-CDM acknowledged the menu posted in the dining room area did not match with what was served to the residents. They said they were hired by the facility . . . . . They said they were not even aware that the previous menu was posted in the dining area. They acknowledged that the posted menu was not dated a week in advance for the current	A 093		

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A 093	Continued From page 4 week. They acknowledge the substitutions were not marked on the posted menu. They also stated that there were no records of substitutions prior to . They said the previous CDM did not keep a record of any substitutions. On at 1:30 p.m., the Administrator confirmed the posted menu did not match with what was served to residents. The Administrator confirmed the menu posted was not dated a week in advance as required. The Administrator acknowledged substitutions were not documented on the menu before it was served to residents and there was no record of therapeutic menus served to residents prior to . Class III	A 093		