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
	AL11967402	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCELSIOR OMEGA INC	15 DADE AVE SARASOTA, FL 34232

(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 These are the results for Complaint survey CCR# 2012005430 conducted at Excelsior Omega, an Assisted Living Facility on [redacted]. There were 2 allegations in this complaint that were both confirmed with citations.	A 000		
A 026	58A-5.0182(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility shall provide an ongoing activities program. The program shall provide diversified individual and group activities in keeping with each resident ' s needs, abilities, and interests. (b) The facility shall consult with the residents in selecting, planning, and scheduling activities. The facility shall demonstrate residents ' participation through one or more of the following methods: resident meetings, committees, a resident council, suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities shall be available at least six (6) days a week for a total of not less than twelve (12) hours per week. Watching television shall not be considered an activity for the purpose of meeting the twelve (12) hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count	A 026		

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A 026	Continued From page 1	A 026		

those attendance hours towards the required twelve (12) hours per week of scheduled activities. An activities calendar shall be posted in common areas where residents normally congregate.
(d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to three (3) hours may be counted toward the required activity time.

This Statute or Rule is not met as evidenced by:
Based on observation, review of activity calendars, interview with facility staff, the facility failed to provide activities to residents as required.

The findings include:

1. Observations made throughout the day on ..: revealed one resident was involved in activities throughout the day. This resident colored and put a puzzle together in the afternoon. Throughout the day, the television was operating. The schedule for the day was to include a board game and in the evening a movie was to be watched. Although one of the staff was involved with the surveyor, there was no board game utilized throughout the day. At the time of leaving the facility at 7:30 p.m., there was no movie placed on the TV.

During an interview the caretaker in charge indicated they had tried to offer activities. She stated they had every type of board game to use, but the residents did not want to play them. So now they did not try to do things. Some of the residents used their own personal computers to play games on, and so do not take part in any activities.

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A 026	Continued From page 2	A 026		

2. Review of the activity calendars starting in ..) through , revealed the Sunday activity to be church, and Monday through Saturday the activity offered was a board game such as Monopoly, Uno, Trivia, Scrabble. In the evening hours from 6-8 p.m. there was to be a movie watched.

3. During an interview on .. at 2:25 p.m. Resident #6 indicated there is never any activities except for the TV. When questioned about the movie, the resident stated it is whatever is on the TV. The resident further stated there was one barbecue outside, but it rained and so it hasn't happened again. Although there is church scheduled on Sunday, the resident stated he had never gone to church, and had never seen anyone else go to church on Sundays.

4. During an interview on ..... at 10:42 a.m. Resident #3 indicted, in response to questioning, there are no activities here. She would like to go out and would like a wii machine.

5. During an interview on : at 4:10 p.m. Resident #9 indicated he would rather not do activities so doesn't care what are offered. However, he indicated you should go by the calendar. The calendar indicated a barbecue on Sundays, but it is not done. He stated all there is to do is watch TV, and play on personal computers.

6. Resident #7 stated during an interview on that there were no activities that are done. There is no movies night and no games are done in the afternoons. The resident further stated they won't allow her to play. They have the games but the resident is not encouraged to play them.

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A 026	Continued From page 3 Class III Correction Date:	A 026		
A 093	58A-5.020(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The Tenth Edition Recommended Dietary Allowances established by the Food and Nutrition Board - National Research Council, adjusted for age, sex and , shall be the nutritional standard used to evaluate meals. Therapeutic diets shall meet these nutritional standards to the extent possible. A summary of the Tenth Edition Recommended Dietary Allowances, interpreted by a daily food guide, is available from the DOEA Assisted Living Program. (b) The recommended dietary allowances shall be met by offering a variety of foods adapted to the food habits, preferences and physical abilities of the residents and prepared by 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 recommended dietary allowances to be made available to each resident daily by the facility are as follows: 1. Protein: 6 ounces or 2 or more servings; 2. Vegetables: 3 5 servings; 3. Fruit: 2 4 or more servings; 4. Bread and starches: 6 11 or more servings; 5. Milk or milk equivalent: 2 servings; 6. Fats, oils, and sweets: use sparingly; and 7. Water. (c) All regular and therapeutic menus to be used by the facility shall be reviewed annually by a registered dietitian, licensed dietitian/nutritionist, or by a dietetic technician supervised by a registered dietitian or licensed	A 093		

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A 093	Continued From page 4	A 093		

dietitian/nutritionist, to ensure the meals are commensurate with the nutritional standards established in this rule. Portion sizes shall be indicated on the menus or on a separate sheet. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. This review shall be documented in the facility files and include the signature of the reviewer, registration or license number, and date reviewed. 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 to be served shall be dated and planned at least one week in advance for both regular and therapeutic diets. Residents shall be encouraged to participate in menu planning. Planned menus shall be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, shall be kept on file in the facility for 6 months.
(e) Therapeutic diets shall 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 necessary. However, the food items which enable residents to comply with the therapeutic diet shall be identified on the menus developed for use in the facility.
2. The facility shall document a resident ' s refusal to comply with a therapeutic diet and notification to the resident ' s health care provider of such refusal. If a resident refuses to follow a therapeutic diet after the benefits are explained, a signed statement from the resident or the

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A 093	Continued From page 5	A 093		

resident ' s responsible party refusing the diet is acceptable documentation of a resident ' s preferences. In such instances daily documentation is not necessary.
(f) For facilities serving three or more meals a day, no more than 14 hours shall elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals shall be evenly distributed throughout the day with not less than two hours nor more than six hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks shall be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals.
(g) Food shall be served attractively at safe and palatable temperatures. All residents shall 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, shall be on hand.
(h) A 3-day supply of non perishable food, based on the number of weekly meals the facility has contracted with residents to serve, and shall be on hand at all times. The quantity shall be based on the resident census and not on licensed capacity. The supply shall consist of dry or canned foods that do not require refrigeration and shall be kept in sealed containers which are labeled and dated. The food shall be rotated in accordance with shelf life to ensure safety and palatability. Water sufficient for drinking and food preparation shall also be stored, or the facility shall have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority.

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A 093	Continued From page 6	A 093		

This Statute or Rule is not met as evidenced by:
Based on observation review of menus, and interview with facility staff, the facility failed to follow the menu for lunch.

The findings include:

1. Observation during lunch on revealed there was no vegetable served at this meal. Review of the menu revealed there was to be 1/2 cup of cole slaw served at lunch along with bean soup and a sandwich with 3 ounces of meat. During the lunch meal, it was noted some of the residents had noodle soup instead of bean soup.

During an interview at this time the caretaker in charge indicated some of the residents don't like cole slaw and so it was not given to them. There was no substitution made for this vegetable.

When asked how do they determine the size of the sandwich meat added, facility staff stated at 12:30 p.m. on , if the meat was thin would add 3-4 slices along with 1 slice of cheese.

Two of the residents were questioned and both stated they had 2 slices of meat on their sandwich.

During an interview one random resident indicated she likes sandwiches for lunch. She likes soup. A different random resident also stated she likes sandwiches for lunch.

2. During an interview with the person serving the dinner meal at 6:15 p.m. on when questioned how she knew what volume of food to

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A 093	Continued From page 7 serve, she stated she gives 2-3 slices of meat (3 ounces on the menu), but she didn't know how much that is. She just gives a scoop of beans but also is unsure of the amount. The menu called for 1/2 baked potato, but the server was giving the residents a whole potato for the meal. Class III Correction Date:	A 093		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Excelsior Omega Inc
15 Dade Ave
Sarasota, FL 34232

Dear Administrator:

Re: CCR #2012005430

This letter reports the findings of a Complaint survey that was conducted on , 2012 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at 239-335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

bw
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

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2295 Victoria Avenue,
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Phone (239) 335-1315; Fax (239) 338-2372