(X6) DATE

Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING:

AL11943102 B. WING\_ 08/13/2019 STREET ADDRESS, CITY, STATE, ZIP CODE

NAME OF PROVIDER OR SUPPLIER

2000 N. CONCRESS AVENUE

SAVANNAH COURT OF THE PALM BEA WEST PALM BEACH, FL 33401					
(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 licensure complaint survey, Complaint Number 2019007592, 2019007817 and 2019010216 was conducted on	A 000			
A 0933S=D	58A-5.020(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, 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://www.disch.edu/sciviles/Nutrition/SummaryDRIs/-/media/Files/Activity%20Files/Nutrition/DRIs/New%20Material/SDRI%20Values%20SummaryTables%2014-pdf. 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 resident chooses to eat less, the facility must	A 093			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

STATE FORM 6889 17QB11 if continuation sheet 1 of 6

Agency for Health Care Adminis	stration			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED	
	AL11943102	B. WING	08/13/2019	

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SAVANNAH COURT OF THE PALM REA

2090 N. CONGRESS AVENUE

SAVANNAH COURT OF THE PALM BEA WEST PALM BEACH, FL 33401						
(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 093	Continued From page 1	A 093				
A 093	Continued From page 1 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 dietitian, a licensed nutritionist, or a registered dietitian, a licensed nutritionist or a registered dietitian, a licensed nutritionist or a licensed nutritionist or sense the means 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 or 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 nenus 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 hoices through a select menu, buffet style dining, or family style dining are not required to	r				
	provider's order indicates that such monitoring is necessary. However, the food items that enable					
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AHCA Form 3020-0001

STATE FORM 6990 17/OB11 H continuation sheet 2 of 6

Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: AL11943102 B. WING \_\_\_\_ 08/13/2019

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

A 093   PROVIDERS P.A. OF CORRECTION   CORP.	SAVANNAH COURT OF THE PALM BEA WEST PALM BEACH, FL 33401				
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 evering meal containing a protein food and the beginning of a morning meal.  Intervals between meals must be evenity 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	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETE
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.  (i) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evering meal containing a protein food and the beginning of a morning meal.  Intervals between meals must be evenity 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	A 093	Continued From page 2	A 093		
This Statute or Rule is not met as evidenced by:		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 at all times. The quantity must be 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 nesident census and not not 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			

PRINTED: 09/2 Agency for Health Care Administration						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		AL11943102	B. WING		08/1	3/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STA	ITE, ZIP CODE		
SAVANNA	AH COURT OF THE PALM	RFA	ONGRESS AVE			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO  (EACH CORRECTIVE ACTION SHOULD  CROSS-REFERENCED TO THE APPROPI  DEFICIENCY)	ON SHOULD BE COMPLETE HE APPROPRIATE DATE		
A 093	failed to ensure that in are palatable/or serve temperatures.  The findings include:  On and Survey was conducte survey on AM, this surveyor into the severage Director redelivery of food to that the facility has he residents regarding the meals served and the stated that they take to before serving. We all skilled Nursing Facilitiake temperature as to have residents so where the state of that they take to before serving. We all the stated that they take to before serving. We all the stated that they take to before servings Facilitiake temperature as to have residents conjudents conjudent	and interview, the facility neals served to residents d at palatable  a Complaint d at the facility. During the between 9:30 AM and 9:50 rivewed the Food & parding the preparation and residents. It was revealed d some concerns voiced by e temperatures of the type of food served. He he temperature of food right so send the temp log to the y (SNF) side for them to well. He further stated: "We mplaining about food being herm (temperatures) before mmittee meetings I have to be have food temps that we can't make it too hot cause	A 093			

the servers are ready to start bringing the food AHCA Form 3020-0001

Further interview Food & Beverage Director at 10:15 AM, this surveyor asked what the time is between taking the food up and serving it to the residents. He stated: "Normally ten minutes." He further stated: "From 25-30 minutes, the residents get their meals. We serve them soup, we serve them meals, we serve them desert. We follow the guidelines." He also stated that between soup and the main meal is about 20 minutes. He stated: "We don't start serving until

PRINTED: 09/20/2019 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ B MING AL11943102 08/13/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2090 N. CONGRESS AVENUE SAVANNAH COURT OF THE PALM BEA WEST PALM BEACH, FL 33401 (X433ID) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) A 093 | Continued From page 4 A 093 out. They take the food off the line where there is a heating element." The Food & Beverage Director was asked, if the ever run out of food. He stated, "We do batch cooking too. We cook what we know we are going to be used. When we use that we start cooking the rest." Stated no resident has not gotten the main meal because the food ran out. "It would be because they came really late. We don't run out of food." A review of the Kitchen/Dining Room staffing schedule revealed that there are three employees (Servers) scheduled to work today ( On average, observation revealed that there are 3 servers for the breakfast and lunch. And an average of ... for the dinner meals. (There were 2 employees observed by this surveyor during today's breakfast meal). At 10:56 AM on , this surveyor requested to see the "Line" that was referenced. The director took this surveyor to the kitchen where the line was observed. It is the warming station where the cooked food is kept it heated stations (with hot water in the bottom) until time to serve. He stated the server will come and tell the

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person (kitchen assistant) "I'm ready for 4 salmon. He will take (motioning fixing a plate), fix the plate and she (server) will put it on her cart and take it out to the resident."

During confidential resident interviews conducted and ... between 9 AM and 3 PM, residents voiced the following concerns regarding the meals. The food is always .... and requires to be reheated. The food is not so good. taste bad. They run out of food and it is disgusting. The quality of the food is poor. The

Agency f	or Health Care Adminis	tration				0: 09/20/2019 MAPPROVED	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		AL11943102	B. WING		08/1	13/2019	
NAME OF F	ROVIDER OR SUPPLIER		ADDRESS, CITY, STAT				
SAVANNA	AH COURT OF THE PALM		CONGRESS AVEN PALM BEACH, FL				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
A 093	over. All voiced disple services at the food.  On at 4:1 with the Executive Dis	ame items served over and assure regarding the dietary  6 PM, this surveyor met ector and Resident Care findings of the survey, ded regarding the 1 being and not	A 093				

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