

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105202	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Apollo Healthcare & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 24th St N Saint Petersburg, FL 33713	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50570</p> <p>Based on observations, interviews, and record review the facility failed to ensure proper temperatures and palatable meals were provided to two residents (#2, #6) out of three residents sampled.</p> <p>Findings included:</p> <p>1. On 1/16/25 at 9:56 a.m., an observation of Resident #6 revealed he was lying in bed watching television. He stated every meal was cold. He stated meals are, Not even lukewarm. Resident #6 stated the food last night for dinner was cold. He described the meal he received as, A hamburger patty with a bun. Resident #6 stated, Happens all the time.</p> <p>A review of Resident #6's Admission Record revealed an admitted [DATE]. The Admission Record revealed diagnoses to include: sepsis, unspecified organism, muscle weakness (generalized), Type 2 Diabetes Mellitus without complications, atherosclerotic, and heart disease of native coronary artery without angina pectoris.</p> <p>A review of Resident #6's Comprehensive Minimum Data Set (MDS) Section C - Cognitive Patterns, dated 12/21/24, revealed a Brief Interview for Mental Status (BIMS) of 15, indicating the resident was cognitively intact.</p> <p>2. On 1/16/25 at 10:19 a.m., an observation of Resident #2 revealed she was lying in bed, with the bedside table in front of her, and her family member was sitting at the foot of the bed. She stated the temperature of the food for every meal is cold. Resident #2 stated when she requests hot oatmeal for breakfast, It's cold.</p> <p>A review of Resident #2's Admission Record revealed an admitted [DATE]. The Admission Record revealed diagnoses to include: unspecified fracture of right femur, subsequent encounter for closed fracture with routine healing, cognitive communication deficit, Type 2 Diabetes Mellitus without complications, major depressive disorder, recurrent, moderate, muscle weakness (generalized), and chronic systolic (congestive) heart failure.</p> <p>A review of Resident #2's Comprehensive Minimum Data Set (MDS) Section C - Cognitive Patterns, dated 12/5/24, revealed a BIMS of 15, indicating the resident was cognitively intact.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
-----------------------------------------------------------------------	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105202	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Apollo Healthcare & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 24th St N Saint Petersburg, FL 33713	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 1/16/25 at 11:15 a.m., an interview with the Dietary Manager revealed was currently conducting food temperature audits. He stated he started the audits in December 2024. He stated residents were complaining that by the time they get their food, it's cold. The Dietary Manager stated most of the time the food is cold because the trays are sitting there. He provided an example related to residents who smoke. The Dietary Manager stated when residents go out to smoke, their meal is delivered, and when they return the food is cold. He stated another factor related to food being cold is, It's a waiting game on how fast the trays are going to be passed. The Dietary Manager stated when the meal cart gets to the floor the dietary staff let the nurse know, then the Certified Nursing Assistant (CNA's) start passing trays. He stated he's completed test trays and audits twice a week, and they are part of his normal process. The Dietary Manager confirmed he attended resident council meetings, and the main concerns have been about not receiving alternative/substitute meal choices.</p> <p>A test tray was requested and conducted with the Dietary Manager on 1/16/25. An observation of the lunch tray line revealed it started at 11:33 a.m. The Dietary Manager stated the Rapid hall is the first meal cart to go out. The two residents (#2 and #6), who expressed concerns about food being cold, reside in the Rapid hall. An observation of food temperatures being taken and recorded revealed the following:</p> <p>Carrots and peas - 185 degrees Fahrenheit (F)</p> <p>Chicken - 172 F</p> <p>Mashed potato - 162 F</p> <p>Pureed protein - 160 F</p> <p>Pureed vegetables - 168 F</p> <p>White rice - 184 F</p> <p>Further observations revealed the loading of the Rapid hall meal cart, with lunch meal trays, started at 11:39 a.m. and ended at 11:45 a.m. The meal cart traveled from the kitchen to the floor at 11:47 a.m., where staff were observed immediately delivering the trays to the residents. The last resident was provided their lunch meal tray at 12:02 p.m.</p> <p>An observation of the meal cart, with the Dietary Manager present, revealed the test tray was not there. He stated before the Rapid meal cart went out to the floor, he confirmed it was there. He stated a test tray could be sent on the South side meal cart as it hadn't been loaded yet.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105202	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Apollo Healthcare & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 24th St N Saint Petersburg, FL 33713	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 1/16/25 at 11:40 a.m., during the lunch meal service, an observation of the drying rack revealed insulated plate bases. During the meal tray line, trays were not observed with the insulated plate base. Dietary staff were observed putting the insulated lid, but not the plate base. An interview with the Dietary Manager revealed the plate warmer hasn't been working since the end of October 2024. He stated the previous Nursing Home Administrator (NHA) knew about the plate warmer not functioning. He stated she handled communication about the plate warmer. The Dietary Manager stated he's not sure if the current NHA knows about it. An observation of the dining area, which is currently under renovation, revealed a large machine covered with what appeared to be a tablecloth. He stated they have the machine in the dining area, while he was observed lifting up the cloth, but thought it had something to do with the parts as to why it was not fixed/functional.</p> <p>Observation of the South side meal cart revealed it was loaded with the first tray at 12:00 p.m. and the last tray at 12:09 p.m. Further observations revealed the cook was putting food in styrofoam takeout containers. The Dietary Manager stated they were doing that because in the morning the plates were knocked over, and many of them broke. He stated the food in the takeout containers were for the last meal cart. The South side meal cart was observed on the floor at 12:10 pm. The nurse was observed telling staff members about the meal cart being on the floor. At approximately 12:13 p.m., the first lunch tray was delivered, and the last tray was provided at 12:20 p.m. An observation of food temperatures being taken and recorded revealed the following:</p> <p>Chicken - 111 F</p> <p>Carrots and peas - 125 F</p> <p>Mashed potato - 141 F</p> <p>An interview with the Dietary Manager revealed the temperatures were fine, except for the chicken. He stated he expected the chicken to be at 130 F.</p> <p>A review of the resident council minutes could not be completed as the resident council president denied permission.</p> <p>A request for documentation about the plate warmer, to include a work order and communication related to the equipment not functioning, was made to the Dietary Manager and NHA. The requested documents were not provided by the facility.</p> <p>On 1/16/25 at 2:20 p.m., an interview with the NHA revealed he reached out to a staff member in purchasing regarding the plate warmer. He stated he also communicated with the Director of Maintenance (DOM). The DOM called the company, [Vendor name], who makes the parts. The NHA confirmed they have the equipment at the facility, but it's missing a part. He stated the DOM received a quote today for the part. The NHA stated today he was made aware the plate warmer was not functioning.</p> <p>A review of the facility policy titled, P&P [Policy and Procedure] Final Cooking Temperatures, issued 1/1/22 and revised 10/1/23 revealed the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105202	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Apollo Healthcare & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 24th St N Saint Petersburg, FL 33713	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Policy: Food is to be cooked to specified temperatures and times to mitigate the presence of dangerous microorganisms. Food thermometers used to check food temperatures are clean, sanitized and calibrated for accuracy. The danger zone for food temperatures is above 41 F and below 135 F. This temperature range promotes the rapid growth of pathogenic microorganisms that cause foodborne illness.</p> <p>A review of the facility policy titled, P&P Equipment Care, issued 4/122, revealed the following:</p> <p>Policy: It will be the policy of this facility that staff shall properly use and care for the property, equipment and supplies that assigned and/or necessary for use in their work. Further review of the policy revealed the following under procedure, . 9. Equipment or other maintenance related needs should be communicated with supervisor, Maintenance Director or Executive Director. Communication may be done verbally if the appropriate personnel are present and able to remedy the concern. A communication system and/or maintenance tracking log can be utilized to communicate maintenance or repair needs for off shift or other desired needs.</p>