

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/12/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345482	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/10/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE CARRIAGE CLUB PROVIDENCE			STREET ADDRESS, CITY, STATE, ZIP CODE 5804 OLD PROVIDENCE ROAD CHARLOTTE, NC 28226		
(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) COMPLETION DATE	
E 000	Initial Comments	E 000			
F 565 SS=B	<p>Resident/Family Group and Response CFR(s): 483.10(f)(5)(i)-(iv)(6)(7)</p> <p>§483.10(f)(5) The resident has a right to organize and participate in resident groups in the facility. (i) The facility must provide a resident or family group, if one exists, with private space; and take reasonable steps, with the approval of the group, to make residents and family members aware of upcoming meetings in a timely manner. (ii) Staff, visitors, or other guests may attend resident group or family group meetings only at the respective group's invitation. (iii) The facility must provide a designated staff person who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings. (iv) The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility. (A) The facility must be able to demonstrate their response and rationale for such response. (B) This should not be construed to mean that the facility must implement as recommended every request of the resident or family group.</p> <p>§483.10(f)(6) The resident has a right to participate in family groups.</p> <p>§483.10(f)(7) The resident has a right to have</p>	F 565		11/8/19	

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

TITLE

(X6) DATE

Electronically Signed

11/01/2019

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.

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F 565	<p>Continued From page 1</p> <p>family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) of other residents in the facility.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on resident interviews during a Resident Council Meeting (Residents #5, #8 and #61), staff interviews, and review of minutes from Resident Council Meetings (July 2019 - September 2019), the facility failed to resolve grievances regarding food choices and palatable foods communicated during Resident Council Meetings and provide privacy during a Resident Council Meeting.</p> <p>The findings included:</p> <p>1a. Review of July 2019 - September 2019 Resident Council Meeting (RCM) Minutes revealed residents requested more variety with the breakfast meal as a result of receiving the same foods for the breakfast meal each month. The September 2019 RCM Minutes recorded that the request for a pastry bar had not been resolved.</p> <p>During a RCM held on 10/08/19 at 3:00 PM, Residents #5, #8 and #61 expressed they were served the same foods for breakfast, powdered eggs, bacon and toast, waffles or biscuits. The Residents stated they did not receive fresh eggs, but rather routinely received powdered eggs which were always cold, vegetables were served cold and they wanted a variety of pastries. The Residents stated they shared these concerns with the dietary manager (DM), but they still received powdered eggs, which were often cold, the breakfast meal still lacked variety and the pastries were not consistent. The Residents expressed</p>	F 565	<p>I have enclosed the Plan of Correction for the above-referenced facility in response to the Statement of Deficiencies. While this document is being submitted as confirmation of the facility on-going efforts to comply with all statutory and regulatory requirements, it should not be construed as an admission or agreement with the findings and conclusions in the Statement of Deficiencies.</p> <p>1. Resident #5, #61 have been discharged from the facility. Facility posted sign on the door during activities. Dietary Manager to visit with Resident # 8 to inform of variety of menu being added, eggs to be scrambled, and discuss week at a glance menus.</p> <p>2. Activity Director will post do not disturb sign on the door during activities, and resident counsel. Variety will be added to week at a glance menu, pastries will be available once a week, and eggs will be scrambled as requested.</p> <p>3. NA # 1 and other staff will be re-educated on not disturbing resident's during activities by 11/8/19 . Activity Director will place Do not disturb signage to door during activities. Activity Director and Dietary Manager to be re-educated</p>	

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F 565	<p>Continued From page 2</p> <p>these were ongoing requests that had not been resolved.</p> <p>The activity director (AD) was interviewed on 10/08/19 at 04:40 PM. The AD stated that cold food and food quality had been an ongoing issue brought up during RCM since February 2019. The AD stated that because Residents also had a dietary meeting that usually occurred right after RCM, she did not include their dietary comments in the minutes. The AD stated Residents asked for more variety with foods at breakfast and a pastry bar. The AD further stated that the facility had been trying to get a pastry bar going but it just had not gotten off the ground.</p> <p>The Dietary Manager (DM) was interviewed on 10/09/19 at 09:00 AM. He stated he met with Residents right after RCM and discussed foods/menus. Review of minutes from July - September 2019 revealed that during these months residents requested more pastries, fresh fruit and omelets for breakfast. The DM stated an omelet station was offered occasionally now, donuts and pastries would be added to the breakfast meal, and fresh fruit was available for every meal now. The DM also stated that one of the cooks had some difficulty transitioning into her role which resulted in some concerns with late meals and that this may have contributed to residents receiving cold foods. The DM also stated that meals for residents who ate in their rooms were placed on an open cart that was delivered to the assisted dining room. Once all the residents who ate in the assisted dining room received their lunch, then room trays were delivered to residents who ate in their rooms. The DM stated this could also contribute to cold foods to those residents who ate in their rooms. The</p>	F 565	<p>on follow up of concerns verbalized during resident counsel by 11/8/19.</p> <p>Dietary staff will be re-educated on week at a glance menu, egg preparation, and pastries by 11/8/19</p> <p>4. Administrator or designee will do random checks weekly x 1 month to verify no disruptions to resident's activities, and posted signage. Administrator will report findings to QAPI committee.</p> <p>Dietary Manager or designee to monitor weekly x 1 month to verify variety in choices, eggs, and pastries.</p>		

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F 565	<p>Continued From page 3</p> <p>DM also stated that Residents complained they received powdered eggs, but that the eggs were not powdered, but rather liquid eggs or boiled eggs. He confirmed that fresh eggs were not served routinely.</p> <p>An interview with the Administrator occurred on 10/09/19 at 10:44 AM. The Administrator stated that the requests for fresh eggs and pastries should have already been resolved by the dietary department.</p> <p>The Social Worker (SW) was interviewed on 10/10/19 at 09:05 AM. During the interview the SW stated that when she received a grievance from RCM, she discussed the concern during stand-up meetings with all department heads present and gave the grievance to the appropriate department head for follow up. The SW stated that since the dietary concerns that were mentioned during RCM were not documented, she was not aware that during July - September 2019 residents expressed the same concerns with cold foods, more variety with breakfast and requested a pastry bar so she did not follow up to make sure these concerns were resolved.</p> <p>1b. During the RCM held on 10/08/19 at 3:45 PM, a staff member opened the door to the activity room and a family member entered the room, walked to the refrigerator, removed a nutritional supplement and stated she needed to obtain this for her mother. Residents #5, #8 and #61 stated their meetings and group activities were often disturbed with staff coming in and out to go to the refrigerator to get things. They further expressed that they would rather their meetings not be disturbed.</p>	F 565			

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F 565	Continued From page 4 An interview occurred with nurse aide #1 (NA#1) on 10/08/19 at 04:29 PM. NA #1 stated she opened the door to the RCM after it had started because another resident wanted to attend, but then a family member came in too. NA #1 stated the family member told her that she wanted to go to the refrigerator to get a nutritional supplement for her mother and so she let the family come in. NA #1 further stated "I didn't know this was a Resident Council Meeting, I thought it was just another resident activity." The Activity Director (AD) was interviewed on 10/08/19 at 04:40 PM. She stated the RCM occurred once monthly but that she did not post a "Do Not Disturb" sign. The AD further stated that there were occasional disturbances of staff/visitors coming into the activity room to go to the refrigerator, but that she would put up a sign to remind people not to disturb the meetings. An interview with the Administrator occurred on 10/09/19 at 10:44 AM. The Administrator stated that at times the door to activities remained open and at times it was closed, but that a sign was not posted to advise visitors not to disturb residents during activities. The Administrator also stated that staff/family did enter the activity room at times to get items out of the refrigerator. The Administrator stated that signage should be posted to allow residents to have privacy during activities/meetings.	F 565			
F 577 SS=C	Right to Survey Results/Advocate Agency Info CFR(s): 483.10(g)(10)(11) §483.10(g)(10) The resident has the right to- (i) Examine the results of the most recent survey	F 577		11/1/19	

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F 577	<p>Continued From page 5 of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility; and</p> <p>(ii) Receive information from agencies acting as client advocates, and be afforded the opportunity to contact these agencies.</p> <p>§483.10(g)(11) The facility must--</p> <p>(i) Post in a place readily accessible to residents, and family members and legal representatives of residents, the results of the most recent survey of the facility.</p> <p>(ii) Have reports with respect to any surveys, certifications, and complaint investigations made respecting the facility during the 3 preceding years, and any plan of correction in effect with respect to the facility, available for any individual to review upon request; and</p> <p>(iii) Post notice of the availability of such reports in areas of the facility that are prominent and accessible to the public.</p> <p>(iv) The facility shall not make available identifying information about complainants or residents. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, 3 of 3 Resident interviews (Resident #5, #8, and #61) during a Resident Council Meeting and staff interviews, the facility failed to post signage as to the location of the state agency survey results for residents and visitors to identify.</p> <p>The findings included:</p> <p>An initial tour of the facility's Medicare Unit occurred on 10/08/19 at 10:30 AM. During the initial tour a white binder was observed stored upright on a table positioned between a lamp and a cushioned chair. Further observation revealed</p>	F 577	<p>I have enclosed the Plan of Correction for the above-referenced facility in response to the Statement of Deficiencies. While this document is being submitted as confirmation of the facility's on-going efforts to comply with all statutory and regulatory requirements, it should not be construed as an admission or agreement with the findings and conclusions in the Statement of Deficiencies.</p> <p>1. Administrator posted signage immediately to identify where the survey</p>		

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F 577	Continued From page 6 the binder contained state agency survey results. The front of the binder included a label which read, "State Survey Results". This label was not visible to residents or visitors, but rather faced the side of the cushioned chair. The content of this binder could not be identified by the sign on the front of the binder since the sign faced the side of the cushioned chair. Further observation of the Medicare Unit revealed there was no signage posted regarding the location of these results. A Resident Council Meeting was held on 10/08/19 at 3:00 PM. During the meeting Residents #5, #8 and #61 expressed they did not know they could review the results of a state agency inspection and they did not know the location of these results. A second observation of the Medicare Unit occurred on 10/08/19 at 4:48 PM. During this observation, no signage was observed posted to identify the location of the state agency survey results. An interview occurred with the Administrator on 10/09/19 at 10:44 AM. During the interview, the Administrator confirmed that there was no signage posted to identify the location of the state agency survey results. The Administrator stated that the binder on the table contained a sign on the front of the binder as to its contents, but that she had not posted a sign for residents and visitors to identify the location of this binder.	F 577	results are located. Administrator spoke with resident # 8 to make sure he was aware of location of the results. Resident # 5, and #61 have been discharged from the facility. 2. Administrator spoke with all current residents to inform them of survey results signage, and location 3. Signage was posted throughout the facility to notify residents, family members, and legal representatives of residents location of the results of most recent survey of the facility. 4. The Healthcare Administrator is responsible for posting. Administrator will do random spot checks to make sure signs are still posted weekly x 3 moths.	
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be	F 761		11/8/19

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F 761	<p>Continued From page 7</p> <p>labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and staff interviews, the facility failed to discard expired medications (a narcotic and antihypertensive) available for use on 1 of 1 medication cart and in 1 of 1 medication storage room.</p> <p>The findings included:</p> <p>An observation of the medication storage room with Nurse #1 on 10/8/19 at 10:44 AM revealed one tablet of Hydrocodone Bitartrate and Acetaminophen (narcotic) 7.5 mg (milligrams)/325mg that expired September 2019.</p>	F 761	<p>I have enclosed the Plan of Correction for the above-referenced facility in response to the Statement of Deficiencies. While this document is being submitted as confirmation of the facility's on-going efforts to comply with all statutory and regulatory requirements, it should not be construed as an admission or agreement with the findings and conclusions in the Statement of Deficiencies.</p> <p>1. Facility removed Resident #61 expired medication from the bottom of medication</p>		

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F 761	<p>Continued From page 8</p> <p>An observation on 10/8/19 at 10:57 AM of the skilled medication cart with Nurse #1 revealed Resident #61's medications including ten Norvasc 5 mg tablets that expired 8/31/19 and twenty-nine Norvasc 5mg tablets that expired 9/30/19 available for use.</p> <p>On 10/8/19 at 11:05 AM, Nurse #1 reported Resident #61's expired medications were brought from the assisted living facility when she was admitted on 10/1/19 to be used when corresponding medication ran out during her stay in the skilled facility. Nurse #1 also stated the medication room, cart and refrigerator were checked by the night nurse once a month.</p> <p>During an interview with Nurse #3 on 10/9/19 at 3:15 PM, she reported the medication room, cart and refrigerator were checked once a month on the last Friday of the month. Nurse #3 also reported she checked the medication storage room, cart and refrigerator on 9/27/19. Nurse #3 stated it was an oversight that the expired narcotic found was still available for use. Nurse #3 reported that no medications on the medication cart were expired on 9/27/19.</p> <p>On 10/10/19 at 1:18 PM, interviews were conducted with Nurse #2 and the Director of Nursing (DON). Both nurses confirmed medications were stored in the skilled care medication cart brought from assisted living. The interview further revealed medication stored in the excess drawer on the medication cart were available for use if needed when out of current medications sent from pharmacy.</p> <p>During an interview with the Pharmacy Consultant on 10/10/19 at 11:53 AM, she reported checking</p>	F 761	<p>cart on 10/8/19. Facility also removed Hydrocodone Bitartrate 7.5mg.</p> <p>2. Facility checked medication cart of all other residents, and also medication room for any additional expired medication, none found.</p> <p>3. Facility will perform weekly medication room, and medication cart audits weekly. Re-Education of charge nurses of audit of medications by 11/8/19.</p> <p>4. DCS or Designee will perform Medication room and cart audit weekly x 1 month, then random. DCS or Designee to report findings to the QAPI committee.</p>		

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F 761	Continued From page 9 only the skilled medication cart on 10/1/19. The pharmacy consultant provided a report of expired medications discarded during her visit. The pharmacy consultant reported that each medication storage cart, medication room and refrigerator were checked quarterly. The pharmacy consultant stated she had not checked the medication room and refrigerator on 10/1/19. The pharmacy consultant stated there were no expired medications stored for Resident #61 at the time she checked the medication cart. An interview was conducted with the DON on 10/8/19 at 4:06 PM. The DON stated her expectation was no expired medications were available for use in the medication storage room, medication cart and medication refrigerator. The DON also stated that most likely it was an oversight by the third shift nurse and the nurse who placed Resident #61's medication on the cart to leave the medications available for use. The DON reported nurses were educated on checking the expiration date before administration, when placing medication in the medication cart, and at the end of the month.	F 761			
F 804 SS=E	Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced	F 804		11/7/19	

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F 804	<p>Continued From page 10</p> <p>by: Based on observations, a test tray, resident interviews (Residents #7, #9, #4, #5, #8, and #61), staff interviews, and a Resident Council Meeting, the facility failed to serve palatable foods to residents according to their preference for temperature and taste.</p> <p>The findings included:</p> <p>1a. Resident #7 was admitted to the facility on 9/2/19. Review of an admission minimum data set dated 9/27/19 assessed Resident #7 with adequate hearing/vision, able to be understood, understand others, clear speech, intact cognition, and required supervision and one person physical assist with eating.</p> <p>Resident #7 was interviewed on 10/8/19 at 10:19 AM. During the interview, he stated, "The food is not good. It is cold and does not taste good".</p> <p>Resident #7 was observed with his lunch tray on his bedside table in his room on 10/8/19 at 12:34 PM. He reported he did not like the taste of the bratwurst." He stated that he would drink his supplement and other liquids. He ate only 10% of his food.</p> <p>Resident #7 was observed on 10/9/19 at 9:28 AM. He reported he was in pain and the "breakfast was always the same". He stated he would drink his supplement after he received pain medication.</p> <p>1b. Resident #9 was readmitted to the facility on 9/16/19. Review of an admission minimum data set dated 9/23/19 assessed Resident #9 with adequate hearing/vision, able to be understood,</p>	F 804	<p>I have enclosed the Plan of Correction for the above-referenced facility in response to the Statement of Deficiencies. While this document is being submitted as confirmation of the facility's on-going efforts to comply with all statutory and regulatory requirements, it should not be construed as an admission or agreement with the findings and conclusions in the Statement of Deficiencies.</p> <ol style="list-style-type: none"> 1. Resident #9, #4, #5, #61 have been discharged from the facility. Dietary Manager spoke with resident # 8, and resident #7 regarding food choices, preferences, and concerns. 2. Dietary Manager/ Designee checked temperatures, plate presentation, and food quality for the rest of the residents affected. 3. Dietary Manager or Designee will re-educate staff on temperatures, plate presentation, and food that is palatable by 11/7/19. Variety will be added to menus by 11/7/19. 4. Dietary Manager or Designee to check temperatures, plate presentation, and food quality weekly x 4 weeks then will monitor randomly x 3 months. Dietary Manager or designee to report findings to the QAPI committee. 		

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F 804	<p>Continued From page 11</p> <p>understand others, clear speech, intact cognition, and supervision with eating, set up only.</p> <p>Resident #9 was interviewed on 10/8/19 at 3:28 PM. During the interview, the Resident stated "The food is not hot. It is either room temperature or cold." She also stated, "breakfast was usually cold".</p> <p>Resident #9 was observed feeding herself in her room on 10/09/19 at 10:08 AM. She reported, "breakfast was okay, not as hot as I like it."</p> <p>1c. Resident #61 was admitted to the facility on 10/01/19. Review of an admission minimum data set dated 10/08/19 assessed Resident #61 with adequate hearing/vision, able to be understood, understand others, clear speech, intact cognition, and able to feed herself independently requiring encouragement and set up help only.</p> <p>Resident #61 was interviewed on 10/08/19 at 11:25 AM. During the interview, the Resident stated "The food is okay. Some of it's good, some of it's not so good. Breakfast is cold and by the time I get my coffee, it's cold."</p> <p>Resident #61 was observed feeding herself lunch in the main dining room on 10/08/19 at 12:15 PM. She received a taco salad, potato/bacon soup and water. During the meal, she was asked how her food was, Resident #61 shook her head side to side and frowned. She ate approximately 50% of her meal.</p> <p>Resident #61 was observed on 10/09/19 at 08:30 AM in the main dining room with her breakfast meal. She was observed to put butter on her toast and the butter did not melt but remained</p>	F 804			

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F 804	<p>Continued From page 12</p> <p>congealed and intact on her toast. She stated, "Look at the butter, it does not melt because the toast is cold."</p> <p>1d. Resident #8 was admitted to the facility on 8/17/19. Review of an admission minimum data set dated 8/24/19 assessed Resident #8 with adequate hearing/vision, unclear speech, able to understand others, be understood, moderately impaired cognition and required staff assistance with meals.</p> <p>Resident #8 was interviewed on 10/08/19 at 11:46 AM. During the interview, the Resident stated, "The food is ok, it's not 5 star, I have lost weight because I don't eat all of my food". Resident #8 was observed during the lunch meal on 10/8/19 at 12:38 PM and ate approximately 75% of his meal.</p> <p>1e. Resident #4 was admitted to the facility 9/14/19. Review of an admission minimum data set dated 9/21/19 assessed Resident #4 with adequate hearing/vision, clear speech, able to be understood, understand others, intact cognition and able to feed herself independently, requiring encouragement and set up help only.</p> <p>Resident #4 was interviewed on 10/08/19 at 03:28 PM. During the interview, she stated "Don't talk to me about the food, eggs are terrible. The eggs must be powdered eggs. Why don't you use fresh eggs? I have told them about the food many times, they just offer me something else which does not make it better."</p> <p>On 10/09/19 at 08:27 AM, Resident #4 was observed in her room feeding herself breakfast. She received scrambled eggs. She returned the</p>	F 804			

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F 804	<p>Continued From page 13</p> <p>eggs and requested coffee and more bacon instead. Resident #4 stated "I don't want the powdered eggs and they were cold."</p> <p>1f. During a Resident Council Meeting (RCM) held on 10/08/19 at 3:00 PM, Residents #8, #5 and #61 expressed that they did not receive fresh eggs, but rather routinely received powdered eggs which were always cold. The residents also stated that vegetables were served cold.. The Residents stated these were ongoing concerns that had not been resolved.</p> <p>The activity director (AD) was interviewed on 10/08/19 at 04:40 PM. She stated the RCM occurred once monthly. The AD also stated that cold food and food quality had been an ongoing issue brought up during RCM since February 2019. The AD stated that because Residents also had a dietary meeting that usually occurred right after RCM, she did not include their dietary comments in the minutes.</p> <p>1g. An observation of the breakfast meal tray line occurred on 10/09/19 at 08:06 AM. The menu included scrambled eggs, waffles with strawberries, and sausage links. Temperature monitoring was observed and resulted in eggs at 178 degrees Fahrenheit (F) and waffles at 152 degrees F. A test tray was requested at 08:15 AM, the tray reached the Medicare Unit at 08:22 AM and after all residents were served, the test tray was sampled at 08:32 AM. The Dietary Manager (DM) conducted temperature monitoring of the test tray and sampled the foods. He gave the following descriptions of the foods on the test tray: - Scrambled eggs, no visible steam, butter added remained congealed on the eggs, described as</p>	F 804			

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F 804	<p>Continued From page 14</p> <p>luke warm, not hot, and could be hotter - Waffles, no visible steam, butter added remained congealed, described as luke warm not hot, and could be hotter</p> <p>Interviews with alert and oriented residents who received the breakfast meal on 10/09/19 revealed the following:</p> <ul style="list-style-type: none"> - Resident #9 stated on 10/09/19 at 08:46 AM that her eggs could have been hotter. - Resident #4 stated on 10/09/19 at 08:47 AM that she received the powdered eggs and they were cold. - Resident #61 stated on 10/09/19 at 08:48 AM that her breakfast was the "same ole thing, butter doesn't melt on the toast, they keep the butter in the freezer which makes it hard to melt, by the time I got to my coffee it was cold, my eggs were dry/cold, and the bacon was cold." - Resident #8 stated on 10/09/19 at 08:56 AM that his breakfast was cold, but edible. <p>The DM was interviewed on 10/09/19 at 09:00 AM. He stated he met with residents right after the RCM and discussed foods/menus. The DM also stated that one of the cooks had some difficulty transitioning into her role which resulted in some concerns with late meals and that this may have contributed to residents receiving cold foods. The DM also stated that meals for residents who ate in their rooms were placed on an open cart that was delivered to the assisted dining room first. Once all the residents who ate in the assisted dining room received their lunch, then room trays, which were stored on this open cart were delivered to residents who ate in their rooms. The DM stated this could also contribute to cold foods to those residents who ate in their rooms. The DM also stated that residents</p>	F 804			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 804	Continued From page 15 complained they received powdered eggs, but that the eggs were not powdered, but rather liquid. An interview with the Administrator occurred on 10/09/19 at 10:44 AM. The Administrator stated that the requests for fresh eggs rather than liquid eggs and hot foods should have already been resolved by the dietary department.	F 804			