

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

PRINTED: 06/02/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345543	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/05/2022
NAME OF PROVIDER OR SUPPLIER BERMUDA COMMONS NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 316 NC HIGHWAY 801 SOUTH ADVANCE, NC 27006	
(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 An unannounced recertification survey was conducted on 5/2/22 through 5/5/22. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Evernt ID # 320911.	E 000		
F 000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 5/2/22 through 5/5/22. Event ID# 320911. 6 of the 45 complaint allegations were substantiated. Intake#188530, #188554, #187810, #186285, #186270, #179381, #177976, #177271, #176670, #176556 and 1755080.	F 000		
F 565 SS=E	Resident/Family Group and Response CFR(s): 483.10(f)(5)(i)-(iv)(6)(7) §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.	F 565		5/25/22

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

TITLE

(X6) DATE

Electronically Signed

05/26/2022

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>(A) The facility must be able to demonstrate their response and rationale for such response.</p> <p>(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 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 observations, resident and staff interviews and review of resident council minutes, the facility failed to address and resolve ongoing grievances about the quality, preference and palatability of food and the cleanliness of the environment were reported at resident council meetings by 5 of 5 residents who regularly attended the resident council meetings for 5 consecutive months (Resident #22, #24 #27, # 46 and #60</p> <p>Findings included:</p> <p>During a continuous observation on 5/2/22 at 12:10 PM to 1:30 PM, several residents were observed not eating meals and asking staff what else was available, the only thing offered was pimento cheese sandwiches. However, staff went to the kitchen there were no sandwiches available or ready to serve. The residents had to wait even longer to get something to eat.</p> <p>During a continuous observation on 5 /3/22 at</p>	F 565	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F565 Resident/Family Group and Response</p> <p>Corrective Action for Affected Residents For resident #22, #24, #27, #46 and #60, On 5/25/2022 the Activities Director attended Resident Council upon the residents' request. The concerns identified as quality, preference, and palatability of food, and cleanliness of environment were reviewed. No concerns were mentioned related palatability of</p>		

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F 565	<p>Continued From page 2</p> <p>7:30 AM to 9:00AM, several residents were observed for breakfast in the dining room and in resident rooms. The breakfast included pancakes, eggs, bacon/sausage, toast, and oatmeal. Several residents in the dining room did not eat the breakfast. The residents reported the pancakes were cold in the center or the edges were too hard, and they could not chew them. Additional, reports included eggs were powdery and runny, and the oatmeal was like glue.</p> <p>Observations of meal cards was done for several days, revealed there were no identified resident food preferences, likes/dislikes listed on several residents ' meal cards. Staff were observed running back and forth to the kitchen for missing items and requests for alternate meals. There were no menus for resident selection and there was no alternate meal listed for resident review available for the residents.</p> <p>Review of resident council meetings dated 12/15/21, read in part: documented concerns with temperature of food, reheating of foods at resident requests, documenting resident preferences, likes/dislikes on meal cards, accuracy of meal cards, reduction in the number of starches served, mold and cleanliness of bathrooms/shower rooms. On 1/19/22 resident concerns included food still being served cold and not good quality, too many starches were being served, food preferences not honored and missing items from tray. On 2/15/22 resident concerns included food preferences, likes/dislikes not being honored and continued to be served when reported and request for fresh fruit. On 3/15/22, resident concerns included food preferences not being honored, alternate food items not being provided upon request. On</p>	F 565	<p>food, and cleanliness of environment. One concern mentioned regarding accuracy of menus.</p> <p>Corrective Action for Potentially Affected Residents</p> <p>All residents have the potential to be affected by this alleged deficient practice. On 5/23/2022-5/25/2022, Administrative staff conducted resident interviews and will update food preferences to include likes/dislikes reestablish daily posting of menus with alternate meal choices. On 5/24/2022, the Environmental Services Manager completed 100% facility audit to identify any floors that needed cleaning or were sticky. Any areas identified as needed cleaning or was sticky were cleaned and a cleaning schedule was created to ensure facility remains in compliance.</p> <p>Systemic Changes</p> <p>On 5/19/2022, the Director of Nursing began on resident rights to organize and participate in groups in the facility, and the facility must provide a designated staff person who is approved by the resident or family group and the facility will be responsible for providing assistance and responds to any written request or concerns that result from a group meeting. Also, on 5/24/2022 the Administrator began education on resident preferences related to quality, choices and palatability of food, and cleanliness of environment.</p>		

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F 565	Continued From page 3 4/15/22, resident concerns included on-going food concerns. A resident council meeting was held on 5/4/22 at 11:30 AM, there were 5 residents identified as alert and oriented who participated in the meeting. The members of the group reported they were regular attendees and had reported on-going food concerns during the resident council meetings as well as to management. The residents reported they had ongoing concerns with the meal of the day not being served and food items on the meal cards not available or served. The residents' reported staff did not check the meal card for accuracy, they would have to ask staff to get the missing items from the kitchen. In addition, the residents also reported the food preferences, likes/dislikes were not listed on the meal card and staff had no clue of what they like or not and what needs to be the substitute. The residents further stated the coffee and food was being served cold. In addition, the five members of the resident council reported administration and the previous dietary manager stated they would resolve their food concerns, but they were unaware of what action was taken to resolve the issues. The residents stated the food continued to be served cold and there were no changes in the quality of the food or the selection of food choices. The residents added there had been no individual discussions held with them by dietary or administration about the changes or resolution to their food concerns. The residents also stated that despite all the conversations held in resident council meetings discussion regarding food concerns, things have not improved. The registered dietician (RD) never came to talk to them, they were told one exist and we have never seen them or talk to them. They have no idea	F 565	The Administrator will ensure that any staff who has not received this training by 5/25/2022 will not be allowed to work until the training is completed. This information has been integrated into the standard orientation training and in the required in-service refresher courses for all staff identified above and will be reviewed by the Quality Assurance process to verify that the change has been sustained. The facility specific in-service will be provided to all agency staff in the facility. Any staff who does not receive scheduled in-service training will not be allowed to work until training has been completed by date of compliance. Quality Assurance Beginning 5/30/2022 The Administrator or designee will monitor this issue using the Survey Quality Assurance Tool for Monitoring Resident Preferences. The monitoring will include reviewing a sample of residents to ensure preferences are being followed. This will be completed weekly for 4 weeks then monthly x 2 months or until resolved to ensure their needs are met. Quality Of Life/Quality Assurance Committee Reports will be given to the Monthly Quality of Life- QA committee and corrective action initiated as appropriate. The Quality of Life Committee consists of the Administrator, Director of Nursing, Assistant DON, Staff Development Coordinator, Unit Support Nurse, MDS Coordinator, Business Office Manager, Health Information Manager, Dietary Manager and Social Worker.		

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F 565	Continued From page 4 who the person was, and the dietary manager staff change so much, we have no idea what was happening with the food. The resident's stated they did not feel as though management was addressing their concerns with the food concerns. In addition, the residents further stated staff did not offer to reheat the food and when ask it took longer for the food to return. The meats were either half cooked, tough or not enough. Most meals you could not recognize, the oatmeal, grits and eggs were so hard it would stick to the spoon. The residents further stated they were also told by dietary staff that Styrofoam could be used due to staffing shortage. The five residents reported this had been an on-going issue for more than 5 months and nothing seems to be done. The consensus of the group was the food does not come to them hot enough and it may be soggy or dry depending on what was being served. Resident #22 and #27 reported they have asked their family members to bring them protein shakes so they had something to eat when the food was bad. Resident #46 reported the food was nasty and she was tired of receiving the same breakfast and meals in general. All resident reported they were unaware of what the meal of the day was because there were no menus posted and no alternate to choose from. The residents further reported dietary also told them they had to wait until after all meals were served before, they could get what would have been an alternate. Even then they may not be any food available. In addition, the residents reported they would receive random selection of foods thrown together that would include a lot of starch, no vegetables or meat, or a starch and small portion of whatever was available. Meals were late daily, cold food served at least 3 to four times a week. examples of poor food quality were, tough/burnt	F 565	Date of compliance: 5/25/2022		

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F 565	<p>Continued From page 5</p> <p>bacon, stiff/hard grits/oatmeal, mushy/soggy vegetables, too many starch foods, meats/dry tough, no fresh fruit offered/provided, eggs rubbery/overcooked, received dislikes or missing desired food items.</p> <p>Additional concerns the residents reported that resident rooms, bathrooms were not being cleaned on a daily. If they had spills in the rooms and bathrooms it would go a day or two without being swept/mopped and the floor would become very sticky. Resident #27, #60, #46 and #24 stated housekeeping staff were also short and they would do spot cleaning, which makes the floors and room look nasty and dingy. The residents reported they were no sure if housekeeping was changing their mop water because the floors continued to as the continue to look stained even after they have damp mopped the room. The residents reported how clean a room gets depends on who was working. The residents reported the monthly response to dietary and housekeeping concerns was we are working on it. Everything was done on a temporary basis per all residents of the group.</p> <p>An interview was conducted on 5/4/22 at 3:01 PM, the Activities Director (AD) stated the social worker (SW), and former dietary manager (DM) were present in some of the resident council meetings when food concerns were presented by the group. She reported that the SW assist with grievance resolutions by completing the forms and giving them to the department heads for their response. She added the dietary staff had been made aware of the individual and group concerns via the form. She stated dietary staff have not directly resolved the concerns for the past several months as there were repeated food concerns by</p>	F 565			

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F 565	<p>Continued From page 6</p> <p>different residents. The dietary staff have been made aware following each meeting. The AD further stated there had been a variation of concerns which have been cold coffee and cold food, food missing on trays, quality/palatability of food etc. In addition, there had been concerns about the condition of the environment since Sept-Oct. The residents continue to have on-going food concerns that were brought up in the meetings when they feel things were not resolved. The AD stated all concerns were submitted to the department head and administrator for review and resolution.</p> <p>An interview was conducted on 5/3/22 at 5:07 PM, the Director of Nursing (DON) stated that staff should be looking at the meal tickets to make sure they were accurate. She further stated concerns of the resident group regarding food should have been resolved by the dietary team. She added she had to go out and buy products for residents when the kitchen runs short of supplies. She stated she was unaware if the DM/RD attended the resident council meeting to resolve issues. The DM were present during the group meeting and should have been addressing the dietary concerns and housekeeping as well should be addressing any environmental concerns following each meeting.</p> <p>An interview was conducted on 5/4/22 at 9:30 AM, s the Administrator stated she was aware of the dietary and housekeeping concern reported by residents/families. The Administrator stated the expectation would be for the department heads to meet/discuss with resident/individuals the concern and resolve the concern to the resident satisfaction. The resident/ group grievances should be addressed within a month</p>	F 565			

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F 584 SS=E	<p>of receipt of the concern. The department head were responsible for ensuring follow-up with group to ensure the concerns were addressed.</p> <p>Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)</p> <p>§483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>The facility must provide-</p> <p>§483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p>	F 584		5/25/22	

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F 584	<p>Continued From page 8</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observations, family and staff interviews and maintenance checklist, the facility failed to clean and maintain resident rooms and bathrooms for 4 of 6 halls (Room #'s 102, 109, 110, 204, 205, 207, 400, 402, 407, 409, 501, 508, 509) observed for environment cleanliness.</p> <p>The findings included: Observation on 5/2/22 at 9:15 AM, the initial tour revealed several resident rooms and bathrooms were observed on 3 of 6 halls the floors were sticky when walking across the floor, there was left over food, old paper cups, wrappers, straws, dingy, dirty brown matter, and stains in the floors. The corners and base boards of the rooms were embedded with dried food products, encrusted dirt. The hallway floors and around nursing stations were sticky when walking. The bathroom floors were heavily urine stained, sticky and leftover paper products on floors. The following rooms were checked 102, 109, 110, 204, 205, 207, 400, 402, 407, 409, 501, 508 and 509.</p> <p>1 a. Observation was conducted on 5/2/22 at 9:15 AM, Room 102 the floor was very sticky, there was left over paper cups and trash on the floor, base board area had brown matter and old food crumbs encrusted in the corners around the bed and base board. The bathroom floor was sticky with a strong urine odor present.</p>	F 584	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F584 Safe/Clean/Comfortable/Homelike Environment Corrective action for affected residents. For residents on 100 hall, 200 hall, 400 hall, and 500 hall. Corrective action for resident(s) affected by the alleged deficient practice: On 5/3/2022, the rooms/bathrooms on 100 hall, 200 hall, 400 hall, and 500 halls was cleaned by the housekeeping and maintenance staff to include sweeping and mopping of floor, cleaning walls/baseboards, and cleaning toilets. On 5/5/2022, housekeeping staff began cleaning hallway floors. Corrective Action for Potentially Affected Residents. On 5/24/2022, the Environmental Service Director completed 100% audit of all</p>		

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F 584	Continued From page 9 b. Observation was conducted on 5/2/22 at 9:20 AM, Room 109 the floor had brown dried stain spots throughout the room, the floor was sticky and underneath both beds had dried fluid stain and matted food on the floor. The bathroom had a strong urine/fecal odor and dried urine around the front/back of toilet and base board area had a large volume of brown mattered encrusted in the seams. c. Observation was conducted on 5/2/22 at 9:25 AM, Room 110, the floor was very sticky, heavily stained and a very strong urine odor was present. There was stained dried liquids and old food under resident beds and around dresser/closet area. The base board around resident beds and sink area was very brown and dirty with large amounts of pushed dirt in the creases of the trim. The bathroom floor was very sticky with dried urine and brown matter encrusted around the toilet base and wall splatters of some unknown substance. d. Observation was conducted on 5/2/22 at 9:30 AM, Room 204, the base board and floor was severely stained with unknown substances, old paper products and food were under resident bed. Around the toilet there were dried brown matter and under the sink at the base board there was also brown matter and dirt encrusted into the floor and base board area throughout the bathroom and the floor was very sticky. e. Observation was conducted on 5/2/22 at 9:30 AM, Room 205, the floor was very stained with dried brown and yellowish liquid on the floor under resident beds, around dresser and closet area. Old food products were under the sink area	F 584	rooms/hallways in the facility was completed to ensure that all rooms and halls were cleaned according to policy. Any rooms/halls identified as needing cleaning were added to deep cleaning schedule. On 5/24/2022, the Maintenance Director completed 100% audit of all rooms in the facility to ensure that all floorings were in good repair. Results: 2 rooms/bathroom floors needed cleaning were placed on deep cleaning schedule. Any rooms that identified flooring in need of repair and /or replacements were placed on repair/replacement list. Systemic Changes All housekeepers and maintenance staff will be re-educated by the Administrator beginning on 5/24/2022 on cleaning rooms according to policy on regular intervals to include dust mop and damp mop resident room floors, empty trash receptacles, replenish toilet tissue, paper towels, soap, hand sanitizer, and odor control. Clean furnishings used by residents and visitors. Clean spot on walls. Complete cleaning of bathrooms. Complete cleaning of overbed lights, high areas, window blinds and window sills on regular intervals. Removing and cleaning privacy curtains on regular intervals or as needed. Sanitize beds on deep cleaning schedules. This information has been integrated into the standard orientation training and in the required in-service refresher courses for all staff identified above and will be reviewed by the Quality Assurance process to verify that the change has been sustained. The facility		

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F 584	<p>Continued From page 10</p> <p>and there were large amounts of dirty pushed toward the base boards of the bedroom and in the bathroom. The bathroom walls had some brown matter on them at the back of the toilet area.</p> <p>f. Observation was conducted on 5/2/22 at 9:45 AM, Room 207, the bathroom floor was very sticky and dirt and brown matter was encrusted around the toilet base, base board under sink and surrounding walls of the bathroom. There was a strong fecal/urine odor embedded in the room and bathroom. The floor around the resident 's dresser and under bed had old paper products and previous meal on the floor.</p> <p>g. Observation was conducted on 5/2/22 at 9:50 AM, Room 400, the bedroom floor was very sticky had paper products, food, used wipes and tissues under beds, left over trash bags of soiled briefs under sink. The room had a strong urine odor, old dirt and food products were pushed toward the base boards of the corners of the room. The bathroom floor was heavily stained with unknown substance.</p> <p>h. Observation was conducted on 5/2/22 at 9:55 AM, Rom 402, the entire bedroom was sticky with left over food products from previous meal and dried liquids on the floor.</p> <p>An interview and observation were conducted on 5/2/22 at 10:00 AM. The Housekeeper #1 (HK) was observed doing a deep cleaning of a room which included cleaning/sanitizing the resident bed, deep cleaning floor(mop/sweep), deep cleaning bathrooms, wiping down bed frames and removing dirty privacy curtains, windowsills, trash, furniture. Hk#1 reported there had been recent</p>	F 584	<p>specific in-service will be provided to all laundry and housekeeping staff. Any staff who does not receive scheduled in-service training by 5/25/2022 will not be allowed to work until training has been completed.</p> <p>Quality Assurance The Administrator or designee will monitor compliance beginning 5/30/2022, utilizing the Quality Assurance Tool Clean/ Safe Homelike Environment weekly x 4 weeks then monthly x 3 months. The tool will monitor a sample of rooms and bathrooms for cleanliness and stains on walls and baseboards. Reports will be presented to the weekly Quality Assurance (QA) committee by the Director of Nurses to ensure corrective action is initiated as appropriate. Compliance will be monitored and the ongoing auditing program reviewed at the weekly Quality Assurance Meeting, indefinitely or until no longer deemed necessary for compliance with the housekeeping and personal laundry issues. The weekly QA Meeting is attended by the Administrator, Director of Nursing, Minimum Data Set Coordinator, Rehab Manager, Health Information Manager, Environmental Services Manager, and the Dietary Manager Date of Compliance: 5/25/2022</p>		

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F 584	<p>Continued From page 11</p> <p>staff shortage due to staff resigning, therefore increasing the load and responsibilities for an 8-hour period. She reported typically there would be 4 staff per day with laundry, but with the staff resigning, 3 staff had been trying to clean all resident rooms, common areas and maintain the deep cleaning schedule. HK#1 further stated the housekeeping supervisor came through last week and pointed out several areas that housekeeping had to pay extra attention based on concerns reported by families and others. She added she received a specific cleaning list and regular daily cleaning list that was specific for deep cleaning. The room responsibilities would include assigned halls based on the assignment. When assigned to different halls it would include specific common areas. When staff called out the room number would increase. HK#1 stated they were short of staff and doing the best they could to keep rooms clean.</p> <p>i. Observation was conducted on 5/2/22 at 10:10 AM, Room 407, the floor had unknown brown matter and dried liquids under resident beds, paper products and food were left under the heating system. The bathroom wall had dried brown matter on the walls at the back of the toilet and the base boards were dirty with brown matter encrusted in the creases of the base board.</p> <p>j. Observation was conducted on 5/2/22 at 10:15 AM, Room 409, bathroom floor had brown matter encrusted around the toilet and the floor had dried urine stains.</p> <p>k. Observation was conducted on 5/2/22 at 10:20 AM, Room 501 the floor near the window under the heating system had left over food and paper products. Beside the resident bed near that wall</p>	F 584			

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F 584	<p>Continued From page 12 was dried unknown substance.</p> <p>l. Observation was conducted on 5/2/22 at 10:25 AM, Room 508, the floor near the bathroom and far window was very sticky and very stained. The floor in the bathroom was very sticky and had encrusted dirt around the base board under sink and toilet area.</p> <p>m. Observation was conducted on 5/2/22 at 10:30 AM, Room 509, bathroom floor was very sticky and heavily stain with an unknown substance. There were old food products under resident bed and dresser.</p> <p>A telephone interview was conducted on 5/2/22 at 11:36 AM, Resident #38 's family reported during visits the facility was dirty and the halls had trash all around them and the floors in resident rooms were sticky with left over foods and paper products. The facility housekeepers were not doing a very good job keeping the environment as clean as it should be. The floors were sticky throughout the halls.</p> <p>Observation was conducted on 5/3/22 at 7:45 AM- through 10:00 AM, continuous observations of several rooms and halls and the rooms were not clean and the floors were sticky. Follow-up of the identified rooms were checked. Food and paper products were on floors, bathroom toilets had not been clean, and trash had not been emptied.</p> <p>An observation and interview were conducted on 5/3/22 at 12:28 PM, HK#2 was deep cleaning rooms on the 400 hall which included sanitizing the furniture/closet area and bed frame. HK#2 presented the detailed cleaning list that was attached to the assigned cart. The HK#2 stated</p>	F 584			

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F 584	<p>Continued From page 13</p> <p>the housekeeping staff was responsible and expected to keep the facility clean and odor free. Sher reported she was expected to clean rooms on the assigned hall and in addition to common areas She reported she submitted to her supervisor the rooms that she was able to complete within the shift. HK#2 further stated she followed the cleaning list attached to the assigned cart and does the best she could with limited staff at times. She reported the floors would still be sticky, but she was using the products she was provided.</p> <p>A follow-up observation was conducted on 5/4/22 at 7:30 AM, of the previously identified rooms, there were 4 housekeepers and supervisor present cleaning resident rooms, sweeping/mopping floors.</p> <p>An interview was conducted on 5/4/22 at 7:45 AM, the HK#3 stated she had only worked the facility 1 month and she reported she follows the hall assignment of the designated cart she was working on using the products that was in the cart. HK#3 further stated she tried her best to get to each of the assigned resident rooms and designated areas.</p> <p>An interview was conducted on 5/4/22 at 8:52AM, the Housekeeping Supervisor (HKS) stated she was aware of the condition of the floors being stain and appearing dirty and toilets old and need of repair. She further stated she had no stripping/waxing experience and tried to hire a person to perform this task and have been unsuccessful. She further stated previous floor products being used had cause further problems with the stickiness of the floors and getting the floors cleaned correctly. The HKS added she was</p>	F 584			

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F 584	<p>Continued From page 14</p> <p>aware of the facility environment based on concerns/complaints that had been received in the past few months. The HKS stated she had several staff resigned which impacted on the quality of work that needed to be done in all areas. She further stated she had spoken with management about the needs of the housekeeping department and need for additional staff (floor tech) and training on stripping/buffing floors since she did not have the knowledge or skills to perform the task. In addition, the HKS added that management provided a cleaning machine, but it does not address the condition of the toilets, staining tiles, poor floor quality. HKS stated she was trying to run several departments to attempt to keep the building up to par and she was unable to keep up with the many responsibilities and task needed so some things have been missed. She indicated she had not had the opportunity to attend resident council and would get concern forms form the activity director or social worker and she assigns someone to clean the problem areas.</p> <p>An interview was conducted on 5/4/22 at 9:30 AM, the Administrator stated she had received several concerns regarding the cleanliness of the facility from families and residents. The concerns included resident floors, bathrooms, and condition of the tiles throughout the facility. The Administrator stated the floors were stained and dated and several areas in the facility needed repairs/replacements. Staffing had been an issues and contact had been made with upper management regarding the environmental conditions of the facility. The Administrator stated attempts were made to get housekeeping agency staff to assist with getting the facility up to par, however there was not a temporary company</p>	F 584			

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F 584	Continued From page 15 could be found at this time. There had been a high volume of turnover over the last year. The housekeeping supervisor was currently managing several roles trying to ensure the facility was clean as possible. An interview was conducted on 5/5/22 at 9:00 AM, the Director of Nursing (DON) stated she was aware of the condition of resident rooms, bathrooms and halls not being the cleanest based on resident/family concerns. Additional efforts have been made by the Administrator and housekeeping to get additional staff and housekeeping staff who know how to strip and buff floors. Maintenance has been trying to help housekeeping, but things still seem to get behind.	F 584			
F 688 SS=D	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3) §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced	F 688		5/25/22	

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F 688	<p>Continued From page 16</p> <p>by: Based on observations, resident interview, staff interviews and record review, the facility failed to apply right hand splint for 1 of 1 residents review for range of motion (Resident #3).</p> <p>Findings included:</p> <p>Resident #3 was re-admitted on 4/25/22. Review of his Quarterly Minimum Data Set assessment, dated 5/1/22, indicated his intact cognition. Resident's diagnoses included right hand contracture and hemiplegia (paralysis of one side of the body).</p> <p>Review of Resident 3's plan of care, dated 4/25/22, revealed his limited physical mobility due to right hand contracture with appropriate goals and interventions, included splinting to right upper extremity. The resident refused splint application at times.</p> <p>Review of the physician's orders for Resident #3 revealed the order, dated 1/13/22, for occupational therapy (OT) evaluation and treatment as indicated for contracture management.</p> <p>Record review revealed the Occupational therapy (OT) discharge summary for Resident #3, dated 2/1/22, indicated that the resident received resting right hand splint application daily from 1/26/22 to 2/1/22, could tolerate it well up to six hours. The resident reached maximum potential and was discharged to the nursing floor. The occupational therapy staff trained the nursing staff to apply splint.</p> <p>Record review revealed the OT Functional</p>	F 688	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated. F688 Increase/Prevent Decrease in ROM/Mobility</p> <p>Corrective action for affected residents. For Resident#3, On 5/2/2022 MD placed order for OT evaluation for contracture management.</p> <p>Corrective action for potentially affected residents.</p> <p>Residents who utilize a splint for contractures have the potential to be affected.</p> <p>On 5/17/2022, the Director of Nursing audited all current residents for contractures. This was completed by assessing the resident's extremities and placing them through ROM to determine if a contracture were present. If a new or worsening contracture was noted, a therapy referral will be initiated by the Nurse Manager. This process will be completed by 5/24/2022.</p> <p>On 5/17/2022, the nurse managers audited all current residents to establish which residents had MD orders for devices such as a splint, brace, palm guard, or hand roll. This was</p>		

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F 688	<p>Continued From page 17</p> <p>Maintenance Program, dated 2/2/22, indicated that the staff to apply splint on Resident 3 ' s right hand every morning for six hours as tolerated to manage contracture development. Skin check at splint removal.</p> <p>Record review of the care tracker for February - April 2022 revealed that Resident #3 did not receive right hand splint applications.</p> <p>Review of the Medication Administration Records (MAR) for February - April 2022 for Resident #3 revealed no documentation of the right-hand splint application.</p> <p>Record review of the nurses ' notes for February - April 2022 revealed no right-hand splint application documented for Resident #3.</p> <p>On 5/2/22 at 11:40 AM, during the observation/interview, Resident #3 was in bed, well dressed and groomed. His right hand was contracted. The resident did not have splint on his right hand at the time of observation. The resident indicated that he did not receive splint today and could not recall when he had the splint for his right-hand last time.</p> <p>On 5/3/22 at 9:00 AM, during the observation/interview, Resident #3 did not have splint on his right hand. The resident indicated that he did not receive splint today.</p> <p>On 5/3/22 at 10:00 AM, during an interview, Nurse Aide #1 indicated that Resident #183 had right hand contracture, but she was not sure if he received the order for splint application.</p> <p>On 5/3/22 at 10:05 AM, during an interview,</p>	F 688	<p>accomplished by auditing orders and care plan task for those devices. Once it was determined who needed a splint, brace, palm guard, or hand roll, the nurse managers and MDS nurse ensured the device were in place, had an MD order, CNA task, and care plan. This process will be completed by 5/24/2022.</p> <p>Systemic changes</p> <p>On 5/19/2022, the Director of Nursing began an in-service education to all full time, part time, and as needed nurses and CNA's. Topics included:</p> <ul style="list-style-type: none"> ¿ The importance for applying splints, palm guards, hand rolls as ordered by the MD. ¿ Inspecting skin at least daily or more frequently as ordered for irritation, redness or skin breakdown. ¿ What to do when the device cannot be located. <p>The Director of Nursing will ensure that any Nurse or CNA who has not received this training will not be allowed to work until the training is completed. This information has been integrated into the standard orientation training and in the required in-service refresher courses for all staff identified above and will be reviewed by the Quality Assurance process to verify that the change has been sustained. The facility specific in-service will be provided to all agency Nurses and CNA's who give residents care in the facility. Any nursing staff who does not receive scheduled in-service training by 5/25/2022 will not be allowed to work until training has been completed.</p> <p>Quality Assurance</p>		

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F 688	<p>Continued From page 18</p> <p>Nurse #1 indicated that she supervised medication aides on 500 and 600 halls. Nurse #1 stated that she did not know if the Resident #183 had an order for splint application.</p> <p>On 5/3/22 at 10:30 AM, during an interview, Nurse Aide #3 indicated that she assigned to work with Resident #3 this shift and was not aware of his splint application requirements. Nurse Aide #3 explained that usually nurses or restorative aides could apply the splints.</p> <p>On 5/4/22 at 2:10 PM, during an interview, Rehabilitation Director indicated that Resident #3 received OT for right hand contracture, including splinting, and was discharged to Functional Maintenance Program on 2/1/22. The therapy staff trained the floor nurse aides to perform range of motion in preparation to splint application, to apply the splint on his right hand for six hours daily and check the skin before and after the procedure.</p> <p>On 5/4/22 at 2:50 PM, during an interview, Assistant Director of Nursing (ADON) indicated that the therapy department discharged residents to the Functional Maintenance Program and trained the nursing staff to continue the correct splint application regimen. ADON expected the nurses to document splint application in the MAR.</p> <p>On 5/5/22 at 9:10 AM, during an interview, the Administrator expected the staff to follow the orders and plan of care for splint application, document it appropriately in the Medication Administration Record (MAR).</p>	F 688	<p>The Director of Nursing or designee will begin to monitor on 5/30/2022 this issue using the Survey Quality Assurance Tool for Splint and Brace use. The monitoring will include reviewing a sample of residents who require a splint or brace to ensure it is applied and removed per MD orders. This will be completed weekly for 4 weeks then monthly times 2 months or until resolved by to ensure their needs are met. Quality of Life/Quality Assurance Committee. Reports will be given to the monthly Quality of Life- QA committee and corrective action initiated as appropriate. The Quality of Life Committee consists of the Administrator, Director of Nursing, Assistant DON, Staff Development Coordinator, Unit Support Nurse, MDS Coordinator, Business Office Manager, Health Information Manager, Dietary Manager and Social Worker. Date of compliance: 5/25/2022</p>		
F 803 SS=E	<p>Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7)</p>	F 803		5/25/22	

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F 803	<p>Continued From page 19</p> <p>§483.60(c) Menus and nutritional adequacy. Menus must-</p> <p>§483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.;</p> <p>§483.60(c)(2) Be prepared in advance;</p> <p>§483.60(c)(3) Be followed;</p> <p>§483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups;</p> <p>§483.60(c)(5) Be updated periodically;</p> <p>§483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and</p> <p>§483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is not met as evidenced by: Based on record review, observations, Resident and Staff interviews, the facility failed to follow and plan menus for 2 of 3 meals observed for Resident # 20 and Resident #29. This has the potential to affect all residents.</p> <p>The Findings included: 1. A review of the quarterly minimum data set (MDS) assessment dated 03/15/22 indicated Resident #20 was cognitively intact, was a set-up</p>	F 803	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's <input type="checkbox"/> allegation of compliance such that all alleged</p>		

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F 803	<p>Continued From page 20 for meals and required a therapeutic (cardiac) diet.</p> <p>A review of the menu for 5/2/22 through 5/6/22 revealed no planned menu for breakfast.</p> <p>Observations conducted of breakfast on 05/3/22 at 9:00 AM revealed Resident #20 was served grits, bacon, eggs, toast, orange juice and coffee.</p> <p>An interview conducted with Resident #20 on 05/3/22 at 9:15AM, stated she is served the same breakfast every day and would prefer to have more of a variety of breakfast foods to choose from.</p> <p>An interview conducted with Nurse Aide #1 on 05/03/22 at 9:30 AM, stated that residents are often served the same foods for breakfast. The Nurse Aide #1 further stated that this had been an ongoing issue for about two months.</p> <p>An interview conducted with the Cook on 05/02/22 at 10:30 AM, stated he does not have a planned menu to follow for breakfast.</p> <p>An interview conducted with the Dietary Manager on 05/05/22 at 12:52 PM, stated that menus are 4-week standard from the corporate office, but they are not being followed. The Dietary Manager stated that he has been with the facility since 04/25/22 and due to his current obligations with other facilities it has been difficult to plan menu for this facility.</p> <p>An interview conducted with the Administrator on 05/05/22 at 10:30 AM, stated she expected the Dietary Manager to plan and follow menus.</p>	F 803	<p>deficiencies cited have been or will be corrected by the dates indicated.</p> <p>F803</p> <p>1. For dietary services, a corrective action was obtained on 05/02/2022-05/06/2022.</p> <p>Based on observations, interviews, and resident council meetings the facility failed to follow menus for 2 of the 3 meals observed for resident #20 and resident #29. Resident #20 and #29 reported receiving the same breakfast every day; per staff interview there was no planned breakfast menu.</p> <p>Review of the lunch menu on 05/03/2022 indicated the meal was Roast Pork Sandwich, Potato Wedges, Steamed Zucchini and Squash, and Peach Crisp; however, chicken sandwiches were served. Staff interview revealed the menu was changed due to not having pork and the change was unable to be communicated in time.</p> <p>Based on interview with the Dietary Manager on 05/05/2022 it was stated a standard four-week rotation menu was provided by corporate but had not been followed due to the Dietary Manager having multiple facility obligations.</p> <p>Menus reviewed by the Dietary Service Director with dietary team. Core menus and alternative menus printed and provided to dietary staff as well as posted throughout the kitchen. Correct menus posted, adjusting for any menu changes.</p>		

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F 803	<p>Continued From page 21</p> <p>2. A review of Resident #29 MDS assessment dated 03/27/22 indicated resident #29 was cognitively intact, required set-up for meals and was on a diabetic diet.</p> <p>A review of the menu for 5/2/22 through 5/6/22 revealed no planned menu for breakfast.</p> <p>Observations conducted of breakfast on 05/3/22 at 9:05 AM, revealed Resident #29 was served grits, bacon, eggs, toast, orange juice and coffee.</p> <p>An interview conducted with Resident #29 on 05/03/22 at 9:45 AM, stated breakfast is always the same and that this had been an issue over the past two months.</p> <p>A review of the lunch menu dated 05/03/22 revealed hot roast pork sandwich, roasted potato wedges, steamed zucchini, yellow squash, and peach crisp.</p> <p>Observations conducted on 5/03/22 at 12:21 PM, revealed Resident #29 was served a fried chicken sandwich, potato soup and green beans.</p> <p>An interview conducted with Resident #29 on 05/03/22 at 12:30 PM, stated she was unable to eat the fried chicken sandwich as it was hard to cut or eat. Resident #29 further stated that she often receives food that she did not choose and when menus are changed, she is not aware until the food is served.</p> <p>An interview conducted with the Cook on 05/03/22 at 1:00 PM stated he had changed the menu because he did have enough roast pork. The Cook further stated that he planned to inform Residents of the menu change but did not have</p>	F 803	<p>2. Corrective action for residents with the potential to be affected by the alleged deficient practice.</p> <p>All residents have the potential to be affected by the alleged deficient practice. On 05/23/2022, the Dietary Service Director completed an in-service to discuss dining experience with dietary staff and meal procedures with nursing/assistant nursing staff. Menu Spread Sheets and Production Sheets to be incorporate to ensure menus followed. Posted Menus will be updated daily or as changes are made to the meal. Residents to be interviewed and meals monitored on a regular basis to ensure menu items received per menu.</p> <p>3. Systemic changes</p> <p>In-service education was provided to all full time, part time, and as needed dietary staff. Topics included:</p> <ul style="list-style-type: none"> " Importance of following menus, how to understand/follow menus " Importance of altering resident to menu changes and posting menus. " How to use Production Sheets " Procedure to changing meals. <p>Menus posted daily or when changes made; menus should be posted with enough time for residents to review. Menus printed and posted in multiple places of the kitchen. Production sheets should be updated as</p>		

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F 803	Continued From page 22 time to do so. An interview conducted with the Administrator on 05/05/22 at 10:30 AM, stated she expected the Dietary Manager to plan and follow menus.	F 803	the census changes to plan the necessary food items and quantities are purchased and prepared. Dietary Manager will attend resident council as invited and follow up with any food complaints as identified. This information has been integrated into the standard orientation training and in the required in-service refresher courses for all staff and will be reviewed by the Quality Assurance process to verify that the change has been sustained. Any dietary staff who does not receive scheduled in-service training by 5/25/2022 will not be allowed to work until training has been completed. 4. Quality Assurance monitoring procedure. Beginning 5/30/2022 The Administrator or designee will monitor accuracy of food orders, food served, and menus. The Dietary Service Director or designee will complete an audit 5 x week x 2 weeks, then weekly x 2 weeks, and then monthly x 3 months using the Dietary QA Audit. Monitoring will include reviewing food orders, food served, and menus to ensure menus are being followed. Reports will be presented to the weekly Quality Assurance committee by the Administrator to ensure corrective action initiated as appropriate. Compliance will be monitored and ongoing auditing program reviewed at the weekly Quality Assurance Meeting. The weekly QA Meeting is attended by the Administrator, Director of Nursing, MDS		

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F 804 SS=E	<p>Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2)</p> <p>§483.60(d) Food and drink Each resident receives and the facility provides-</p> <p>§483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;</p> <p>§483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, resident and staff interviews, family interviews, and record review, the facility failed to serve palatable food that was appetizing in taste, and temperature for 10 of 10 residents reviewed for food concerns (Resident #71, # 29, #20, #15, #21, #24, #38, #52, #67 and # 46).</p> <p>The findings include:</p> <p>1. A review of Resident #71 minimum data set (MDS) assessment dated 04/21/22 indicated Resident #71 was cognitively intact, required set-up for meals and received a mechanically altered diet.</p> <p>A review of the dinner menu dated 05/03/22 revealed broccoli salad, baked potato soup, saltine crackers, turkey sandwich on whole wheat and vanilla ice cream.</p> <p>Observations conducted on 05/3/22 at 5:38 PM, revealed Resident #71 was served a dinner meal</p>	F 804	<p>Date of Compliance: 5/25/2022</p> <p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies.</p> <p>To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</p> <p>F804</p> <p>1. For dietary services, a corrective action was obtained on 05/03/2022.</p> <p>Based on observation, record review, and resident, staff, and family interviews it was noted the facility failed to provide food that was palatable, attractive, and a safe and</p>	5/25/22	

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F 804	<p>Continued From page 24</p> <p>that consisted of chopped deli meat ham with Italian dressing and steamed broccoli. Resident#71 was observed to open the Styrofoam container and close it stating, "this does not look good, I am not eating it." Resident #71 declined interview at this time and left the room.</p> <p>An interview conducted with Resident #71 on 05/04/22 at 9:05 AM, stated she did not eat the dinner meal on 05/03/22 because it did not look edible and was served a peanut butter and jelly sandwich. Resident #71 further stated that inedible food is often served and that she relies on her family to bring her food.</p> <p>An interview conducted with the dietary manager on 05/05/22 at 12:52 PM stated that he expected the food to be palatable and the dinner served on 05/03/22 should had been palatable and presented in an appetizing manner. The Dietary manager stated that he started at the facility on 04/25/22 and he has not been able to complete his duties such as menu planning and resident food preferences.</p> <p>An interview conducted with the Administrator on 05/05/22 at 10:30 AM, stated she expected the food to palatable.</p> <p>2. A review of Resident #29 MDS assessment dated 03/27/22 indicated resident #29 was cognitively intact, required set-up for meals and was on a diabetic diet.</p> <p>A review of the lunch menu dated 05/03/22 revealed hot roast pork sandwich, roasted potato wedges, steamed zucchini, yellow squash, and peach crisp.</p>	F 804	<p>appetizing temperature to 10 of 10 residents.</p> <p>Resident #71 upon receiving meal of chopped ham in Italian dressing with steamed broccoli on 05/03/2022 was observed to look at the meal and close the container stating this does not like good, I am not eating this. Resident #67 and #24 also received and was disappointed in the dinner meal 05/03/2022; both residents refused meal. Resident #71 reported meals were often unappetizing in the past 2 months. For resident #29 it was observed on 05/03/2022 the resident was unable to cut her chicken. Resident #20 report food dislikes were often served and food preferences not obtained.</p> <p>For resident #15 observation and interview took place on 05/03/2022: during breakfast resident #15 was able to stick her spoon in the grits and the grits stuck to the spoon and the eggs were cold and dry. During interview resident #15 reported being tired of the food, not receiving alternates for breakfast, or receiving foods per her order diet/meal ticket, and upset the kitchen had told her on multiple occasions alternatives would only be served after the main meal was served leading to relying on family to bring in meals.</p> <p>Breakfast meal observed for resident #21, bacon was burnt and oatmeal was dried out and items were missing from her tray. Resident #24 noted to have the same</p>		

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F 804	<p>Continued From page 25</p> <p>Observations conducted on 5/03/22 at 12:21 PM, revealed Resident #29 was served a fried chicken sandwich, potato soup and green beans. Resident #29 was observed to try and cut the fried chicken, but she was unable to.</p> <p>An interview conducted with Resident #29 on 05/03/22 at 12:30pm stated she was unable to eat the fried chicken sandwich as it was hard to cut or eat. Resident #29 further stated that she was going to request a pimento cheese sandwich instead.</p> <p>An interview conducted with the dietary manager on 05/05/22 at 12:52 PM, stated that he expected the food to be palatable and the dinner served on 05/03/22 should had been palatable presented in an appetizing manner. The Dietary Manager further stated that menus are 4-week standard from corporate office, but they are not being followed.</p> <p>An interview conducted with the Administrator on 05/05/22 at 10:30 AM, stated she expected the food to palatable.</p> <p>3. A review of Resident #20 MDS assessment dated 03/15/22 indicated she was cognitively intact, was a set-up for meals and received a cardiac diet.</p> <p>An interview conducted with Resident #20 on 05/03/22 at 9:30 AM, stated she does not like eggs and is often served eggs with breakfast. Resident #20 stated that she was asked about meal preferences during her admission (01/01/2018) and cannot recall being asked about meal preferences after her admission. Resident</p>	F 804	<p>breakfast experience as #21 and #15; grits were sticky, bacon burnt, and eggs were dried out. During interview with resident #24, resident #24 reported there is something wrong with every meal.</p> <p>During interview of the family members of resident #38 reported weight loss and need for assistance at meals which family tried to provide, diet consistency upgraded but NA #10 reported resident often received incorrect consistencies. Resident #38 received dried out and rubbery eggs on 05/03/2022.</p> <p>For Resident #52 observation and interview took place on 05/03/2022; per resident the food was cold and too hard to eat. Resident #52 reported the food was often inedible and alternates were not provided, an issue that had been going for months and she felt had not been addressed.</p> <p>During interview resident #46 stated the food was bland and did not have a good taste. Resident #46 observed not to have eaten breakfast; saying the meal was not appetizing and meal selections were not being collected. Family for resident #46 stated they often heard complaints of the food.</p> <p>Dietary Service Director reviewed menu items from 5/03/2022 and modified production to ensure hot and more palatable meals; Dinner meal was removed from menu rotation. Dietary Service Director reviewed temperature</p>		

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F 804	<p>Continued From page 26</p> <p>#20 further stated that her food is often cold.</p> <p>An interview conducted with the Dietician on 05/05/22 at 1:53 PM, stated it is the responsibility of the Dietary Manager to assess residents for meal preferences, likes and dislikes. The Dietician stated that she was not aware of Resident concerns related to palatability and temperature of food.</p> <p>An interview conducted with the Administrator on 05/05/22 at 10:30 AM, stated she expected the meals to be at temperature and residents' food preferences to be honored.</p> <p>4. Resident #15 was admitted to the facility on 8/31/21. The diagnoses included diabetes The quarterly Minimum Data Set (MDS) dated 3/6/22, indicated Resident #15 cognition was intact and she only required set up assistance.</p> <p>The care plan dated 3/29/22 identified the problem as nutritional problems related to obese based on basic body mass index, receipt of therapeutic diet and meal refusals at times. The goal included Resident #15 would comply with the recommended diet for 90 days, would not develop complications related to obesity and maintain adequate nutritional status as evidence by maintaining weight. The interventions included Resident #15 would be observed signs/symptoms of malnutrition, significant weight I (ex:3lbs in 1 week, >5% in 1 month, >7.5% in 3 months, >10% in 6 months) record and report to physician and dietician, provide and serve diet as order and monitor and record every meal, registered dietician would evaluate and make diet changes and recommendations and weigh per physician</p>	F 804	<p>logs to confirm cooking and holding temperatures had been met for meals on 05/03/2022.</p> <p>Alternative Meal Selection to be re-instated and in place for all residents on a regular diet by 5/30/2022.</p> <p>2. Corrective action for residents with the potential to be affected by the alleged deficient practice.</p> <p>All residents have the potential to be affected by the alleged deficient practice. On 05/23/2022, the Dietary Service Director completed an in-service to discuss dining experience with dietary staff and meal procedures with nursing/assistant nursing staff. Test Trays will be incorporated more often until food complaints reduce or resolve completely. Residents mentioned above will be interviewed and monitored on a regular basis to ensure food delivered is per expectations.</p> <p>3. Systemic changes</p> <p>In-service education was provided to all full time, part time, and as needed staff. Topics included:</p> <ul style="list-style-type: none"> " Meal objectives and procedures " Test Tray completion " Focus on dining experience <p>Test Trays will be completed to ensure</p>		

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F 804	<p>Continued From page 27 orders.</p> <p>Dietary note dated 8/31/21 documented Resident #15 nutritional orders were for a regular texture, low concentrated sweet diet with thin liquids. Noted allergy to shellfish. She will receive a daily select menu. Food preference and nutrition assessment to follow. There were no new preference and nutritional assessments since admission. Review of meal card under note section documented regular diet, allergy to shellfish and send pimento cheese sandwich daily.</p> <p>An observation of breakfast was conducted on 5/3/22 at 8:45 AM. Resident#15 received grits, bacon, toast, orange juice and coffee. When Resident #15 stuck the spoon in the grits and turned the spoon upside down the grits were stuck to the spoon. They were hard per resident. The resident tested the eggs and reported the eggs were cold and dry. The meal was served in styrofoam tray. There was a lot of condensation of water in the tray. Resident #15 stated she was tired of being served bad food and corporate should know about the condition of the food being served. Resident #15 further stated there was no alternate for breakfast you get what ' s available. Resident #15 further stated this had been going on for more than 6 months. The staff in the kitchen had been poor, no one checks the meal carts to see if we got everything we are supposed to have. Resident #15 stated because she was a diabetic, she needs to have certain types of food and sometimes the foods she needs are not available or provided.</p> <p>An interview was conducted on 5/3/22 at 9:00 AM, Nurse Aide #8(NA) stated meals have been</p>	F 804	<p>satisfactory dining experience. Dietary Manager will attend resident council as invited and follow up with any food complaints as identified. This information has been integrated into the standard orientation training and in the required in-service refresher courses for all staff and will be reviewed by the Quality Assurance process to verify that the change has been sustained. Any dietary staff who does not receive scheduled in-service training by 5/25/2022 will not be allowed to work until training has been completed.</p> <p>4. Quality Assurance monitoring procedure.</p> <p>Beginning 5/30/2022 The Administrator or designee will monitor the appearance, taste, and a test tray. The Dietary Service Director or designee will complete a test tray 5 x week x 2 weeks, then weekly x 2 weeks, and then monthly x 3 months. Monitoring will include reviewing food items for appearance and taste as well as visiting with residents when complaints are received. Reports will be presented to the weekly Quality Assurance committee by the Administrator to ensure corrective action initiated as appropriate. Compliance will be monitored and ongoing auditing program reviewed at the weekly Quality Assurance Meeting. The weekly QA Meeting is attended by the Administrator, Director of Nursing, MDS Coordinator, Therapy, Health Information Manager, and the Dietary Manage.</p>		

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

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F 804	<p>Continued From page 28</p> <p>an on-going problem for residents. NA #8 stated residents complained about of eating the same thing for breakfast everyday with no other options, lunch trays often have missing food items, or the kitchen runs out of food or don ' t have anything available to offer as an alternate. There were no daily menus for the residents. NA #8 further stated aides do their best to get alternates or substitutes when things are available. NA stated the resident would have her husband bring foods of choice when there was something in the kitchen she did not like. NA #8 reported Resident #15 would report getting tired of sandwiches and would request other food items and they were not always available, so her family would bring something different.</p> <p>An observation of lunch meal was conducted on 5/3/22 at 1:30 PM, Resident #15 stated she asked her family member to bring her something to eat because she could not eat what was being served. Resident #15 had a chicken sandwich; she reported the chicken was hard and dry and difficult to chew. Resident#15 reported the meals had been an on-going concern. Resident#15 reported NA#8 offered to get her something different, but she did not want to wait another hour to eat because she was a diabetic and the kitchen had told residents on more than one occasion they would have to wait until the main meal was served before an alternate could be provided. "It's really upsetting that we cannot get what we order, and it continues to be of poor quality and taste. We pay for food and have to ask our family members to bring us decent food." "No resident should have to wait around for bad food and only eat what is available. We don ' t ever see a daily menu or know what an alternate would be, it ' s a wait and see what ' s being</p>	F 804	Date of Compliance: 5/25/2022		

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F 804	<p>Continued From page 29</p> <p>served process." Resident #15 added the food preparation was poor and residents on specific diets like diabetic you can ' t eat what was being offered. She stated she would just call her family to bring her something she could eat. She kept extra ensure so she would keep her strength up for the days bad food was served.</p> <p>An observation of dinner meal was conducted on 5/3/22 at 5:45 PM, Resident #15 stated she was upset that she received chopped lunch with Italian dressing meat a few pieces of uncooked broccoli." this is not a meal this is some thrown together concoction. The only thing that was edible is the potato soup. Something needs to be done to correct the meal problems, residents should not have to go through this every day."</p> <p>An interview was conducted on 5/5/22 at 9:00 AM, the Director of Nursing (DON) stated she was aware of the food concerns reported by Resident #15 and other residents based on poor quality, lack of food, missing items, taste etc. She reported Resident #15 would call her family when she could not eat what was being offered. The DON further stated many residents were upset about the quality of food. Many residents and/or families may not bring the food concern up because it had been going on for such a long time. Food concerns had been a long-standing issue.</p> <p>5. Resident #21 was admitted to the facility on 5/24/21. The diagnoses included diabetes, chronic kidney disease, vascular dementia and gastroesophageal. The quarterly Minimum Data Set (MDS) dated 3/15/22, indicated Resident #21 had cognition impairments and was dependent upon staff for assistance with daily living and</p>	F 804			

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F 804	<p>Continued From page 30 meals.</p> <p>Review of the dietary note dated 5/24/2021, documented Resident #21 diet was for a regular diet, finger food texture with thin liquids. Nutrition assessment to follow. There was no other nutritional assessment found in electronic record. Review of meal card documented under notes: send fruit. When having any kind of beans send double portions. Resident #21 needs assistance with meals.</p> <p>An observation meal was conducted on 5/3/22 at 8:45 AM, Resident #21 received oatmeal, eggs, toast, bacon, yogurt cup and orange juice. Meal card stated Resident #21 would receive fruit with all meals. She did not receive any fruit. The oatmeal was dried out and the bacon was burnt black. Meal card also stated resident needed assistance with meal and NA #8 just did tray set up and left the room. She did not check the meal card for accuracy. In addition, the meal card documented Resident #21 should finger foods and needs assistance. Staff did not assist resident with meals. She ate what she wanted. Resident#21 was able to feed herself some food, but the rest of the meal was all over her tray or clothes.</p> <p>An interview was conducted on 5/3/22 at 9:00 AM, NA#8 stated even though fruit was listed on the resident's meal card, it was never provided on the tray or available when asked by dietary where the missing food items were. NA #8 stated the resident was able to feed herself most meals and she would come back periodically and check on resident and aid with the completion of the meal.</p> <p>An observation was conducted on 5/3/22 at 1:45</p>	F 804			

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F 804	<p>Continued From page 31</p> <p>PM, resident had steak with gravy, butter beans, apple turnover, there were no finger foods on tray. Meal card notes documented send fruit, when having any kind of beans and double portion. The tray had a spoonful of each item. The portion size of meal was not double portion.</p> <p>An observation was conducted on 5/3/22 at 5: 40 PM, Resident #21 was in room there was no fruit on the tray and portion size was very more like a spoonful of chopped lunch meat(ham) mixed with Italian dressing, potato soup and small amount of broccoli. The broccoli was difficult for the resident to chew, and she did not eat it.</p> <p>6. Resident #24 was admitted to the facility on 7/29/21. The diagnoses included diabetes. The quarterly Minimum Data (MDS) dated 3/21/22, indicated Resident #24 cognition was intact and only required set up assistance with meals. Review of meal card documented Resident #24 diet order was a regular texture, low concentrated sweet diet with thin liquids. NKFA. Food preference and nutritional assessment to follow.</p> <p>An observation of breakfast was conducted on 5/3/2 at 9:10 AM, Resident #24 ' s grits were stuck to the spoon, bacon was burned, and eggs were dried out. Nurse Aide #9 attempted to remove the spoon from the grits, the resident stated to nurse aide the bacon was burnt and asked if there were any other breakfast foods available. NA #9 stated she would ask the kitchen staff, but she did not know if there was anything else.</p> <p>An observation of the lunch meal was conducted on 5/3/22 at 12: 45 PM, Resident #24 was served a chicken patty on bread. Resident #24 stated the</p>	F 804			

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F 804	<p>Continued From page 32</p> <p>chicken was too hard to chew, she refused to eat it and asked NA #9 for something else. Resident #24 stated this happens every day where something is wrong with the meal. you don ' t get what you like, or something is missing on the tray. We talk about this every month in resident council, and nothing seems to get done.</p> <p>An observation of dinner was conducted on 5/3/22 at 5:30 PM, Resident #24 was served a spoon full of chopped pieces of deli lunch meat with Italian dressing, 2 broccoli stalks and potato soup. Resident refused meal and asked for alternate,</p> <p>7. Resident #38 was admitted to the facility on 8/5/15. The diagnoses included dysphagia, gastroesophageal reflux disease chronic kidney disease and dementia. The quarterly Minimum Data Set (MDS) dated 1/1/22, indicated Resident #38 was cognitively impaired and needed staff assistance with meals.</p> <p>Review of care plan dated 3/27/22 identified the problem as Resident #38 was at risk for a nutritional problem related to receiving mechanically altered diet. Receiving supplements for additional nutritional support, at times I may refuse meals. The goal included Resident #38 would comply with recommended diet for overall health maintenance. The interventions included explain and reinforce to the importance of maintaining the diet ordered. Explain consequences of refusal, obesity/malnutrition risk factors. Observe for/document/report to MD PRN for signs/symptoms of dysphagia: pocketing, choking, coughing, drooling, holding food in mouth, several attempts at swallowing and refusing to eat. Observe for/record/report to MD PRN signs/symptoms of malnutrition: Emaciation,</p>	F 804			

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F 804	<p>Continued From page 33</p> <p>significant weight loss (ex:3lbs in 1 week, >5% in 1 month, >7.5% in 3 months, >10% in 6 months). Occupational therapy to screen and provide adaptive equipment for feeding as needed. Provide and serve supplements as ordered. Monitor intake and record q meal. Registered Dietician to evaluate and make diet change recommendations PRN. Report to my nurse if I develop difficulty chewing my food.</p> <p>Review of meal card documented the diet order as soft bite size, regular diet with fortified foods. Notes included dislikes spicy foods, rice, bread, fish BBQ chicken, greens corn. No spinach or greens/pimento cheese sandwich with no crust.</p> <p>A telephone interview was conducted on 5/2/22 at 11:36 AM, Resident #38 's granddaughter stated another family member reported that Resident #38 had a significant weight loss last year from 138 down to 120. The granddaughter reported Resident #38 needed assistance with meals and staff was not providing the assistance Resident #38 needed resulting in weight lost. Family made the facility aware Resident #38 needed assistance with meals at the time of admission. A telephone interview was conducted on 5/2/22 at 11:45 AM, Resident #38 's daughter stated she and another family member began visiting every other day to provide the assistance Resident #38 needed to improve her weight. She further stated that she had spoken with the registered dietician and made several changes to the resident's diet based on a swallowing assessment which revealed that her mother did not like the texture of the puree diet, so the RD changed the diet to chopped and the resident intake started improving.</p>	F 804			

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F 804	<p>Continued From page 34</p> <p>An observation of the lunch meal was conducted on 5/2/22 at 1:15 PM, Resident #38 was served buttered beans, mash potato, chopped steak with gravy. Resident #38 mixed all the food into one bowl. NA #10 attempted to encourage the resident not to mix food but Resident #38 ate what she wanted and spit the rest out.</p> <p>An interview was conducted on 5/2/22 at 1:15 PM, NA #10 stated the resident eats what she wants and pushes the rest away. She did not think the resident knew the difference of what was on the plate. She would just mix it all together eat it or not. NA#10 further stated food consistency had been an on-going concern for many residents, some residents were not getting correct portion size, the proper foods or staff would have to ask the kitchen several times for missing items from the tray. Residents would report cold food etc. The residents were just not happy, the kitchen has also run out of food at one time.</p> <p>An observation of the breakfast meal was conducted on 5/3/22 at 9:00 AM, Resident #38 was served eggs, bacon, oatmeal, magic cup, mighty shake. The oatmeal was dried out and eggs were rubbery. Resident# 38 mixed everything together and did not eat it. The spoon stood straight up in the dish of the oatmeal.</p> <p>An observation of the dinner meal was conducted on 5/3/22 at 5:33 PM, Resident #38 was served chopped lunch meat mixed with Italian dressing, two stalks of un-chopped broccoli and potato soup. The resident could not chew the broccoli. NA #7set Resident #38 ' s meal up and resident and she continued to spit the food out and shaking her head no stating "I don ' t like it".</p>	F 804			

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F 804	<p>Continued From page 35</p> <p>NA#7 offered the resident something different such as pimento cheese sandwich, NA#7 was unaware of any other alternate being offered. NA#7 stated the meals have been an on-going concern with many residents. NA#7 reported oftentimes the residents did not receive what's on the meal card and/or unaware of any other type of food available. The menus were not posted daily therefore staff could not inform residents of their options. When alternates from the kitchen were requested it has been reported there was not enough food, or the requested items were not available. NA#7 stated we do the best we can to get them something to eat.</p> <p>An interview was conducted on 5/4/22 at 9:30 AM, the Director of Nursing (DON) stated a meeting had been held with the family due to concerns with previous weight loss. During the care plan meeting a discussion was held with the RD and family regarding the weight loss. Resident #38 had a swallow study done to determine if there were any concerns with the resident's swallow pattern. The family reported the resident did not like the previous diet of puree and wanted a diet change and additional supplements to increase the resident's weight. The Registered Dietician changed the diet to regular, chopped and added the mighty shakes/magic cup to increase her oral intake and her weight had improved a great deal. The DON further stated the family wanted staff to assist the resident with feeding, even though she was able to feed herself. The resident likes to mix her food together and she eats what she desires and leaves the rest. This had been explained to the family as well. There had been no recent concerns with her meal intake since the addition of the shake and magic cup. The family continues</p>	F 804			

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F 804	<p>Continued From page 36</p> <p>to bring resident preferred foods and fluids. Staff have encouraged the resident to eat as much as possible and when she does not like something she will spit the food out and push the tray away. The Administrator stated she was unaware of any recent concerns with the resident's diet or meal intake.</p> <p>8. Resident #52 was admitted on 10/1/21. The diagnoses included diabetes and congestive heart failure. The quarterly Minimum Data Set (MDS) dated 4/12/22 indicated Resident #52 cognition was intact and she required set up assistance only with meals.</p> <p>Review of the care plan dated 4/21/22 identified the problem as Resident #52 was at risk for further decline in nutritional intake related to upper dentures. The goal included Resident #52 would receive adequate oral/dental care each day to promote good oral health and to minimize risk for oral infections, pain, or decline in nutritional intake. The interventions included consult with Registered Dietician, physician, and Dietary Dept. as needed for possible need for changes in diet consistency. Report to my nurse if I develop difficulty chewing my food.</p> <p>An observation of breakfast meal was conducted on 05/03/22 at 9:04 AM, Resident #52 stated the eggs were cold, bacon was too hard for her to chew, and she did not like oatmeal. Resident #52 reported she continued to receive food items of her dislike and the food was inedible and she was not offered an alternate. Staff were not providing her with adequate foods, so she had to ask her family to bring her something she liked. Resident #52 stated she could not eat certain foods because she did not have dentures. She reported the same breakfast was served daily, even if you</p>	F 804			

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F 804	<p>Continued From page 37</p> <p>want something different there had been no option for something else.</p> <p>An observation of the dinner meal was conducted on 5/3/22 at 5:20 PM, Resident #52 was served a few pieces of shredded lunch meat in Italian dressing, soggy broccoli stalks and potato soup. Resident #52 did not eat the meal and requested a replacement meal. Staff offered a pimento cheese sandwich, Resident #52 asked staff what the alternate was, and staff was unaware of what was available. The resident was very upset and agitated stating " this happens every day, we pay good money for a decent meal, and I get about one to two good meals." "I should not have to order out or ask my family to bring me something to eat every day. Resident #52 reported the meal issue had been going on for months and no-one seems to do anything about it. Everyone passes the buck and state they are working on it. "We as residents should not have to wonder if we are going to get a decent meal. They won ' t put out menus, so we know what we are getting and when someone does find out it be something totally different."</p> <p>An interview was conducted on 5/5/22 at 9:00 AM, the Director of Nursing (DON) stated she was aware of the food concerns reported by Resident #52 and other residents based on poor quality, lack of food, missing items, taste etc. She reported Resident #52 would call her family when she could not eat what was being offered. The DON further stated many residents were upset about the quality of food. Many residents and/or families may not bring the food concern up because it had been going on for such a long time. Food concerns had been a long-standing issue.</p>	F 804			

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F 804	<p>Continued From page 38</p> <p>9. Resident #67 was initially admitted to the facility on 6/16/21. The quarterly minimum data set (MDS) dated 4/20/22 revealed Resident #67 was moderately cognitively impaired.</p> <p>During an observation of the evening meal on 5/3/22 at 5:39 PM, Resident #67 was served chopped lunch meat in an Italian dressing and broccoli stalks. Resident #67 stated, "this is awful" and spit the food out. The NA stated they would get Resident #67 a pimento cheese sandwich.</p> <p>On 5/4/22 at 10:25 AM, an interview and observation were conducted with dietary staff #1. She was asking residents for their menu selections for lunch and dinner. Dietary staff #1 indicated menu selections were not obtained daily and this was the first time she had asked the residents for their menu selections this week.</p> <p>10. Resident #46 was initially admitted to the facility on 11/10/21. The Quarterly Minimum Data Set (MDS) dated 04/12/22 revealed Resident #46 was cognitively intact.</p> <p>During an interview on 05/02/22 at 3:20 PM, Resident #46 stated for all three meals the food was bland and did not have a good taste.</p> <p>Observations on 05/03/22 at 8:15 AM revealed the resident had not eaten her breakfast tray. The breakfast meal consisted of toast that sagged in the middle to the shape of the tray compartment, grits with a shiny film that formed to the shape of the tray compartment, and bacon. Resident #46 stated the meal was not appetizing.</p>	F 804			

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F 804	Continued From page 39 On 5/3/22 at 5:10 PM, an observation of Resident #46 in the dining room revealed she had eaten her evening meal. The resident stated she ate all her meal after asking for a sandwich. She was initially served only french fries. Resident #46 stated she did not typically get a menu to select meal options An interview was conducted with Resident #46's family member on 5/3/22 at 11:06 AM. The family member stated they felt staff weren't trained in the dietary department. They revealed Resident #46 complained the food was nasty. The resident received meals she could not eat, and the food was served cold.	F 804			
F 806 SS=E	Resident Allergies, Preferences, Substitutes CFR(s): 483.60(d)(4)(5) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences; §483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice; This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interviews and record review, the facility failed to honor resident preference, likes and dislikes for 4 of 4 residents who were served foods not (Resident #20, #21, #38 and #67) The findings included	F 806	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction	5/25/22	

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F 806	<p>Continued From page 40</p> <p>A review of the quarterly minimum data set (MDS) assessment dated 03/15/22 indicated Resident #20 was cognitively intact, was a set-up for meals and required a therapeutic (cardiac) diet.</p> <p>A review of Resident #20 nutritional assessment dated 03/01/22 through 05/03/22 revealed no assessments completed for meal preferences.</p> <p>Observations conducted of breakfast on 05/3/22 at 9:00 AM, revealed Resident #20 was served grits, bacon, eggs, toast, orange juice and coffee.</p> <p>An interview conducted with Resident #20 on 05/3/22 at 9:15 AM, stated she is served the same breakfast every day and does not like eggs. Resident #20 further stated that no one has asked her about her meal's preferences in over a year.</p> <p>An interview conducted with Nurse Aide #1 on 05/03/22 at 9:30 AM, stated that Residents are often served the same foods for breakfast. The Nurse Aide #1 further stated that this had been an ongoing issue for about two months.</p> <p>Interview conducted with the Dietary Manager on 05/05/22 12:52 PM stated it is his responsibility to assess residents for meal preferences. The Dietary manager further stated that he has not been able to complete resident preferences due to his current obligations with other facilities.</p> <p>An interview conducted with the Dietician on 05/05/22 at 1:53 PM, stated it is the responsibility of the Dietary Manager to assess resident's meal preferences. The Dietician further stated that she was not aware of any concern's residents had with receiving food items they do not like.</p>	F 806	<p>constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</p> <p>F806</p> <p>1. Corrective action Based on meal observations, record reviews, and interviews between 03/01/2022 and 05/03/2022 the facility failed to honor food preferences/likes/dislikes, accommodate food allergies, or review meal tickets for accuracy for 4 of 4 residents.</p> <p>For resident #20 breakfast was observed on 05/03/2022; during interview resident reported the same menu items were received every day and her food preferences had not been collected in over a year. Per quarterly chart review, no preferences were collected within nutritional assessments between 03/01/2022 and 05/03/2022.</p> <p>It was noted during breakfast observation on 05/03/2022 resident #21 failed to receive fruit with her meal per her meal card documentation and preference. Per staff interview, resident #21 never received fruit with her meals nor was it available when requested by staff. During observation of dinner tray on 05/03/2022 resident #21 did not receive finger foods. Per meal ticket review resident #21 to receive assistance with meals, following staff interviews and observation different levels of assistance were provided or no assistance provided at all with NA #8 failing to read assist needs from the meal</p>		

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F 806	<p>Continued From page 41</p> <p>Interview with the Administrator on 05/05/22 at 10:30 AM, stated she expected the Dietary Manger to obtain resident meal preferences and for the meal preferences to be honored. The Administrator further stated that when the previous Dietary Manager left, corporate Dieticians were responsible for obtaining resident preferences.</p> <p>2. Resident #21 was admitted to the facility on 5/24/21. The diagnoses included diabetes, chronic kidney disease, vascular dementia and gastroesophageal. The quarterly Minimum Data Set (MDS) dated 3/15/22, indicated Resident #21 had cognition impairments and was dependent upon staff for assistance with daily living and meals.</p> <p>Review of the dietary note dated 5/24/2021, documented Resident #21 diet was for a regular diet, finger food texture with thin liquids. Nutrition assessment to follow. There was no other nutritional assessment found in electronic record.</p> <p>Review of meal card documented under notes: send fruit. When having any kind of beans send double portions. Resident #21 needs assistance with meals.</p> <p>An observation meal was conducted on 5/3/22 at 8:45 AM, Resident #21 received oatmeal, eggs, toast, bacon, yogurt cup and orange juice. Meal card stated Resident #21 would receive fruit with all meals. She did not receive any fruit. The oatmeal was dried out and the bacon was burnt black. Meal card also stated resident needed assistance with meal and NA #8 just did tray set</p>	F 806	<p>ticket.</p> <p>For resident #38 lunch was observed on 05/03/2022 to receive BBQ chicken, three bean salad, and apple turnover that were not appropriate for ordered mechanically altered diet or food preferences. NA #6 noted to not read the tray ticket until prompted; an alternative meal was not provided with NA #6 reporting alternatives could not be served until the main meal had been served.</p> <p>During observation of the lunch meal on 05/03/2022 NA #8 fed resident #67 a food item before realizing the food item was an allergen item for the resident. A substitute was provided to resident #67 but resident #67 reported tired of the same sandwich. Per family interview, resident #67 was often served the wrong food with nursing assistants not reviewing meal tickets or being able to provide an appropriate substitute.</p> <p>On 05/23/22, dietitian visited resident #20, #21, #38, #67; diets, food preferences, allergies, and assistance needs were updated.</p> <p>Per interview on 05/05/2022 the Interim Dietary Manager reported the inability to collect and update food preferences per current position obligations. The Dietary Manager to obtain food preferences on admit. Food preferences to be updated as needed, quarterly, and yearly by clinical team during care plan meetings.</p>		

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F 806	<p>Continued From page 42</p> <p>up and left the room. She did not check the meal card for accuracy. In addition, the meal card documented Resident #21 should finger foods and needs assistance. Staff did not assist resident with meals. She ate what she wanted. Resident#21 was able to feed herself some food, but the rest of the meal was all over her tray or clothes.</p> <p>An interview was conducted on 5/3/22 at 9:00 AM, NA#8 stated even though fruit was listed on the resident's meal card, it was never provided on the tray or available when asked by dietary where the missing food items were. NA #8 stated the resident was able to feed herself most meals and she would come back periodically and check on resident and aid with the completion of the meal.</p> <p>An observation was conducted on 5/3/22 at 1:45 PM, resident had steak with gravy, butter beans, apple turnover, there were no finger foods on tray. Meal card notes documented send fruit, when having any kind of beans and double portion. The tray had a spoonful of each item. The portion size of meal was not double portion. An interview was conducted on 5/4/22 at 9:30 AM, the Director of Nursing (DON) and Administrator stated staff should be checking meal cards for accuracy to ensure resident did not receive food items from their dislikes. Nurse aides, nursing or anyone setting up meal trays should be checking before the resident starts the meal and notifying the kitchen of the problem with the meal.</p> <p>3. Resident #38 was admitted to the facility on 8/5/15. The diagnoses included dysphagia, gastroesophageal reflux disease chronic kidney disease and dementia. The quarterly Minimum</p>	F 806	<p>Always Available Menu reviewed and modified to provide more options at meals.</p> <p>2. Corrective action for residents with the potential to be affected by the alleged deficient practice. All residents have the potential to be affected by the alleged deficient practice. All dietary staff in-serviced 5/23/2022 regarding accuracy of meals and honoring food preferences, allergens, and diet consistency. All nursing and nursing assistant staff in-serviced regarding meal procedures. All current entries in Traycards will be reviewed for accuracy and modified as needed by 05/25/2022. Food preferences to be reviewed upon admission by Dietary Manager. All residents will be interviewed to update food preferences by 5/29/2022.</p> <p>3. Systemic changes In-service education was provided to all full time, part time, and as needed staff by the Dietary Services Director on 5/23/2022. Topics included:</p> <ul style="list-style-type: none"> ¿ Tray Accuracy Education ¿ Diet Consistency and Accuracy Policies ¿ Meal Procedures ¿ Food Allergies ¿ Food Preferences and Importance of Meals <p>This information has been integrated into the standard orientation training and in the required in-service refresher courses for all staff and will be reviewed by the Quality Assurance process to verify that the</p>		

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F 806	<p>Continued From page 43</p> <p>Data Set (MDS) dated 1/1/22, indicated Resident #38 was cognitively impaired and needed staff assistance with meals.</p> <p>Review of care plan dated 3/27/22 identified the problem as Resident #38 was at risk for a nutritional problem related to receiving mechanically altered diet. Receiving supplements for additional nutritional support, at times I may refuse meals. The goal included Resident #38 would comply with recommended diet for overall health maintenance. The interventions included explain and reinforce to the importance of maintaining the diet ordered. Explain consequences of refusal, obesity/malnutrition risk factors. Observe for/document/report to MD PRN for signs/symptoms of dysphagia: pocketing, choking, coughing, drooling, holding food in mouth, several attempts at swallowing and refusing to eat. Observe for/record/report to MD PRN signs/symptoms of malnutrition: Emaciation, significant weight loss (ex:3lbs in 1 week, >5% in 1 month, >7.5% in 3 months, >10% in 6 months). Occupational therapy to screen and provide adaptive equipment for feeding as needed. Provide and serve supplements as ordered. Monitor intake and record q meal. Registered Dietician to evaluate and make diet change recommendations PRN. Report to my nurse if I develop difficulty chewing my food.</p> <p>Review of meal card documented the diet order as soft bite size, regular diet with fortified foods. Notes included dislikes spicy foods, rice, bread, fish BBQ chicken, greens corn. No spinach or greens/pimento cheese sandwich with no crust.</p> <p>An observation of the lunch meal was conducted on 5/3/22 at 12:35 PM, Resident #38 was served</p>	F 806	<p>change has been sustained. Any dietary staff who does not receive scheduled in-service training by 5/25/2022 will not be allowed to work until training has been completed.</p> <p>Traycards to be reviewed and modified on admissions, quarterly, and as needed by Dietary Service Director.</p> <p>Menus to be reviewed daily and modified per diet preferences as needed by Dietary Service Director.</p> <p>Alternate and Always Available Menus to be modified at least biannually.</p> <p>Staff passing trays to review meal tickets and compare to meals provided to ensure food preference and allergies are honored as well as providing required assistance.</p> <p>Dietary Service Director to attend Resident Council meeting when invited to address food concerns.</p> <p>4. Quality Assurance monitoring procedure. Beginning 5/30/2022 The Administrator or designee will monitor the accuracy of completed trays. The Dietary Services Director will monitor accuracy of completed trays served to residents per Dietary QA Audit Tool weekly x4 and then monthly x 2. Traycards will be audited as needed or at least monthly and test trays will be completed as needed or at least monthly per policy by the Dietary Service</p>		

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F 806	<p>Continued From page 44</p> <p>BBQ chicken, three bean salad apple turnover. Review of the meal card diet order: soft bite sized, regular, fortified foods. Dislikes BBQ chicken. Resident #38 played around in the food and spit food out and stated "I don't like that." NA#6 serve meal to the resident did not read or review meal card.</p> <p>An interview was conducted on 5/3/22 at 12:40 PM, NA#6 stated the resident was able to feed herself and often mixes all her food into several different dishes. When asked if she reviewed the meal card for accuracy, she stated she had not and once she reviewed the meal card and noticed the tray had BBQ she went to the kitchen and asked the kitchen staff what the resident's diet order was and if their current meal was BBQ, dietary staff stated it was BBQ pork. The NA did not pull the tray and offer the resident an alternate. Review of the meal of the day and/or alternate there was no pork on menu or available. Resident #38 did not eat any other portion of the meal. There was no response as to why she had not attempted to get the resident another form of the meal. NA#6 reported meal trays have been in accurate for a very long time and the kitchen have told aides alternates could not be provided until the main meal had been served.</p> <p>An interview was conducted on 5/4/22 at 9:30 AM, the Director of Nursing (DON) and Administrator stated staff should be checking meal cards for accuracy to ensure resident did not receive food items from their dislikes. Nurse aides, nursing or anyone setting up meal trays should be checking before the resident starts the meal and notifying the kitchen of the problem with the meal.</p> <p>4. Resident #67 was initially admitted to the</p>	F 806	<p>Director. The consultant dietitian will complete quarterly diet orders. Reports will be presented to the weekly Quality Assurance committee by the Dietary Service Director and/or Dietitian. Compliance will be monitored by the Ambassador Program daily and reviewed at the weekly Quality Assurance Meeting. The QA Meeting is attended by the Administrator, Director of Nursing, MDS Coordinator, Therapy, Health Information Manager, and the Dietary Services Director.</p> <p>Date of Compliance: 5/25/2022</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 806	<p>Continued From page 45</p> <p>facility on 6/16/21 with diagnoses that included gastroesophageal reflux disease (GERD) and diabetes mellitus.</p> <p>Review of a dietary notice form dated 3/2/22, indicated the resident was ordered a soft, bite sized, and low concentrated sweets (LCS) diet. There should be no gravy on chopped meats.</p> <p>The quarterly minimum data set (MDS) dated 4/20/22 revealed Resident #67 was moderately cognitively impaired. She required extensive staff assistance with eating and was on a mechanically altered therapeutic diet.</p> <p>An observation on 5/3/22 at 12:24 PM revealed Resident #67 was assisted to eat by NA #10. The resident was served chopped BBQ chicken, cauliflower, and an apple turnover. Staff gave Resident #67 a few bites of the BBQ chicken before reviewing the resident's meal card and noticing the resident should not have tomato-based products. Resident #67 spit out the food and informed NA #10 she did not want to eat it. The meal card indicated no gravy and no sauce on meats. NA #10 offered to get a pimento cheese sandwich for the resident and Resident #67 verbalized she was tired of the same sandwich.</p> <p>On 5/4/22 at 12:45 PM an interview was conducted with Resident #67's family member. The family member reported they visited the resident every other day and Resident #67 often received the wrong food items and those items had to be returned. They further indicated staff did not read meal cards and acted as though they didn't know what the resident should receive for meals.</p>	F 806			

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F 806	Continued From page 46 An interview was conducted with the director of nursing (DON) on 05/05/22 at 10:42 AM. The DON stated NAs were educated on reading tray cards for allergies and dislikes.	F 806		