

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

PRINTED: 05/10/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345252	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/22/2024
NAME OF PROVIDER OR SUPPLIER WARSAW NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 214 LANEFIELD ROAD WARSAW, NC 28398	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments	E 000		
F 000	<p>An announced recertification and complaint investigation survey was conducted on 04/08/24 through 04/22/24. The facility was found in compliance with the Requirement CFR 483.73, Emergency Preparedness. Event ID #F49B11.</p> <p>INITIAL COMMENTS</p> <p>The survey team entered the facility on 4/8/24 to conduct a recertification and complaint investigation survey and exited on 4/10/24. An additional complaint was investigated onsite on 4/22/24. Therefore, the exit date was changed to 4/22/24. Event ID# F49B11.</p> <p>The following intakes were investigated: NC00210460, NC00211832, NC00208483, NC00210750, NC00214881, NC00207020, NC00210499, NC00205540, NC00204040, NC00206076, NC00207034, NC00214873, NC002166063, NC00215989.</p> <p>2 of the 40 complaint allegations resulted in deficiency.</p>	F 000		
F 803 SS=E	<p>Menu Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7)</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</p>	F 803		5/17/24

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

TITLE

(X6) DATE

Electronically Signed

05/03/2024

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 803	<p>Continued From page 1</p> <p>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 a lunch meal tray line observation, staff interviews and record review the facility failed to follow the approved menu in that pureed bread was not served to 6 of 6 residents on a minced and moist diet and 5 of 5 residents on a pureed diet. Residents on a pureed diet only received one scoop of pureed meat instead of 2 scoops per the menu. This had the potential to affect 11 residents with diet orders for minced and moist and pureed texture diets.</p> <p>The findings included:</p> <p>1. Review of the diet Resident Listing Report dated 4/10/24 revealed 5 residents received pureed foods and 6 residents received minced and moist textured foods.</p> <p>Review of the Daily Spreadsheet Menus revealed residents on a pureed diet were to receive a cheeseburger pureed (PU), including cheese and bun. The menu noted residents on a minced and moist diet were to receive a pureed burger bun</p>	F 803	<p>1. The facility has determined that residents received minced and moist and puree diet had the potential to be affected. New trays were provided to the residents. There were no adverse issue with any residents that were served.</p> <p>2. Deficiencies in this area have the potential to affect any resident on a mechanically altered diet. Residents will receive puree foods and minced and moist foods according to menu and physician order.</p> <p>3. On 04/11/2024 dietary staff were educated by dietary manager or designee on following approved menu and recipes for mechanically altered diets which included proper portion sizes.</p> <p>4. Facility dietary manager or designee will ensure that resident who receive mechanically altered diets are per</p>		

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F 803	<p>Continued From page 2 (PU). The menu also listed mashed potatoes instead of French fries and vegetables.</p> <p>An observation on 04/10/24 at 9:51 AM revealed Cook #1 prepare pureed foods. Cook #1 put 7 burger patties into the food blender and added beef gravy. Cook #1 pureed the patties, then added 5 more patties into the blender with more gravy and blended. Cook #1 put 3 teaspoons of food thickener into the blender. Cook #1 did not add bread or cheese to the blender to puree with the patties. Cook #1 said she pureed vegetables and was also serving mashed potatoes.</p> <p>A continuous observation of the lunch meal tray line on 11/28/23 from 12:00 - 12:33 PM revealed cheeseburgers were available to serve. There was no pureed bread on the tray line. Observations of service revealed minced and moist diets were served ground burger patties and pureed diets were served the pureed patties. No pureed bread was served to pureed diet trays or to minced and moist diet trays. One 4-ounce scoop was used to serve mashed potatoes on each tray.</p> <p>In an interview on 4/10/24 at 12:33 PM, Cook #1 confirmed bread was not served and was not pureed with the patties. Cook #1 said the mashed potatoes, which was served instead of French fries, also took the place of the starch on the menu and counted as bread being served.</p> <p>In an interview on 4/10/24 at 12:41 PM the Certified Dietary Manager (CDM) of the serving error. The CDM confirmed that there was no bread served and the mashed potatoes took the place of the bread. The CDM confirmed the menu</p>	F 803	<p>approved menu recipe and of appropriate portion size daily for one week, then biweekly weekly for two weeks, then monthly for one month and then randomly going forward.</p> <p>5. Audit results will reviewed by the Quality Assurance Committee until such time consistent substantial compliance has been achieved as determined by the committee.</p>		

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F 803	<p>Continued From page 3</p> <p>included bread for each diet that was not served. The CDM was unable to provide the recipe for the pureed cheeseburger.</p> <p>2. Review of the diet Resident Listing Report dated 4/10/24 revealed 5 residents received pureed foods.</p> <p>Review of the Daily Spreadsheet Menus revealed residents on a pureed diet were to receive two #8 (4 ounces) scoops of pureed cheeseburger.</p> <p>A continuous observation of the lunch meal tray line on 11/28/23 from 12:00 - 12:33 PM revealed a pan of the pureed beef patties were available to serve. Observation of service revealed Cook #1 served residents on a pureed diet one #8 scoop of the pureed patties.</p> <p>In an interview on 4/10/24 at 12:33 PM, Cook #1 stated she used one scoop of meat for regular sized portions and one-and-a half or two scoops for residents on large or double portions. She stated she knew who would eat the amount served and who would not.</p> <p>In an interview on 4/10/24 at 2:41 PM the Certified Dietary Manager (CDM) of the serving error. The CDM confirmed the menu called for 2 scoops of the pureed meat and that Cook #1 should have followed the menu.</p> <p>An interview was conducted with the Administrator on 4/10/24 at 3:00 PM. He confirmed kitchen staff should serve the foods and portions of the meal according to the diet spreadsheet.</p>	F 803			
F 804 SS=E	Nutritive Value/Appear, Palatable/Prefer Temp	F 804		5/17/24	

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F 804	<p>Continued From page 4 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. This REQUIREMENT is not met as evidenced by: Based on record review, observations, staff and resident interviews, and test tray, the facility failed to provide palatable food to residents on a regular diet that was appetizing in temperature for 1 of 1 meal reviewed for food palatability. This failure had the potential to affect 58 residents on a regular diet.</p> <p>The findings included: Review of the diet Resident Listing Report dated 4/10/24 revealed that 58 residents received regular diets. Review of Resident #40's Minimum Data Set dated 1/02/24 revealed the resident was cognitively intact and required set-up assistance for eating. During an interview with Resident #40 on 04/08/24 at 10:07 AM, revealed she answered questions appropriately. She reported that the food was "so-so" and was served lukewarm daily. Resident #40 stated she ate her meals both in her room and in the dining room.</p>	F 804	<ol style="list-style-type: none"> 1. Resident #40 was offered a new meal upon discovery. 2. The facility has determined that all residents have the potential to affect all residents in the facility eating meals. 3. On 04/11/2024 dietary staff were educated by dietary manager or designee regarding proper food holding and serving temperatures. 4. Facility dietary manager or designee will ensure that meals are being served at appropriate temperatures. Facility will ensure deployment of test tray to ensure appropriate temperatures for food served to residents three times per week for one week, then twice per week for one week, then once per week for one week, then once per month for one month and then at random. 5. Audit results will reviewed by the Quality Assurance Committee until such 		

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F 804	<p>Continued From page 5</p> <p>A test tray was completed for the lunch meal on 04/10/24. The test tray was plated in the kitchen at 12:33 PM. At 12:35 PM, the test tray left the kitchen and headed to a hall adjacent to the hall where Resident #40 resided. At 12:38 PM, the last hall tray was served. The test tray consisted of a cheeseburger on bun, French fries, lettuce and tomato, and ambrosia. Upon removal of the lid, there was no visible steam coming from the food on the tray. At 12:39 PM the surveyor and Certified Dietary Manager (CDM) tasted the cheeseburger, French fries, and ambrosia. The cheeseburger was tepid and lukewarm. The CDM confirmed the burger was lukewarm.</p> <p>During an interview with the Administrator on 04/10/24 at 3:00 PM revealed he expected food to be served to residents that was hot, fresh, and palatable.</p>	F 804	time consistent substantial compliance has been achieved as determined by the committee		