

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345173		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/24/2025	
NAME OF PROVIDER OR SUPPLIER EMERALD HEALTH & REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 54 RED MULBERRY WAY , LILLINGTON, North Carolina, 27546			
(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	
E0000	Initial Comments An unannounced recertification and complaint investigation survey was conducted on 7/21/2025 through 7/24/25. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #1D0EA9-H1.		E0000				
F0000	INITIAL COMMENTS A recertification survey was conducted from 7/21/25 through 7/24/25. Event ID# 1D0EA9-H1.		F0000				
F0578 SS = D	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v) §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met.		F0578	1. Resident #11 Care Plan was corrected on 7/23/25 to show DNR status and golden rod was placed in red code status binder on 200 hall on 7/23/25. 2. Audit was completed by MDS Coordinator on 7/23/25 to verify that all residents had the correct Matrix banner, physician order, plan of care, SW notation, face sheet, and golden rod in red code status binder if applicable. 3. Education will be provided to MDS and Social Worker on the Code Status Process on 8/14/25 by Regional Clinical Reimbursement Specialist. Social Services will complete individual code status audit upon admission, readmission from hospital, when completing MDS and when there is a code status change between MDS assessments. 4. MDS Coordinator will complete a code status audit form weekly of all new admissions, readmissions and code status order changes to verify the Matrix banner, physician order, plan of care, SW notation, face sheet, and golden rod in red code status binder is accurate for 6 weeks. Any discrepancies identified will be corrected at that time and MDS and Social Worker will be re-in-serviced by Regional Clinical Reimbursement Specialist. Audit forms will be brought to monthly QA for review for 3 months.		08/18/2025	

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 reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0578 SS = D	<p>Continued from page 1</p> <p>(iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law.</p> <p>(v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on staff and Resident Representative interviews and record review, the facility failed to maintain accurate code status information throughout the medical record for 1 of 15 residents reviewed for advance directives (Resident #11).</p> <p>The findings included:</p> <p>Resident # 11 was readmitted to the facility on 01/13/2025 with diagnoses of malignant neoplasm of other parts of the uterus, anxiety, depression, and non-Alzheimer's dementia.</p> <p>Resident #11 had a physician's order dated 01/13/2025 for code status of Do Not Resuscitation (DNR).</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 1/17/2025 revealed Resident # 11 was moderately cognitively impaired.</p> <p>Resident #11's care plan updated on 06/02/2025 specified the resident was a full code.</p> <p>On 7/23/2025 at 11:26 AM an interview with Resident #11's Representative revealed Resident #11 had been DNR since her hospital stay in January 2025 and that no changes had been made to her code status since January 2025 and there were no plans to change her code status.</p> <p>On 7/23/2025 at 11:30 AM an interview with Nurse # 1 revealed that in the event a Resident coded staff would check the electronic record for a Resident's code status but ultimately check the red code status binder located at the nurses' station on the 200 Hall's chart rack.</p> <p>Review of the red code status binder on the 200 Hall chart rack revealed Resident # 11's code status was</p>		F0578				

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F0578 SS = D	<p>Continued from page 2 missing from the binder.</p> <p>On 7/23/2025 at 12:03 PM an interview with the Minimum Data Set (MDS) Nurse revealed code status was obtained on admission from a review of the admission/readmission orders and hospital records. The MDS Nurse stated the code status was reviewed with the Resident and/or Responsible Party by the MDS Nurse. The interview further revealed the MDS Nurse was responsible for the care plan update once the admission assessment was completed.</p> <p>On 7/23/2025 at 01:22 PM an interview with the Director of Nursing (DON) revealed on admission the code status was clarified with the Resident if they were cognitively able. If the Resident could not clarify then the code status was clarified with the Resident's Responsible Party or medical power of attorney. The DON also explained the code status was clarified again during a meeting held within 3 days of admission/readmission. Also, the code status was clarified at the Resident's care plan meetings with the Resident and the Responsible Party.</p>		F0578				
F0641 SS = D	<p>Accuracy of Assessments</p> <p>CFR(s): 483.20(g)(h)(i)(j)</p> <p>§483.20(g) Accuracy of Assessments.</p> <p>The assessment must accurately reflect the resident's status.</p> <p>§483.20(h) Coordination. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>§483.20(i) Certification.</p> <p>§483.20(i)(1) A registered nurse must sign and certify that the assessment is completed.</p> <p>§483.20(i)(2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>§483.20(j) Penalty for Falsification.</p> <p>§483.20(j)(1) Under Medicare and Medicaid, an individual who willfully and knowingly-</p>		F0641	<p>1. Resident #80 MDS was corrected on 7/25/25 to show yes, not on a physician-prescribed weight-loss regimen.</p> <p>2. Audit was completed by MDS Coordinator on 8/06/25 which included reviewing last OBRA Assessment to verify K0300 and K0310 in section K of the MDS was coded accurately for all residents.</p> <p>3. Education was provided to facility Dietician on 7/29/25 on MDS accuracy of section K and supportive documentation guidelines by Regional Dietician. MDS Coordinator will verify the accuracy of section K of the MDS assessment prior to signing and completing the MDS.</p> <p>4. Regional Dietician or designee will audit K0300 and K0310 of section K for all MDS completed weekly for accuracy for 6 weeks. Any discrepancies identified will be corrected at that time and facility Dietician will be re-in-serviced by Regional Dietician. Audit forms will be brought to monthly QA for review for 3 months.</p>		08/18/2025	

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F0641 SS = D	<p>Continued from page 3</p> <p>(i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or</p> <p>(ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than \$5,000 for each assessment.</p> <p>§483.20(j)(2) Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to accurately code the Minimum Data Set (MDS) assessment in the area of Swallowing/Nutritional Status for 1 of 24 residents reviewed for accuracy of the MDS (Resident #80).</p> <p>The findings included:</p> <p>Resident #80 was admitted to the facility on 3/18/21 with diagnoses including severe protein-calorie malnutrition and dysphagia (difficulty swallowing).</p> <p>An RD progress note dated 7/07/25 documented Resident #80 was not on a physician-prescribed weight-loss regimen.</p> <p>Review of Resident #80's comprehensive care plan revised 7/07/25 by the Registered Dietitian (RD) noted Resident #80 had an increased nutritional risk due to factors which included having an unintentional weight loss and being underweight for her age group. The care plan noted an intervention dated 7/07/25 for her to receive fortified foods with all meals due to unintended weight loss.</p> <p>Resident #80's annual Minimum Data Set (MDS) dated 7/06/25 revealed she had cognitive impairment and had no behaviors or refusals of care. The MDS noted Resident #80 had lost more than 5% or more pounds in one month or 10% or more pounds in the last 6 months and that she was on a physician-prescribed weight-loss regimen.</p> <p>In an interview 7/24/25 at 5:36 PM, the MDS Coordinator stated the RD completed the section of the MDS</p>	F0641					

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F0641 SS = D	Continued from page 4 reflecting Resident #80's weight loss. She stated she had never known Resident #80 to be on a physician-prescribed weight loss program and the RD must have made a mistake when completing the MDS. The MDS Coordinator said she had not noticed the wrong selection had been made. Attempts to reach the RD for interview were unsuccessful. In an interview on 7/24/25 at 4:04 PM, the Medical Director stated Resident #80 had weight loss and malnutrition and needed additional calories to bring her weight up. She was not on a weight loss regimen.	F0641					
F0692 SS = D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is NOT MET as evidenced by: Based on observations, record review, and interviews with staff and Medical Director, the facility failed to provide fortified foods as ordered by the physician for weight loss and wound healing for 2 of 2 residents reviewed for nutrition (Residents #80 and #25).	F0692	1. Resident #80 and #25 as of 7/30/25 are receiving fortified foods as ordered by physician for weight loss and wound healing. 2. Audit was completed by Regional Dietician on 7/30/25 showed that all resident trays where in compliance for fortified foods per physician orders. 3. Education was provided to all dietary staff, including Dietary Manager, on diet orders and diet descriptions by the Regional Dietician on 7/30/25. A list was formed of residents receiving fortified foods and provided to the dietary staff. Cooks are prompting dietary aids to place fortified foods on tray during each meal service. An assigned staff member will be at the end of the tray line to verify tray accuracy. 4. Dietary Manager or designee will audit one meal a day, 5 days a week for accuracy of all trays weekly for 6 weeks. Any discrepancies will be corrected at that time and dietary staff will be re-in-serviced by Dietary Manager. Audit forms will be brought to QA monthly for review for 3 months.			08/18/2025	

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F0692 SS = D	<p>Continued from page 5 The findings included:</p> <p>1. Resident #80 was admitted to the facility on 3/18/21 with diagnoses including stroke, hemiplegia, dementia, Type 2 diabetes, severe protein-calorie malnutrition, and dysphagia (difficulty swallowing).</p> <p>Resident #80's weights from December 2024-July 2025 revealed she had lost 14 pounds or 11.2% of her body weight in 6 months.</p> <p>Resident #80's Minimum Data Set (MDS) dated 7/06/25 noted she had impaired short and long-term memory impairment and moderately impaired cognitive skills for daily decision making. The MDS noted she required supervision or touching assistance to eat and that she had lost more than 5% in one month or 10% of her weight in 6 months.</p> <p>Resident #80's comprehensive care plan updated 7/07/25 indicated she was at increased nutritional risk due to a mechanically altered diet with dysphagia, unintentional weight loss, being underweight for age group, a need for feeding assistance, dementia, variable meal intakes, and a history of B12 deficiency. Interventions included to provide assistance for meals and for fortified foods with all meals due to unintentional weight loss.</p> <p>A Registered Dietitian (RD) Medical Nutritional Therapy Observation assessment dated 7/07/25 noted Resident #80 had lost 17 pounds in the past 180 days (6 months), which was a loss of 12.1% of her body weight. Nutritional Interventions included for her to receive fortified foods to all meals.</p> <p>Resident #80's physician's orders documented a dietary order on 7/07/25 for her to receive a pureed texture diet with fortified foods with each meal due to weight loss.</p> <p>In an interview on 7/23/25 at 1:22 PM, Cook #2 stated residents who were ordered to have a fortified meal plan or fortified foods at meals would receive fortified pudding (ingredients added to provide extra protein and calories) at the lunch meal.</p>	F0692					

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F0692 SS = D	<p>Continued from page 6</p> <p>Observation on 7/24/25 at 12:26 PM revealed Resident #80 in bed, her lunch meal sitting on the tray table in front of her. The meal had not been eaten. There was no frozen supplement or cup of pudding on her tray. Resident #80's 7/24/25 tray card (a slip of paper which indicated what she was ordered to receive for that particular meal) indicated for the lunch meal, she should have received one-half cup of fortified pudding.</p> <p>In an interview on 7/24/25 at 12:43 PM, Dietary Aide #3 stated most days, the fortified pudding was not made at lunchtime because the dietary staff were not used to making a fortified food at lunchtime.</p> <p>In an interview on 7/24/25 at 12:45 PM, Dietary Aide #4 and Dietary Aide #5, who served trays on the tray line for lunch that day, stated there was no fortified item like pudding served at lunch. The Dietary Aides said there was no fortified pudding made that day.</p> <p>In an interview on 7/24/25 at 3:30 PM, the Dietary Manager (DM) stated he was not aware the fortified pudding was not made or served at lunch and that the fortified pudding should have been served to residents with an order for fortified foods.</p> <p>In an interview on 7/24/25 at 4:30 PM, the Medical Director, who was Resident #80 had a history of poor intake and weight loss and she was underweight. He stated she needed the extra calories in the fortified meal plan to help her gain weight.</p> <p>Attempts to reach the RD were unsuccessful.</p> <p>2. Resident #15 was admitted to the facility on 2/25/25 with diagnoses including a to a stoke, diabetes, hypertension (high blood pressure), coronary artery disease, hyperlipidemia (high cholesterol), anemia, poor meal intakes, unintentional weight loss, moderate protein-calorie malnutrition and dysphagia (trouble swallowing).</p> <p>Resident #15's quarterly Minimum Data Set dated 5/17/25 documented he had cognitive impairment and required staff assistance to set up his meal. The MDS noted he had lost 5% of his weight in 1 month or 10% of his</p>	F0692					

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F0692 SS = D	<p>Continued from page 7 weight in 6 months. The MDS documented he was not on a physician prescribed weight loss plan.</p> <p>A Registered Dietitian (RD) progress note dated 6/11/25 for Resident #15 noted he was at increased nutritional risk due to a stroke, diabetes, hypertension, coronary artery disease, hyperlipidemia, anemia, poor meal intakes, unintentional weight loss, moderate protein-calorie malnutrition and dysphagia. The RD noted he had ongoing weight loss with multiple interventions trialed. She documented he had lost 10 pounds (lb.) in 30 days (5/6/25 weight: 145.6lbs), which was a loss of 7.1% of his body weight. She had Resident #15 reweighed, and he weighed 138.2 lb. which confirmed the weight loss. The RD noted he had ongoing poor and variable meal intake. She documented that he met criteria for significant weight loss, and had moderate muscle loss in temples, buccal area, and mid-upper arm, which met criteria for moderate malnutrition in the setting of chronic illness. Her recommendation at that time was to add fortified foods to all meals due to ongoing unintentional weight loss.</p> <p>Resident #15's weights from 4/1/25-7/2/25 indicated he had lost 12 pounds (8 %) since 4/1/25.</p> <p>Resident #15's comprehensive care plan dated 7/14/25 noted he had increased nutrition risks and needs related to stroke, diabetes, hypertension, coronary artery disease, hyperlipidemia, anemia, poor meal intakes, unintentional weight loss, moderate protein-calorie malnutrition and dysphagia. The care plan noted he had significant weight loss over the past 90 days but his weight was stable in the last 30 days. The care plan noted the staff should continue to implement his plan of care.</p> <p>An RD progress note dated 7/14/25 indicated Resident #15 had significant weight loss in the past 90 days of 12 pounds, which was 8% of his body weight. She had no new recommendations.</p> <p>Resident #15's physician's orders dated 7/17/25 documented a diet order for a regular texture diet with a fortified food at each meal for wound healing and weight loss.</p> <p>In an interview on 7/23/25 at 1:22 PM, Cook #2 stated</p>	F0692					

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F0692 SS = D	<p>Continued from page 8 residents who were ordered to have a fortified meal plan or fortified foods at meals would receive fortified pudding (ingredients added to provide extra protein and calories).</p> <p>Observation on 7/24/25 at 12:29 PM revealed Resident #15 received a regular meal tray and a regular dessert. There was no frozen supplement or cup of pudding on his tray. Resident #15's 7/24/25 tray card indicated he should have received fortified foods at all meals.</p> <p>In an interview on 7/24/25 at 12:43 PM, Dietary Aide #3 stated most days, the fortified pudding was not made at lunchtime because the dietary staff were not used to making a fortified food item at lunchtime.</p> <p>In an interview on 7/24/25 at 12:45 PM, Dietary Aides #4 and Dietary Aide #5, who served trays on the tray line for lunch that day, stated there was no fortified item like pudding served at lunch. The Dietary Aides said there was no fortified pudding made that day.</p> <p>In an interview on 7/24/25 at 3:30 PM, the Dietary Manager (DM) stated he was not aware the fortified pudding was not made or served at lunch and that the fortified pudding should have been served to residents with an order for fortified foods.</p> <p>In an interview on 7/24/25 at 4:30 PM, the Medical Director, who was Resident #15's primary care physician, stated Resident #15 needed the extra calories of a fortified diet due to his history of poor intake, weight loss, and for wound healing.</p> <p>Attempts to reach the RD were unsuccessful.</p>	F0692					
F0803 SS = F	<p>Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7)</p> <p>§483.60(c) Menus and nutritional adequacy.</p> <p>Menus must-</p> <p>§483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.;</p>	F0803	<p>1. Residents #21, #26, #36, #37, #6, #47, and #52 as of 7/28/25 are receiving large/double portions per physician's orders. Residents #22, #2, #11, #1, #74, #80, and #90 as of 7/28/25 are receiving 6 oz. servings of pureed diet as specified on the menu. Residents #29, #30, #41, #49, #65, #69, #70, #72, #75, #79, #84, and #93 as of 7/28/25 are receiving one-half portion of a concentrated sweet desert.</p> <p>2. Audit was completed by the Regional Dietician on 7/28/25 to included 100% of diet order compliance and portion size per menu and physician orders.</p>			08/18/2025	

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F0803 SS = F	<p>Continued from page 9</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.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations, records reviews, and staff interviews, the facility failed to follow the approved menu related to portion size. Seven (7) of 7 residents with physician-ordered large or double portions were served a single portion (Residents #21, #26, #36, #37, #6, #47, and #52). Seven (7) of 7 residents ordered a pureed diet received 4 ounces (oz.) of chili instead of 6 oz as specified on the menu (Residents #22, #2, #11, #1, #74, #80, and #90). Twelve (12) residents with an order for a regular or mechanical soft, low concentrated sweets diet received a full slice of cake rather than a half slice of cake as indicated on the menu (Residents #29, #30, #41, #49, #65, #69, #70, #72, #75, #79, #84, and #93). This deficient practice affected 26 of 91 residents.</p> <p>The findings included:</p> <p>1. The Facility South Spring/Summer 2025 Diet Guide sheet indicated a single portion of chili with beans to be 6 oz.</p> <p>The facility dietary order list dated 7/24/25 indicated 7 residents had physician orders for double or large portions. The residents on the list included Residents</p>		F0803	<p>Continued from page 9</p> <p>3. Education was provided to all dietary staff, including dietary manager, on portion control, portion sizes, LCS diets, portion control for desserts for LCS diets, diet orders, and diet descriptions by the Regional Dietician on 7/28/25. An assigned staff member will be at the end of the tray line to verify that portion size, to include half portion or large/double portion, is accurate per physician orders. Par levels where established of serving utensils which are color coded and included a serving chart for guidance.</p> <p>4. Dietary Manager or designee will audit one meal, five days a week for proper use of serving utensils and portion size for eight weeks. Any discrepancies will be corrected at that time and dietary staff will be re-in-serviced by Dietary Manager. Audit forms will be brought to QA monthly for review 4 months.</p>			

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F0803 SS = F	<p>Continued from page 10 #21, #26, #36, #37, #6, #47, and #52.</p> <p>In continuous observations on 7/23/25 from 12:04 PM to 12:28 PM and 7/23/25 from 12:30 PM to 1:12 PM of the lunch service tray line, Cook #1 and Cook #2 served portions of chili with beans to residents. During the observations, there were no bowls prepared with double portions or large portions. The Cooks were observed using a single 6-ounce ladle rather than two 6-ounce ladles, as indicated on the diet guide, to portion the chili with beans. All bowls were served with a single portion of chili with beans, instead of 12 oz as specified by the menu. No double portion servings were observed.</p> <p>In an interview on 7/23/25 at 1:13 PM, Cook #1 said all residents received one scoop of each item and no double portions or large portions were served.</p> <p>In an interview on 7/23/25 at 1:22 PM, Cook #2 stated there were no residents who were supposed to receive double or large portions.</p> <p>In an interview on 7/24/25 at 3:30 PM, the Dietary Manager (DM) stated he was not aware residents with physician-ordered double portions or large portions did not receive those foods. He stated that residents with either double or large portions ordered should have received two servings of the items indicated in the order.</p> <p>2. The Facility South Spring/Summer 2025 Diet Guide sheet indicated a single portion of pureed chili with beans to be 6 oz.</p> <p>The facility dietary order list dated 7/24/25 indicated 7 residents had physician orders for a pureed diet. The residents on the list included Residents #22, #2, #11, #1, #74, #80, and #90.</p> <p>In continuous observations on 7/23/25 from 12:04 PM to 12:28 PM and 7/23/25 from 12:30 PM to 1:12 PM of the lunch service tray line, Cooks #1 and Cook #2 served 4 ounces (a #8 scoop) of chili with beans to residents on a pureed diet.</p>			F0803			

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F0803 SS = F	<p>Continued from page 11</p> <p>In an interview on 7/23/25 at 1:13 PM, Cook #1 said all residents on a pureed diet received one scoop of the #8 scoop.</p> <p>In an interview on 7/24/25 at 3:30 PM, the Dietary Manager (DM) stated he did not realize the wrong portion was served at the lunch meal on 7/23/25. He stated the cooks should have looked at the facility production guide to determine the portion that needed to be served.</p> <p>3. The Facility South Spring/Summer 2025 Diet Guide sheet noted that residents with a Low Concentrated Sweets (LCS) diet were supposed to receive a half slice of cake as dessert for the 7/23/25 lunch meal.</p> <p>The facility dietary order list dated 7/24/25 indicated 12 residents with an ordered regular or mechanical soft LCS diet order. The residents on the list included Residents #29, #30, #41, #49, #65, #69, #70, #72, #75, #79, #84, and #93.</p> <p>In continuous observations on 7/23/25 from 12:04 PM to 12:28 PM and 7/23/25 from 12:30 PM to 1:12 PM of the lunch service tray line, Dietary Aide #1 and Dietary Aide #2 plated slices of carrot cake for each resident not on a pureed diet. All slices of cake were on sheet pans with no indication that there were differences between the portion size of the cake slices.</p> <p>In an interview on 7/23/25 at 1:11 PM, Dietary Aide #2 stated she had not prepared any tray with half a slice of cake and said all residents received the same sized slice of cake.</p> <p>In an interview on 7/23/25 at 1:12 PM, Dietary Aide #1, who had cut and plated desserts for the trays, stated there were no residents who received half a slice of cake. He stated all slices of cake were the same size.</p> <p>In an interview on 7/24/25 at 12:35 PM, the Dietary Manager (DM) stated he was not aware the portion for residents with physician-ordered Low Concentrated Sweets diet should have received a half-slice of cake per the menu. He stated all residents received the same size piece of cake but should have received the half-slice portion as written on the menu.</p>		F0803				

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F0803 F0812 SS = F	<p>Food Procurement,Store/Prepare/Serve-Sanitary</p> <p>CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements.</p> <p>The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations, record review, and interviews with staff, the facility failed to ensure dishware and cookware were washed and sanitized according to the manufacturer's recommendations for 1 of 1 dishwashing machine and 1 of 1 three compartment sink. This practice had the potential to affect food served to residents.</p> <p>The findings included:</p> <p>1. The NSF Machine Operating Requirements as Manufactured by American Dish Service, Model AF3DS Operating Requirements posted information on the dishwasher indicated that wash and rinse cycles should reach a temperature of 120 degrees F. The posted information included the sanitizer level in a low-temperature dish machine was required to be 50 parts per million (ppm).</p> <p>Observations of the dishwasher on 7/23/25 at 11:41 AM</p>		F0803 F0812	<p>1. No residents where effected by this deficient practice.</p> <p>2. A new high temperature dishwasher was installed to replace low temp machine on 8/05/25. State Chemical came in on 8/01/25 to calibrate for proper distribution of chemicals and verified the water temperatures for the 3 compartment sink.</p> <p>3. Education was provided to all dietary staff, including dietary manager, on cleaning and sanitizing of three compartment sink and proper temp of both low and high temperature dish machine by the Regional Dietician on 7/30/25. A temperature log is now being used to verify that wash and rinse temperatures meet minimal requirements for all three meals daily. Fill lines are now on the sinks to make sure staff is filling the sinks to appropriate levels to cover all objects when sanitizing in sink. A sanitizing log is now being used to record proper sanitizer concentration.</p> <p>4. Dietary Manager or designee will audit to ensure both logs are being completed daily and data is meeting all minimal requirements five days a week for eight weeks. Any discrepancies will be corrected at that time and dietary staff will be re-in-serviced by Dietary Manager. Audit forms will be brought to QA monthly for review 4 months.</p>		08/18/2025	

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F0812 SS = F	<p>Continued from page 13 revealed the Dietary Manager (DM) ran a load of plate domes (covers to help maintain warm food temperatures), plates, and cups through the dish machine. The wash load temperature was 84 degrees Fahrenheit (F), and the rinse load temperature was 98 degrees F. The DM stated in an interview at that time that it would take a couple of the loads for the dishwasher to get up to the right temperature for washing and rinsing.</p> <p>Continued observations on 7/23/25 at 11:44 AM revealed the wash temperature was 96 degrees F and the rinse cycle was 100 degrees F. The third load of dishes washed at 11:48 AM revealed the wash cycle temperature was 100 degrees F and the rinse cycle temperature was 104 degrees F. The DM measured the sanitizer concentration in the third load using sanitizer test strips, which was 50 ppm. The fourth load of dishes washed at 11:51 AM revealed the wash cycle temperature was 104 degrees F and the rinse cycle temperature was 110 degrees F. The sanitizer concentration on the fourth load was 50-100 ppm.</p> <p>In an interview on 7/23/25 at 11:52 AM, the DM stated the dishwasher was a low temperature machine and he checked the wash and rinse cycle temperatures and the sanitization level every morning. He said on the June 2025 and July 2025 dish machine temperature logs, the "Wash" column was where he recorded the temperature on the first load rinse cycle and the temperatures under the "Final Rinse" column were the temperatures on the second load rinse cycle. There were no entries for the wash cycle temperatures for June and July.</p> <p>In an observation on 7/23/25 at 1:24 PM, Dietary Aide #3 began putting a rack of dishes in the dishwasher. During the wash and rinse cycle, the wash temperature was 98 degrees F and rinse cycle temperature was 100 degrees F.</p> <p>During an interview at that time, 7/23/25 at 1:24 PM, Dietary Aide #3 said the temperatures should be "180 over 150." When requested, she looked at the temperature dial and said the temperature of the rinse cycle was 50. When requested she looked at the dial and confirmed the temperature was 100 degrees F. When asked what she should do when the temperatures were not 180/150, she shrugged her shoulders and said she would just keep doing dishes.</p>	F0812					

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F0812 SS = F	<p>Continued from page 14</p> <p>In a continued observation 7/23/25 at 1:25 PM, Dietary Aide #3 started to put away the dishes that were washed. The DM came over to the dishwasher and Dietary Aide #3 told him the temperature was 100 degrees F and asked him what she should do. He said it was a low temperature machine, and it was fine to keep going.</p> <p>In an interview on 7/23/25 at 1:29 PM, the DM said the dishwasher was a replacement machine for their old machine that was broken. He said the machine was getting replaced the next day (7/24/25). The DM stated he would have the meals served on plasticware until the new dish machine was installed.</p> <p>In an interview on 7/24/25 at 10:35 AM, the acting Administrator stated the dishwasher was not reaching the required temperatures. She stated the facility believed the problem was the water heater to the kitchen. She stated the Maintenance Supervisor and Assistant were working on the water heater because there was a reset indicator repeatedly showing on the dial. She stated the new dish machine had not arrived at the facility yet. She stated the dish machine had been reaching the correct temperatures prior to 7/23/25 and the dietary staff should not have continued washing dishes if the machine was not working properly.</p> <p>Observations and interviews on 7/24/25 prior to exit did not reveal the new dishwasher had been delivered.</p> <p>2. The instruction sign above the sink, "Manual Washing Requirements," indicated the sanitizer levels in the sanitizer should have been 150-200 ppm and all items needed to be left in the sanitizing solution for at least 2 minutes.</p> <p>Observation on 7/23/25 at 1:26 PM, the DM took the level of the sanitizer solution in the 3-compartment sink. The sanitizer level strip indicated the sanitizer level was 100 parts per million (ppm) of quaternary ammonia solution.</p> <p>Observation on 7/23/25 at 1:33 PM, Dietary Aide #3 was washing pots, pans, and cooking utensils in the 3-compartment sink. She washed, rinsed, and put a cooking sheet pan in the sanitizer solution, where it remained from 1:33:50-1:34:13 PM (23 seconds). She then took the sheet pan in the sanitizer and placed it in</p>	F0812					

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F0812 SS = F	<p>Continued from page 15</p> <p>the drying area to dry. She washed and rinsed a spatula and then dipped the spatula in the sanitizer and immediately put it in the drying area to dry. At 1:26 PM, she took a steam pan, washed, rinsed, and dipped it in the sanitizer and immediately put it into the drying area.</p> <p>In an interview on 7/23/25 at 1:37 PM, Dietary Aide #3 stated she did not know if items had to be left in the sanitizer for a specific length of time. She stated dipping the items into the sanitizer and not soaking them was acceptable because the dishes were still sanitized.</p> <p>In an interview on 7/23/25 at 1:42 PM, after it was requested, she read the instruction sign, Dietary Aide #3 then said she knew they needed to be kept in the sanitizer, but she thought that dipping the items was still acceptable.</p> <p>In an interview on 7/24/25 at 12:35 PM, Dietary Aides #3 and #4, who were washing dishes, stated they were not aware items needed to stay in the sanitizer for more than 2 minutes.</p> <p>In an interview on 7/24/25 at 3:30 PM, the DM stated all staff were trained about dishwashing when they were hired. He stated he internally questioned why the sanitizing concentration was low but stated it was a matter of trying to get the temperature correct in the basin so alternating amounts of hot and cold water were added to the basin which would dilute the sanitizing agent. He could not say why he allowed the aides to continue with the sanitizing process at that time.</p> <p>In an interview on 7/24/25 at 5:35 PM, the acting Administrator stated the DM would need to have to review the proper techniques of using a three compartment sink to ensure the correct sanitizer levels were used.</p>	F0812					