**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**A. BUILDING PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:**

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
</table>
| F 363 | SS=E | 483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED | F 363 | | | | Menu requirements are not met as evidenced by the following:
- 08/18/16 observation staff interview:
  - Menus for Residents #20, #40, #51, #53, #103, #153, #172, #180, #184, and #193
  - Menu items:
    - Oven roasted potatoes
    - Green bean casserole
    - Pork chops (mechanical soft)
- DS #1 verified serving utensil size as 3 ounces.
  - Portion size was not verified.
- DS #1 trained on appropriate portion sizes.
  - Pre-service meeting reviewed portion sizes.

It is the practice of this facility to ensure the nutritional needs of our residents are met in accordance with recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance and be followed.

The findings included:
- DS #1 trained on appropriate portion sizes.
- Pre-service meeting reviewed portion sizes.
- DS #1 signed logs.

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

Electronically Signed

09/01/2016

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.
SUMMARY STATEMENT OF DEFICIENCIES

F 363 Continued From page 1

On 08/18/16 from 12:16 PM until 12:32 PM, Dietary staff #1 was observed to plate a 3 ounce portion of oven roasted potatoes, green bean casserole and mechanical soft pork chops to the following residents:
- Oven roasted potatoes - Residents #186, #153, #20, #53, #172, #184, #103, #40, #180, #51, and #193
- Green bean casserole - Residents #186, #153, #20, #53, #172, #184, #103, #40, #180, #51, and #193
- Pork chops (mechanical soft) - Residents #153, #20, #103, and #193

During an interview on 08/18/16 at 12:32 PM, DS #1 reviewed the lunch meal tray card and confirmed that the serving utensils for the oven roasted potatoes, green bean casserole and pork chops (mechanical soft) were to be a 4 ounce portion. DS #1 stated that when she obtained the 3 ounce serving utensils she used to serve oven roasted potatoes, green bean casserole and pork chops (mechanical soft) prior to the lunch tray line, she could not find enough 4 ounce utensils at the time. DS #1 further stated that she thought she had the right size serving utensils and that she knew to check the serving size by looking on the utensil.

During an interview on 08/18/16 at 12:39 PM the Kitchen Supervisor (KS) stated that the oven roasted potatoes, green bean casserole and pork chops (mechanical soft) were to be served in 4 ounce portions. The KS also stated dietary staff should use production sheets to verify the correct portion size of foods to serve and read the portion size that was written on the utensils to ensure accuracy. The KS further stated that he did not monitor the tray line routinely for portion sizes, but

Food and Nutrition purchased color-coded scoops on 8/22/16. Laminated, color-coded portion control chart are available at each dining location and in the main kitchen.

Food Service Supervisor, or designee, will conduct random observations weekly to ensure compliance. Any identified issues will be corrected at that time. Results of the monitoring will be shared with the Administrator and Director of Nursing on a weekly basis and with QAPI monthly for a period of 90 days, at which time frequency of monitoring will be determined by the QAPI Committee.
<table>
<thead>
<tr>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 363 Continued From page 2</td>
<td></td>
</tr>
<tr>
<td>conducted &quot;spot checks.&quot; The KS also stated that he expected dietary staff to make sure they were serving portion sizes according to the menu. During an interview on 08/18/16 at 12:40 PM, the Registered Dietitian (RD) stated that she joined the team at the facility just 2 days prior and that she was not familiar with the menus yet. The RD reviewed the lunch menu and the tray cards and stated &quot;We should offer a 4 ounce portion according to the menu.&quot; During an interview on 08/18/16 at 5:55 PM the Administrator stated that he expected residents to receive food portions according to the menu. To ensure this, the Administrator stated dietary staff were educated on correct portion sizes, a quick reference utensil guide was posted for their review and the serving size was also recorded on each serving utensil.</td>
<td>(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</td>
</tr>
</tbody>
</table>