### SUMMARY STATEMENT OF DEFICIENCIES

<table>
<thead>
<tr>
<th>ID PREFIX</th>
<th>TAG</th>
<th>F 000 INITIAL COMMENTS</th>
<th>F 805</th>
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<tbody>
<tr>
<td>F 000</td>
<td></td>
<td>No deficiencies were cited as a result of the complaint investigation survey. Event ID KIGA11.</td>
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<tr>
<td>F 805</td>
<td>SS=D</td>
<td>Food in Form to Meet Individual Needs CFR(s): 483.60(d)(3)</td>
<td>F 805</td>
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<tr>
<td>8/43.60(d)</td>
<td>Food and drink Each resident receives and the facility provides-</td>
<td>Resident #36 diet was changed to a mechanical soft diet with pureed meats on 4/26/2018 and was picked up by speech therapy on 4/26/18 for further assessment of his chewing capabilities. Resident #36 diet was changed to a regular mechanical soft on 5/1/2018 at the resident's request.</td>
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<td>§483.60(d)(3)</td>
<td>Food prepared in a form designed to meet individual needs. This REQUIREMENT is not met as evidenced by: Based on dining observations, resident interview, staff interviews, and record review, the facility failed to provide a mechanical soft diet for 1 of 4 sampled residents (Resident #36) reviewed for nutrition.</td>
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<td>The findings included: Resident #36 was admitted to the facility on 02/17/17 with diagnoses that included dysphagia, chronic obstructive pulmonary disease, and anemia.</td>
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<td>Resident #36 had a physician's order dated 03/25/18 for a regular, mechanical soft diet. Facility staff provided a copy of the Diet Communication slip completed 3/26/18, which informed the Dietary staff that Resident #36 required a regular, mechanical soft diet.</td>
<td>A root cause analysis was conducted and it was determined to be due to human error, the cook plated the wrong consistency of meat on the plate for resident #36. It was also determined that the dietary aide failed to check the tray against the tray ticket to ensure it was accurate due to rushing to complete the tray line timely.</td>
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<td>A comprehensive Minimum Data Set (MDS) dated 04/08/18, indicated Resident #36 was cognitively intact, had a mechanically altered diet and had no teeth. The Dental Care Area Assessment for the 04/08/18 MDS included the</td>
<td>All residents have the potential to be affected by this practice. All resident meal trays will be audited by the Dietary Manager for accuracy during all meal times by 5/4/2018. It was noted that all</td>
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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.
F 805

Continued From page 1

resident "used to have dentures."

The Care Plan, dated 04/15/18, indicated
Resident #36 was at risk for weight loss and the
goal was for him to consume adequate energy to
maintain good nutritional status.

During an interview on 04/23/18 at 10:58 AM,
Resident #36 stated he came to live at the facility
in February 2017. He indicated he had dentures
when he first came but they were lost
approximately five months later and the food was
sometimes served in a form he could not eat.
Resident #36 also stated on Saturday he received
something he could not chew. Staff offered a
cheeseburger substitute but he declined that also.

Observation on 04/24/18 at 12:56 PM, revealed
Resident #36's noon meal included ground
chicken, stuffing and carrots, with a roll, pudding,
teas and water. Resident #36 said it tasted okay,
but often that was not the case.

Resident #36 was interviewed again on 04/25/18
at 1:21 PM, as he finished his noon meal. The
resident indicated he had been served a slice of
turkey, some mixed vegetables and mashed
potatoes. Resident #36 had finished the
vegetable, potatoes and dessert but said he had
not eaten the turkey because he could not chew
it. When asked, he reported that staff had not
offered to get him something easier to chew.

On 04/25/18 at 2:00 PM, the Dietary Manager
(DM) observed the resident's tray that had not yet
been removed from his room. The DM reviewed
the meal ticket on Resident #36's tray which
specified he was to receive a regular, mechanical
soft diet. The DM stated the resident's tray should
residents received their meals according
to their physicians orders during that
audit.

All dietary personnel were in-serviced on
Meal Tray Accuracy on 5/2/2018 by the
Dietary Manager.

As a systemic change, all meal trays will
be plated by the cook who verifies the diet
order and then re-verified by the dietary
aide before they are placed on the carts
for delivery to ensure meal tray accuracy.

On-going monitoring will be performed by
the Dietary Manager or Assistant Manager
utilizing the Meal Tray Accuracy Audit tool
to ensure continued compliance. The
auditing will occur daily for all meals for
one week, then daily for one meal for
three weeks and then monthly thereafter.
All results will be brought to the Quality
Assurance Committee for review and
recommendations. The Dietary Manager
is responsible for implementing the plan of
correction and will be in compliance by
5/14/2018.
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**A. BUILDING ____________________________**

**B. WING _____________________________**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

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<td>have included ground or chopped meat. The DM said she was unable to explain how it got missed when dished up on the tray line.</td>
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During an interview on 04/26/18 at 10:00 AM, the Registered Dietician (RD) said she had reviewed the resident for the comprehensive MDS the first week of April. She said, "It was never presented to me that he had a chewing problem. He has a diagnosis of dysphagia which is a swallowing problem." When asked if she had spoken to the resident about his ability to chew meat, the RD said, "Well I spoke to the Speech Therapist this morning and he has now requested pureed meat so he will be getting a mechanical soft [diet] with pureed meat."

On 04/26/18 at 12:06 PM, the Administrator said it was her expectation that the resident would receive his diet as ordered.

**PROVIDER'S PLAN OF CORRECTION**

Each corrective action should be cross-referenced to the appropriate deficiency.

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