

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

PRINTED: 02/06/2019
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345562 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 01/10/2019 |
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| NAME OF PROVIDER OR SUPPLIER CLEAR CREEK NURSING & REHABILITATION CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 10506 CLEAR CREEK COMMERCE DRIVE MINT HILL, NC 28227 | | |
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| E 000 | Initial Comments A recertification survey was conducted 1/7/19 - 1/11/19. The facility was in compliance with the requirements of CFR 483.73, Emergency Preparedness, Event ID: 8T7V11. | E 000 | | | |
| F 561 SS=E | Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f) (1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility. §483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced by: | F 561 | | 2/6/19 | |

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

TITLE

(X6) DATE

Electronically Signed

01/31/2019

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 561 | <p>Continued From page 1</p> <p>Based on resident, family member and staff interviews, and record review, the facility failed to allow a choice of the time to awakened in the morning for 1 of 2 sampled residents (Resident #79).</p> <p>The findings included:</p> <p>Resident #79 was admitted to the facility on 12/21/18 with diagnoses which included a surgical wound infection.</p> <p>Review of physician's orders dated 12/22/18 revealed direction to administer Vancomycin (antibiotic) intravenously (IV) daily.</p> <p>Review of Resident #79's December 2018 Medication Administration record revealed documentation of 4:30 AM administration of the IV Vancomycin.</p> <p>Review of Resident #79's admission Minimum Data Set (MDS) dated 12/28/18 revealed an assessment of moderately impaired cognition with receipt of intravenous medication.</p> <p>Interview with Resident #79 on 01/09/19 at 9:45 AM revealed staff awakened him every morning to administer the IV medication. Resident #79 reported a preference to awaken later in the morning.</p> <p>Telephone interview on 01/10/19 at 5:30 AM with Nurse #4, night shift charge nurse, revealed Resident #79 was awakened each morning at 4:30 AM and administered the IV medication. Nurse #4 explained the medication was scheduled at that time since blood work was required periodically prior to administration to</p> | F 561 | <p>Clear Creek Nursing and Rehab acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.</p> <p>Clear Creek Nursing and Rehab response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Clear Creek Nursing and Rehab reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding</p> <p>F561 Self-Determination</p> <p>The plan of correcting the specific deficiency</p> <p>On January 10th, 2019, resident # 79 and the resident representative were interviewed by Unit Manager (UM) and agreeable time for medication administration of 0830 was initiated, laboratory specimen collection at 0800 was established to allow resident choice of morning waking.</p> <p>On January 10th, 2019, resident #79's physician was contacted and an order</p> | | |

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| F 561 | <p>Continued From page 2</p> <p>determine the medication's dose. Nurse #4 explained the facility's lab came to the facility between 2:00 AM and 4:00 AM.</p> <p>Interview with Nurse #1 on 01/10/19 at 8:37 AM revealed Resident #79 had to receive the IV medication at 4:30 AM because of the laboratory schedule. Nurse #1 was not aware Resident #79 did not want to be awakened at 4:30 AM.</p> <p>Interview with Nurse #2, the unit manager, on 01/10/19 at 9:00 AM revealed Resident #79 and a family member agreed to the 4:30 AM wake up time.</p> <p>Interview with Resident #79's family member on 01/10/19 at 11:23 AM revealed the family member and Resident #79 were not given a choice of the IV medication administration time. Resident #79's family member explained the early wake up time caused Resident #79 to be tired during the day for therapy.</p> <p>Interview with the Director of Nursing (DON) on 01/10/19 at 11:28 AM revealed she did not realize the laboratory came to the facility between the hours of 2:00 AM and 4:00 AM. The DON reported the staff thought there was no choice but to schedule the IV medication at 4:30 AM every day. The DON reported Resident #79 should not have to be awakened for medication administration.</p> | F 561 | <p>was received to change medication administration times to 0830 by License Nurse to allow resident choice of morning waking time.</p> <p>On January 10th, 2019, the RN contacted the laboratory service provider and arranged for laboratory specimen collection at established time for resident #79.</p> <p>The procedure for implementing the acceptable plan of correction for the specific deficiency cited</p> <p>From January 10th, 2019, the Unit Managers audited all resident medication administration records for medication given during hours of sleep. There were no other residents receiving medication during hours of sleep.</p> <p>On January 10th, 2019, the Unit managers arranged with the laboratory service provider for laboratory specimens to be collected to accommodate for sleeping hours.</p> <p>On January 10th, 2019, the Unit managers and ADON began an in-service with nursing staff on resident choice of morning waking time. This in-service includes resident and the RR are involved, laboratory specimen collection, and medication administration also must be considered. This in-service will be complete by January 31st, 2019. After date nursing staff will not be allowed to work until in-service is complete. This in-service will be included in the orientation for new nursing staff.</p> <p>The monitoring procedure to ensure that</p> | | |

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| F 561 | Continued From page 3 | F 561 | <p>the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements</p> <p>The DON, ADON, and/or administrator will interview 10 residents weekly to ensure residents are being allowed to choice in time morning awaking. This audit will be documented on the choices audit tool.</p> <p>The monthly QI committee will review the results of the choices audit tool for 3 months for identification of trends, actions taken, and to determine the need for and/or frequency of continued monitoring, and make recommendations for monitoring for continued compliance. The administrator and/or DON will present the findings and recommendations of the monthly QI committee to the quarterly executive QA committee for further recommendations and oversight.</p> | | |
| F 583 SS=D | <p>Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii)</p> <p>§483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records.</p> <p>§483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> | F 583 | | 2/6/19 | |

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| F 583 | Continued From page 4 §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service. §483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law. This REQUIREMENT is not met as evidenced by: The facility failed to provide privacy during an insulin injection for 1 of 2 sampled residents observed during a medication pass who received insulin injections (Resident #27). The findings included: Resident #27 was admitted to the facility on 02/16/18 with diagnoses which included diabetes mellitus. Review of Resident #27's quarterly Minimum Data Set (MDS) dated 10/24/18 revealed an assessment of intact cognition. The MDS indicated Resident #27 received daily insulin | F 583 | F583 Personal Privacy The plan of correcting the specific deficiency On January 10, 2019 the Director of Nursing interviewed and assessed resident #27 on personal privacy while receiving care. Director of Nursing reviewed with resident #27 and they verbalized the wish to be provide privacy during insulin injection. On January 10, 2019 Director of Nursing observed resident #27 was provide privacy during insulin injections. | | |

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| F 583 | <p>Continued From page 5 injections.</p> <p>Observation on 01/09/19 at 8:42 AM revealed Nurse #3 prepared an insulin injection for Resident #27. Nurse #3 did not close Resident #27's door and did not pull the privacy drape. Resident #27 pulled up her blouse and lowered the top of her brief. Nurse #3 administered the insulin into Resident #27's left lower abdomen. Resident #27's abdomen and top of the brief were visible from the hallway.</p> <p>Interview with Resident #27 on 01/09/19 at 9:35 AM revealed a preference for the room door to always be closed. Resident #27 explained she did not like the lack of privacy during her injection.</p> <p>Interview with Nurse #3 on 01/09/19 at 10:46 AM revealed she should have closed Resident #27's door and pulled the privacy drape prior to the insulin injection.</p> <p>Interview with the Director of Nursing (DON) on 01/09/19 at 11:03 AM revealed staff should provide privacy during insulin injections. The DON reported Nurse #3 should pull the privacy drape and close Resident #27's door.</p> | F 583 | <p>The procedure for implementing the acceptable plan of correction for the specific deficiency cited</p> <p>On January 10, 2019, The Director of Nursing provided in-service training to Nurse #3 on resident #27 and the need to provide personal privacy while receiving insulin injection.</p> <p>On January 10, 2019, The Director of Nursing began re-educating all nursing staff on receiving and providing personal privacy to the residents while receiving care or treatments. This in-service was added to the orientation for newly hired nursing staff members.</p> <p>Systemic changes</p> <p>On Januaruy 10, 2019, the Director of Nursing began an in-service for licensed nursing, certified nursing assistant providing personnel privacy while receiving care or treatments. This in-service will be completed by January 31 2019, after January 31 2019 no nursing staff will be allowed to work until in-services are completed. This in-service training was added to the orientation for newly hired nursing staff.</p> <p>The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements</p> <p>The Director of Nursing or Nursing Supervisor will observe and perform a review on 5 residents weekly to ensure residents are receiving appropriate privacy while receiving care or treatments. This audit will be documented on the</p> | | |

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| F 583 | Continued From page 6 | F 583 | personal privacy audit tool. The monthly QI committee will review the results of the personal privacy audit tool for 3 months for identification of trends, actions taken, and to determine the need for and/or frequency of continued monitoring, and make recommendations for monitoring for continued compliance. The administrator and/or DON will present the findings and recommendations of the monthly QI committee to the quarterly executive QA committee for further recommendations and oversight. | | |
| F 656 SS=D | Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will | F 656 | | 2/6/19 | |

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| F 656 | <p>Continued From page 7</p> <p>provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interviews and record review, the facility failed to develop a care plan to maintain nutritional status for 2 of 4 sampled residents at nutritional risk (Residents #14 and #58).</p> <p>The findings included:</p> <p>1. Resident #14 was admitted to the facility on 03/27/18 with diagnoses which included hemiplegia and dementia.</p> <p>Review of Resident #14's admission Minimum Data Set (MDS) dated 04/03/18 revealed an assessment of severely impaired cognition. The MDS indicated Resident #14 required set up and supervision with eating and no weight loss.</p> <p>Review of Resident #14's Nutrition Care Area Assessment dated 04/05/18 revealed Resident</p> | F 656 | <p>F656 - Develop/Implement Comprehensive Care plan <input type="checkbox"/> Nutritional risk.</p> <p>The plan of correcting the specific deficiency</p> <p>On January 10, 2019 the Food Service Supervisor updated the care plan for residents #14 and #58 to include nutritional risk.</p> <p>The procedure for implementing the acceptable plan of correction for the specific deficiency cited</p> <p>On January 10, 2019, The Food Service Supervisor began to audit the care plans for all residents on therapeutic diets and/or nutritional supplements to ensure a nutritional risk care plan was in place. Any</p> | | |

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| F 656 | <p>Continued From page 8</p> <p>#14 at risk for nutritional deficit with a plan to proceed to care plan.</p> <p>Review of a registered dietician's (RD) progress note dated 09/17/18 revealed the RD documented Resident #14 received a frozen nutritional supplement to promote wound healing. The RD documented Resident #14's weight was stable after a loss of 6.4 pounds over the past 90 days.</p> <p>Review of Resident #14's quarterly MDS dated 10/03/18 revealed an assessment of severely impaired cognition. The MDS indicated Resident #14 required the extensive assistance of one person with eating and had no weight loss.</p> <p>Review of Resident #14's care plan revised 10/16/18 revealed there was no documentation of a nutritional risk, goal or interventions to maintain nutrition.</p> <p>Interview with the Director of Nursing (DON) on 01/10/19 at 10:37 AM revealed the dietary services manager was responsible for nutritional care plan interventions. The DON reported she expected Resident #14's nutritional risk and interventions to be documented on the care plan.</p> <p>Interview with the dietary services manager on 01/10/19 at 10:55 AM revealed Resident #14 required a care plan for nutritional risk. The DSM explained the nutritional risk, goals and interventions were omitted from Resident #14's care plan by mistake.</p> <p>2. Resident #58 was admitted to the facility on 08/30/18 with diagnoses which included chronic kidney disease and atrial fibrillation.</p> | F 656 | <p>negative finding was corrected during audit by the auditor.</p> <p>Systemic changes</p> <p>On Januaruy 10, 2019, Food Service Supervisor was in serviced by the MDS Director on care plan development related to nutritional risk. This in-service will be part of the orientation for any new dietary manager.</p> <p>The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements</p> <p>The Administrator, Food Service Supervisor, Director of Nursing, Staff Facilitator will audit 10 residents care plans weekly X 12 weeks to ensure care plans are present for nutritional risk as appropriate. This audit will be documented on the care plan audit tool.</p> <p>The monthly QI committee will review the results of the care plan monthly audit tool for 3 months for identification of trends, actions taken, and to determine the need for and/or frequency of continued monitoring, and make recommendations for monitoring for continued compliance.</p> <p>The administrator and/or DON will present the findings and recommendations of the monthly QI committee to the quarterly executive QA committee for further recommendations and oversight.</p> | | |

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| F 656 | Continued From page 9 Review of Resident #58's admission Minimum Data Set (MDS) dated 09/06/18 revealed an assessment of moderately impaired cognition. The MDS indicated Resident #58 required the extensive assistance of one person with eating and no weight loss. Review of Resident #58's Nutrition Care Area Assessment dated 09/12/18 revealed Resident #58 left 25% of meals uneaten and had a low mass body index. The CAA documented a decision to proceed to care plan. Review of a registered dietician's (RD) note dated 10/22/18 revealed Resident #58 received a frozen nutritional supplement for added calories and protein. The RD recommended an increase to twice daily since Resident #58's body mass index was low with a stable weight. Review of Resident #58's care plan reviewed 12/08/18 revealed provision of assistance with eating and receipt of a frozen nutritional supplement listed as interventions for a focus on activities of daily living. There was no documentation of Resident #58's nutritional risk, goals or interventions to be implemented. Interview with the Director of Nursing (DON) on 01/10/19 at 10:37 AM revealed the dietary services manager was responsible for nutritional care plan interventions. The DON reported she expected Resident #58's nutritional risk and interventions to be documented on the care plan. Interview with the dietary services manager on 01/10/19 at 10:55 AM revealed Resident #58 required a care plan for nutritional risk. The DSM | F 656 | | | |

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| F 656 | Continued From page 10 explained the nutritional risk, goals and interventions were omitted from Resident #58's care plan by mistake. | F 656 | | | |
| F 677 SS=D | <p>ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)</p> <p>§483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff interviews and review of the medical record, the facility failed to shave 1 of 2 sampled residents dependent on staff for personal hygiene (Resident #49).</p> <p>The findings included:</p> <p>Resident was admitted to the facility 12/11/17. Diagnoses included, in part, cognitive communication deficit and cerebral infarction.</p> <p>A quarterly Minimum Data Set dated 11/20/18, assessed Resident #49 with impaired cognition and vision, adequate hearing, clear speech, usually understood/understands, no behaviors and required extensive staff assistance with personal hygiene.</p> <p>A care plan revised 12/4/18 identified that Resident #49 required physical assistance with activities of daily living (adl) due to his impaired mobility and cognitive deficits. The care plan goal and intervention included staff would provide physical assistance daily and as needed to meet his adl needs to include assistance with</p> | F 677 | <p>F677 ADL Care Provide for Dependent Residents</p> <p>The plan of correcting the specific deficiency</p> <p>On January 10, 2019 the Director of Nursing interviewed and assessed resident #49 on personal hygiene and shaving. Director of Nursing reviewed with resident #49 and he verbalized the wish to be shaved daily.</p> <p>On January 10, 2019 Director of Nursing observed resident #49 was being shaved late in the day.</p> <p>The procedure for implementing the acceptable plan of correction for the specific deficiency cited</p> <p>On January 10, 2019 The Director of Nursing and Nursing Supervisors began an audit on all residents to ensure shaving had been provide to maintain grooming. Negative findings were addressed during audit by the auditor.</p> | 2/6/19 | |

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| F 677 | <p>Continued From page 11 grooming.</p> <p>Resident #49 was observed unshaven, in a group setting with other residents watching TV on 1/7/19 at 10:24 AM, with approximately ¼ inch of facial hair to his cheeks and chin. When asked, Resident #49 said he wanted to be shaven and preferred to be shaven daily. He was also observed unshaven on 1/07/19 at 12:28 PM in the dining area at a table with 2 other residents during the lunch meal. During this observation, Resident #49 stated when asked on 1/7/19 at 12:30 PM that he still wanted to be shaven daily. Resident #49 was observed unshaven on 1/08/19 at 10:49 AM in the dining area with other residents while watching TV.</p> <p>Resident #49 was observed with slight facial hair on 1/09/19 at 12:16 PM after participating in an activity. When asked, he stated he was shaven the previous day and "it feels nice to be shaven".</p> <p>During an interview with nursing assistant #1 (NA #1) on 1/10/19 at 2:05 PM she stated that she was routinely assigned to care for Resident #49 on the 7A - 3P shift. NA #1 described Resident #49 as requiring total care from staff, able to follow commands, he did not make his needs known, answered yes/no to most questions, but it was not always clear that he understood what was being asked. She stated she noted he needed to be shaven on Monday, 1/7/19, when she came on shift but, did not get to shave him because she ran out of time. NA #1 stated she shaved Resident #49 on Tuesday during his shower, but because his facial hair grew very slowly, he was only shaven about once per week when he needed it. During this interview with NA #1, Resident #49 was observed with slight facial</p> | F 677 | <p>On January 10 2019, The Director of Nursing began re-educated all nursing staff on receiving ADL care, personal hygiene care and the shaving of the residents. This in-service was added to the orientation for newly hired nursing staff members.</p> <p>Systemic changes On Januaruy 10 2019, the Director of Nursing began an in-service for licensed nursing, certified nursing assistant on personnel hygiene care, ADL care and the shaving of residents. This in-service will be completed by January 31 2019, after January 31 2019 no nursing staff will be allowed to work until in-services are completed. This in-service training was added to the orientation for newly hired nursing and.</p> <p>The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements</p> <p>The Director of Nursing or Nursing Supervisor will observe and perform a review on 10 residents weekly to ensure residents are receiving appropriate personal hygiene care, ADL care, and shaving residents. This audit will be documented on the personal hygiene audit tool.</p> <p>The monthly QI committee will review the results of the personal hygiene audit tool for 3 months for identification of trends, actions taken, and to determine the need for and/or frequency of continued</p> | | |

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| F 677 | Continued From page 12 hair and was asked by the surveyor, with NA #1 present, if he wanted to be shaven and how often. Resident #49 responded he wanted to be shaven once per day. Additionally, NA #1 was observed to ask Resident #49 the same questions and Resident #49 was observed to provide the same responses. An interview with the director of nursing (DON) occurred on 1/10/19 at 2:22 PM. The interview revealed that Resident #49 did not talk to staff much or have fluent conversations with staff. She further stated he usually answered questions by saying yes/no. The DON stated that the care guide for Resident #49 would be updated to reflect his preference to be clean shaven daily and that she expected staff to offer to shave him when he had facial hair. | F 677 | monitoring, and make recommendations for monitoring for continued compliance. The administrator and/or DON will present the findings and recommendations of the monthly QI committee to the quarterly executive QA committee for further recommendations and oversight. | | |
| F 692 SS=E | 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; | F 692 | | 2/6/19 | |

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| F 692 | <p>Continued From page 13</p> <p>§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, staff interviews and record review, the facility failed to provide a nutritional supplement to 3 of 4 sampled residents at risk for weight loss (Residents #14, #58 and #73).</p> <p>The findings included:</p> <p>1. Resident #14 was admitted to the facility on 03/27/18 with diagnoses which included hemiplegia and dementia.</p> <p>Review of physician's orders dated 04/02/18 revealed direction to serve Resident #14 a frozen nutritional supplement twice daily with lunch and supper.</p> <p>Review of Resident #14's admission Minimum Data Set (MDS) dated 04/03/18 revealed an assessment of severely impaired cognition. The MDS indicated Resident #14 required set up and supervision with eating with no weight loss.</p> <p>Review of Resident #14's Nutrition Care Area Assessment dated 04/05/18 revealed Resident #14 at risk for nutritional deficit with a plan to proceed to care plan.</p> <p>Review of a registered dietician's (RD) progress note dated 09/17/18 revealed the RD documented Resident #14 received a frozen nutritional supplement to promote wound healing. The RD documented Resident #14's weight was</p> | F 692 | <p>F692 Nutrition/ Hydration Status Maintenance</p> <p>The plan of correcting the specific deficiency</p> <p>On January 10, 2019 the Food Service Supervisor interviewed and assessed residents # 14, # 58, and # 73 receiving frozen nutritional supplement as ordered. Residents #14, #58 and #73 stated they wanted the frozen nutritional supplement as ordered.</p> <p>On January 10 2019 the Food service Director observed residents #14, #58, and #73 receiving the frozen supplements as ordered.</p> <p>The procedure for implementing the acceptable plan of correction for the specific deficiency cited</p> <p>On January 9th 2019, The Food Service Supervisor provided in-service training to Dietary Aide #3 and Nurse #1 and Nurse #2 on serving frozen nutritional supplements as ordered.</p> <p>On January 9th 2019, The Food Service Supervisor began re-educating dietary staff on frozen nutritional supplements. This in-service was added to the orientation for newly hired dietary staff members.</p> <p>Systemic changes</p> | |

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| F 692 | <p>Continued From page 14</p> <p>stable after a loss of 6.4 pounds over the past 90 days.</p> <p>Review of Resident #14's quarterly MDS dated 10/03/18 revealed an assessment of severely impaired cognition. The MDS indicated Resident #14 required the extensive assistance of one person with eating with no weight loss.</p> <p>Review of Resident #14's care plan revised 10/16/18 revealed there was no documentation of interventions to maintain nutrition.</p> <p>Review of Resident #14 Medication Administration Records (MAR) from 12/01/18 to 01/09/19 revealed documentation of frozen nutritional supplement consumption twice daily at 12:00 PM and 5:00 PM.</p> <p>Observation on 01/07/19 at 12:45 PM revealed Resident #14 received BBQ ribs, baked potato, green beans, one roll, iced water and iced tea. Resident #14 did not receive a frozen nutritional supplement.</p> <p>Observation on 01/09/19 at 12:46 PM revealed Resident #14 received the chicken livers with gravy, mixed vegetables, rice pilaf, fruit crisp, iced tea and water. Resident #14 did not receive a frozen nutritional supplement.</p> <p>Interview with Nurse #1 on 01/09/19 at 1:07 PM revealed nurses documented the frozen nutritional supplement on Resident #14's MAR but the dietary department provided the frozen supplements.</p> <p>Interview with Nurse #2, the unit manager, on 01/09/19 at 3:21 PM revealed the dietary</p> | F 692 | <p>On Januaruy 9th 2019, the Director Of Nursing and Food Service Supervisor began an in-service for licensed nursing, certified nursing assistant and dietary staff in providing frozen nutritional supplements as ordered. This in-service will be completed by January 31 2019, after January 31 2019 no nursing or dietary staff will be allowed to work until in-services are completed. This in-service training was added to the orientation for newly hired nursing and dietary staff. The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements</p> <p>The Administrator and/or Food Service Supervisor or Nursing Supervisor will observe and perform an audit using the Frozen nutritional supplement audit tool on frozen nutritional supplements starting on January 10th for 5 times per week for 12 weeks reviewing residents receiving frozen nutritional supplement as ordered. The monthly QI committee will review the results of the frozen nutritional supplement audit tool for 3 months for identification of trends, actions taken, and to determine the need for and/or frequency of continued monitoring, and make recommendations for monitoring for continued compliance. The administrator and/or DON will present the findings and recommendations of the monthly QI committee to the quarterly executive QA committee for further recommendations and oversight.</p> | | |

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| F 692 | <p>Continued From page 15</p> <p>department delivered Resident #14's frozen nutritional supplements with meals. Nurse #2 explained nurses checked to ensure delivery. Nurse #2 could not provide a reason for Resident #14's omitted frozen nutritional supplement.</p> <p>Interview with the dietary services manager (DSM) on 01/09/18 at 3:34 PM revealed Resident #14's frozen nutritional supplement should be sent with the lunch meals. The DSM explained the nursing department should notify the dietary department if a frozen supplement was not delivered. The DSM could not provide a reason for the omission of frozen supplements for Resident #14.</p> <p>Telephone interview with the registered dietician on 01/09/19 at 4:11 PM revealed Resident #14 should receive a frozen nutritional supplement with the lunch and supper meal to provide additional calories and protein.</p> <p>Interview with the Director of Nursing (DON) on 01/09/19 at 4:32 PM revealed Resident #14 should receive a frozen nutritional supplement. The DON explained the current procedure held both dietary and nursing staff responsible for frozen nutritional supplement receipt and consumption.</p> <p>2. Resident #58 was admitted to the facility on 08/30/18 with diagnoses which included chronic kidney disease and atrial fibrillation.</p> <p>Review of physician's orders dated 09/05/18 revealed direction to serve a frozen nutritional supplement daily with the lunch meal.</p> <p>Review of Resident #58's admission Minimum</p> | F 692 | | | |

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| F 692 | <p>Continued From page 16</p> <p>Data Set (MDS) dated 09/06/18 revealed an assessment of moderately impaired cognition. The MDS indicated Resident #58 required the extensive assistance of one person with eating and no weight loss.</p> <p>Review of Resident #58's Nutrition Care Area Assessment dated 09/12/18 revealed Resident #58 left 25% of meals uneaten and had a low mass body index. The CAA documented a decision to proceed to care plan.</p> <p>Review of a registered dietician's (RD) note dated 10/22/18 revealed Resident #58 received a frozen nutritional supplement for added calories and protein. The RD recommended an increase to twice daily since Resident #58's body mass index was low with a stable weight.</p> <p>Review of Resident #58's care plan reviewed 12/08/18 revealed provision of assistance with eating and receipt of a frozen nutritional supplement listed as interventions for a focus on activities of daily living.</p> <p>Review of Resident #58's Medication Administration Records (MAR) from 12/01/18 to 01/09/19 revealed documentation of frozen nutritional supplement consumption twice daily at 12:00 PM and 5:00 PM.</p> <p>Observation on 01/07/19 at 1:07 PM revealed Resident #58 received cut up BBQ ribs, green beans, strawberry dessert, ice water and coffee for the lunch meal. Resident #58 did not receive a frozen nutritional supplement.</p> <p>Observation on 01/09/19 at 1:04 PM Resident #58 received chicken livers with gravy, rice pilaf,</p> | F 692 | | | |

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| F 692 | <p>Continued From page 17</p> <p>mixed vegetables, fruit crisp, ice water and coffee. Resident #58 did not receive a frozen nutritional supplement.</p> <p>Interview with Nurse #1 on 01/09/19 at 1:07 PM revealed nurses documented the frozen nutritional supplement on Resident #58's MAR but the dietary department provided the frozen supplements.</p> <p>Interview with Nurse #2, the unit manager, on 01/09/19 at 3:21 PM revealed the dietary department delivered Resident #58's frozen nutritional supplements with meals. Nurse #2 explained nurses checked to ensure delivery. Nurse #2 could not provide a reason for Resident #58's omitted frozen nutritional supplement.</p> <p>Interview with the dietary services manager (DSM) on 01/09/18 at 3:34 PM revealed Resident #58's frozen nutritional supplement should be sent with the lunch meals. The DSM explained the nursing department should notify the dietary department if a frozen supplement was not delivered. The DSM could not provide a reason for the omissions of frozen supplement for Resident #58.</p> <p>Telephone interview with the registered dietician on 01/09/19 at 4:11 PM revealed Resident #58 should receive a frozen nutritional supplement with the lunch and supper meal to provide additional calories and protein.</p> <p>Interview with the Director of Nursing (DON) on 01/09/19 at 4:32 PM revealed Resident #58 should receive a frozen nutritional supplement. The DON explained the current procedure held both dietary and nursing staff responsible for</p> | F 692 | | | |

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| F 692 | <p>Continued From page 18</p> <p>frozen nutritional supplement receipt and consumption.</p> <p>3. Resident #73 was admitted to the facility on 11/30/2018 with diagnoses which included multiple fractures of ribs- right side, history of falling, and dysphagia.</p> <p>Review of the physician order dated 12/3/2018 read in part: frozen nutritional supplement bid (two times per day) with lunch and dinner per RD (Registered Dietician) recommendations.</p> <p>Review of the Admission Minimum Data Set (MDS) dated 12/7/2018 revealed that Resident #73 was cognitively intact. Resident #73 received a mechanically altered diet. Resident was not indicated for weight loss or gain during this assessment. Resident #73 was indicated as being edentulous.</p> <p>Review of the Care Area Assessment (CAA) revealed that Resident #73's nutritional status would proceed to care plan due to Resident #73 was underweight and would benefit from weight gain. Resident #73 was eating 50% to 100% of his meals.</p> <p>Review of the dietician progress note dated 12/13/2018 revealed Resident #73 had a frozen nutritional supplement ordered BID with lunch and dinner. The RD was unable to calculate nutritional needs due to pending height/ weight, but based on current intake it was unlikely that nutritional needs were being met by the resident.</p> | F 692 | | | |

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

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| F 692 | Continued From page 19 Review of the care plan dated 1/9/2019 revealed that Resident #73 was at nutritional risk due to being less than body requirement characterized by weight loss, inadequate intake and decreased appetite. The care plan further included set up with meals and frozen nutritional supplement to be provided. An observation on 01/7/2019 at 1:38 PM revealed Resident #73 received BBQ ribs (cut up), green beans, strawberry dessert, ice water and tea for lunch. Review of Resident #73's meal ticket revealed a frozen nutritional supplement ordered. Resident #73 did not receive a frozen nutritional supplement on his lunch tray. An interview was completed on 1/8/2019 with the first shift NA #3 assigned to Resident #73 at 10:08 AM. NA #3 stated he did not provide Resident #73 with a frozen nutritional supplement. NA #3 could not provide a reason for the omission of the frozen nutritional supplement for Resident #73. An observation on 1/9/2019 at 1:38 PM revealed Resident #73 received chicken livers with gravy and onions, rice pilaf, mixed vegetables, fruit crisp, ice water and tea. Review of Resident #73's meal ticket revealed a frozen nutritional supplement ordered. Resident #73 did not receive a frozen nutritional supplement on his lunch tray. | F 692 | | | |

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| F 692 | <p>Continued From page 20</p> <p>An interview was completed on 1/9/2019 at 3:34 PM with the Dietary Services Manager (DSM). The DSM stated Resident #73's frozen nutritional supplement should be sent with the lunch meals. The DSM explained the nursing department should notify the dietary department if a frozen supplement was not delivered. The DSM could not provide a reason for the omission of the frozen supplement for Resident #73.</p> <p>A telephone interview was completed with the RD on 1/9/2019 at 4:11 PM. The RD stated Resident #73 should receive a frozen nutritional supplement with the lunch and supper meal to provide additional calories and protein.</p> <p>An interview was completed with the Assistant Director of Nursing (ADON) on 1/10/2019 at 10:49 AM. The ADON stated frozen nutritional supplements were delivered to the units by the dietary department. The ADON further explained the dietary aide responsible for meal service on the unit would plate all items including the frozen nutritional supplement. The nurse aide would be responsible for tray delivery and verifying that all items were on the meal tray when the residents were served. The nurses were expected to verify that the residents were receiving their ordered supplements either by visually checking or oral communication from the nurse aides and charting consumption. The ADON could not provide a reason for Resident #73's omitted frozen nutritional supplement.</p> <p>An interview was completed with the Director of Nursing (DON) on 1/10/2019 at 4:16 PM. The</p> | F 692 | | | |

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| F 692 | Continued From page 21 DON verbalized that she expected frozen nutritional supplements to come from the kitchen to the units, the dietary aide to plate the meal including nutritional supplements, and nurse aide to verify all items were received and serve the resident. The DON also expected the nurses to verify the resident received the frozen nutritional supplement and document consumption. | F 692 | | | |
| F 695 SS=D | Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, and record review, the facility failed to provide oxygen therapy per physician order for 1 of 2 residents reviewed for respiratory care (Resident #57). Findings included: Resident #57 admitted to the facility on 8/25/2018. Resident #57 had diagnoses which included obstructive sleep apnea, acute respiratory failure, and Alzheimer's disease. Review of quarterly Minimum Data Set (MDS) | F 695 | F695 Repertory Care The plan of correcting the specific deficiency On January 9, 2019 the Director of Nursing assessed resident #57 and interviewed resident #57 resident representative (RR) receiving oxygen therapy per physician ordered. Director of Nursing reviewed the oxygen orders with resident #57 POA and she verbalized understanding of the order. On January 9, 2019 Director of Nursing observed resident #57 receiving oxygen therapy as ordered. | 2/6/19 | |

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| F 695 | <p>Continued From page 22</p> <p>dated 11/29/2018 revealed Resident #57 was cognitively impaired. Resident #57 was coded as receiving oxygen therapy.</p> <p>Review of the care plan dated 8/21/2018 revealed Resident #57 had the potential for ineffective breathing pattern related to congestive heart failure (CHF) and obstructive sleep apnea as evidenced by the use of oxygen and bipap device. The goal was for Resident #57's airway to be maintained. The interventions included: administer medications as ordered, encourage resident to wear bipap, oxygen therapy 2L (liters) via nasal cannula.</p> <p>Review of the physician order dated 8/23/2018 read in part: O2 (oxygen) at 2L (liters) via NC (nasal cannula) during the day continuous.</p> <p>An observation was completed on 1/07/2019 at 10:40 AM. Resident #57 was observed in bed resting with his nasal cannula in his nostrils. Resident #57's oxygen concentrator was observed turned off. Resident #57 was not in distress.</p> <p>An observation was completed on 1/07/2019 at 4:15 PM. Resident #57 was observed sleeping in the resident/ family common area in a geri-chair. Resident #57 had a portable oxygen tank in a black sleeve attached to the back of the geri-chair. Resident #57 was observed with his nasal cannula in his nostrils and the portable oxygen tank set at 2L was observed to be empty (gauge was in red area that indicated empty/</p> | F 695 | <p>The procedure for implementing the acceptable plan of correction for the specific deficiency cited</p> <p>On January 9th 2019, The Director of Nursing provided in-service training to nurse aide (NA) #2, NA#3 and Nurse #5 on resident #57 receiving oxygen therapy as ordered</p> <p>On January 9th 2019, The Director of Nursing began re-educated all nursing staff on receiving oxygen therapy as ordered. This in-service was added to the orientation for newly hired nursing staff members.</p> <p>Systemic changes</p> <p>On Januaruy 9th 2019, the Director of Nursing began an in-service for licensed nursing, certified nursing assistant in providing oxygen therapy as ordered. This in-service will be completed by January 31 2019, after January 31 2019 no nursing staff will be allowed to work until in-services are completed. This in-service training was added to the orientation for newly hired nursing staff.</p> <p>The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements</p> <p>The Director of Nursing or Nursing Supervisor will observe and perform a review on 5 residents who receive oxygen therapy using the oxygen therapy audit tool starting on January 10th for 5 times per week for 12 weeks reviewing residents receiving oxygen therapy as</p> | | |

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| F 695 | <p>Continued From page 23 refill).</p> <p>An interview was completed on 1/7/2019 with the second shift Nurse Aide (NA) #2 assigned to Resident #57 at 5:00 PM. NA #2 stated she rounded on all of her residents at the start of her shift. NA #2 further stated that she rounded on Resident #57 around 4:30 PM and noticed his portable oxygen tank was empty. NA #2 explained that she removed the empty oxygen tank and replaced it with a full oxygen tank. NA #2 verbalized she did not know how long the oxygen tank had been empty but she knew Resident #57 was supposed to have oxygen.</p> <p>An interview was completed on 1/8/2019 with the first shift NA #3 assigned to Resident #57 at 10:08 AM. NA #3 stated that Resident #57 was total care and wore oxygen. NA #3 further stated that he observed Resident #57's oxygen concentrator not running around 9:30 the morning of 1/7/2019 while he was assisting Resident #57 with his breakfast meal. NA #3 further explained that he continued to assist Resident #57 with his breakfast meal and then completed his morning care. NA #3 verbalized that once Resident #57's morning care was completed, he then positioned Resident #57 in his geri-chair for the day and placed Resident #57 on his portable oxygen tank at 2L. NA #3 stated that he last rounded on Resident #57 around 2:40 PM on 1/7/2019 and the portable oxygen tank was not empty.</p> <p>An interview was completed with Nurse #5 on 1/8/2019 at 3:58 PM. Nurse #5 stated that she was not informed that Resident #57's oxygen was</p> | F 695 | <p>ordered.</p> <p>The monthly QI committee will review the results of the oxygen therapy audit tool for 3 months for identification of trends, actions taken, and to determine the need for and/or frequency of continued monitoring, and make recommendations for monitoring for continued compliance. The administrator and/or DON will present the findings and recommendations of the monthly QI committee to the quarterly executive QA committee for further recommendations and oversight.</p> | | |

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| F 695 | Continued From page 24 not running in his room. Nurse #5 stated that she would expect the NAs to inform her if the oxygen was not running. Nurse #5 confirmed that Resident #57 had a physician's order in place to wear his oxygen continuous at 2L via nasal cannula. An interview was completed with the Director of Nursing (DON) on 1/9/2019 at 9:44 AM. The DON stated she expected for the nurses and NAs to visually check the residents to ensure that oxygen devices are working properly and make adjustments to ensure that masks and/ or nasal cannula's are properly placed when they are rounding or completing medication administration. | F 695 | | | |
| F 803 SS=D | Menu Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7) §483.60(c) Menus and nutritional adequacy. Menus must- §483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.; §483.60(c)(2) Be prepared in advance; §483.60(c)(3) Be followed; §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; §483.60(c)(5) Be updated periodically; | F 803 | | 2/6/19 | |

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| F 803 | <p>Continued From page 25</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 observation, staff interviews and record review, the facility failed to follow the menu and serve two food items (au gratin potatoes and cornbread) during a lunch meal to 3 of 3 sampled residents who received mechanically soft diets (Residents #20, #58 and #234).</p> <p>The findings included:</p> <p>Review of the facility's therapeutic spreadsheet revealed residents who received a mechanically soft diet were to receive ground BBQ ribs, au gratin potatoes, southern style greens, cornbread and a berry cup for the lunch meal of 01/07/19.</p> <p>a) Review of Resident #20's December 2018 monthly physician's orders revealed direction to serve a mechanical soft diet.</p> <p>Observation on 01/07/19 at 12:55 PM revealed Resident #20 received cut up BBQ ribs, green beans, strawberry dessert, ice water and coffee for the lunch meal. Resident #20 did not receive au gratin potatoes and cornbread.</p> <p>b) Review of Resident #58's December 2018 monthly physician's orders revealed direction to serve a mechanical soft diet.</p> | F 803 | <p>F803 Menus Meet Residents Needs</p> <p>The plan of correcting the specific deficiency</p> <p>On January 9th, 2019 the Food Service Supervisor interviewed and assessed residents # 20, # 58, and # 234 receiving meals as ordered and following posted menus. Residents #20, #58 and #234 stated they want meals serviced as ordered.</p> <p>The procedure for implementing the acceptable plan of correction for the specific deficiency cited</p> <p>On January 9th 2019, The Food Service Supervisor provided in-service training to Dietary Aide #1 on serving meals as ordered and to follow daily posted menus. On January 9th 2019, The Food Service Supervisor re-educated all dietary staff on serving meals as order and to follow posted daily menus. This is-service was added to the orientation for newly hired dietary staff members.</p> <p>Systemic changes</p> <p>On Januaruy 9th 2019, the Director Of Nursing and Food Service Supervisor began an in-service for licensed nursing,</p> | | |

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| F 803 | <p>Continued From page 26</p> <p>Observation on 01/07/19 at 1:07 PM revealed Resident #58 received cut up BBQ ribs, green beans, strawberry dessert, ice water and coffee for the lunch meal. Resident #58 did not receive au gratin potatoes and cornbread.</p> <p>c) Review of Resident #234's December 2018 monthly physician's orders revealed direction to serve a mechanical soft diet.</p> <p>Observation on 01/07/19 at 1:09 PM revealed Resident #234 received cut up BBQ ribs, green beans, strawberry dessert, ice water and coffee for the lunch meal. Resident #14 did not receive au gratin potatoes and cornbread.</p> <p>Observation on 01/07/19 at 1:15 PM revealed there were no au gratin potatoes or cornbread available on the serving line of the 300/400 nursing unit kitchen. Dietary aide #1 plated one baked potato and one bread roll to residents who received a regular diet.</p> <p>Interview on 01/07/19 at 1:20 PM with the dietary service manager (DSM) revealed residents on a mechanical soft diet should receive the items listed on the therapeutic spreadsheet. The DSM could not provide a reason for the absence of the au gratin potatoes and cornbread.</p> <p>Interview with dietary aide #1 on 01/07/19 at 1:24 PM revealed residents who received a mechanical soft diet received only the cut-up BBQ ribs and green beans since those were the only cut up or soft items available to plate on the unit. Dietary aide #1 explained au gratin potatoes and cornbread were not available. Dietary aide #1 reported she did not have a therapeutic spreadsheet available for guidance.</p> | F 803 | <p>certified nursing assistant and dietary staff in providing meals as ordered and to monitor that menus are served as posted. This in-service will be completed by January 31 2019, after January 31 2019 no nursing or dietary staff will be allowed to work until in-services are completed. This in-service training was added to the orientation for newly hired nursing and dietary staff.</p> <p>The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements</p> <p>The Administrator and/or Food Service Supervisor or Nursing Supervisor will observe and perform the dietary Choice and Menu Audit tool all meals started on January 10th for 5 times per week for 12 weeks reviewing residents receive meals as ordered and that the menu is served as posted (to include all meals at random intervals).</p> <p>The monthly QI committee will review the results of the Choices and Menu audit tool for 3 months for identification of trends, actions taken, and to determine the need for and/or frequency of continued monitoring, and make recommendations for monitoring for continued compliance. The administrator and/or DON will present the findings and recommendations of the monthly QI committee to the quarterly executive QA committee for further recommendations and oversight.</p> | | |

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| F 803 | Continued From page 27 Telephone interview on 01/09/19 at 4:11 PM with the registered dietician (RD) revealed the menu should be followed. The RD explained calories, protein and other nutrients were omitted due to the failure to serve the au gratin potatoes and cornbread. Interview with the Administrator on 01/09/19 at 4:40 PM revealed he expected residents to receive food items listed on the menu. | F 803 | | |