

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>345249</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED <b>06/19/2025</b>	
NAME OF PROVIDER OR SUPPLIER <b>UNC ROCKINGHAM REHAB &amp; NURSING CARE CENTER</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>205 EAST KINGS HIGHWAY , EDEN, North Carolina, 27288</b>			
(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 survey was conducted from 6/16/25 through 6/19/25. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #VC4Y11.		E0000				
F0000	INITIAL COMMENTS  A recertification survey was conducted from 06/16/25 through 06/19/25. Event ID# VC4Y11.		F0000				
F0565 SS = E	Resident/Family Group and Response  CFR(s): 483.10(f)(5)(i)-(iv)(6)(7)  §483.10(f)(5) The resident has a right to organize and participate in resident groups in the facility.  (i) The facility must provide a resident or family group, if one exists, with private space; and take reasonable steps, with the approval of the group, to make residents and family members aware of upcoming meetings in a timely manner.  (ii) Staff, visitors, or other guests may attend resident group or family group meetings only at the respective group's invitation.  (iii) The facility must provide a designated staff person who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings.  (iv) The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility.  (A) The facility must be able to demonstrate their response and rationale for such response.  (B) This should not be construed to mean that the facility must implement as recommended every request of the resident or family group.		F0565	1. General Manager for Sodexo met with residents #16, #18, #20, #40, and #57 on 6/27/2025 to discuss food preferences and updated each residents preferences in Healthtouch.  2. Residents that reside in the facility have the potential to be affected by this deficient practice.  3. LTC Food and Nutrition staff re-educated by Sodexo Client Executive and Chef on tray accuracy and proper food preparations on 7/10/2025.  4. Test trays will be completed weekly. Two test trays each from the Registered Dietician and General Manager and/or designee for 8 weeks. Chef will complete documented taste panel 3 times per week for 8 weeks. Tray accuracy audit will be completed by the General Manager and/or designee 3 times per week for 8 weeks. Administrator to review Resident Council concerns and appropriate resolutions to concerns monthly x 3 months. Results of Audit will be brought to monthly Quality Assurance Performance Improvement (QAPI) meetings for review and revisions as necessary.		07/31/2025	

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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F0565 SS = E	<p>Continued from page 1</p> <p>§483.10(f)(6) The resident has a right to participate in family groups.</p> <p>§483.10(f)(7) The resident has a right to have family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) of other residents in the facility.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review, and interviews of staff, residents, and the hospital Food Service Director, the facility failed to act promptly to resolve grievances reported about the resident's food preferences, missing food items, and meats that were hard to cut and chew since the March 2025 Resident Council Meeting for five residents that regularly attended. This deficient practice affected 5 of 11 residents present during the Resident Council Meetings of 3/26/25, 4/30/25, and 5/28/25 (Residents #16, #18, #20, #40, and #57).</p> <p>Findings included:</p> <p>The Resident Council Concern Form was completed on 2/10/25 by the Administrator that Resident #40 was receiving food that she could not eat, and meats were tough to cut. The Administrator responded: the resident had a food preference change and replaced tough meat with sandwich. The food preference questionnaire was completed on 3/31/25 by the Dietary Manager.</p> <p>Resident council meeting minutes dated 3/26/25 were reviewed and the following resident concerns were documented. There were 11 residents present including Residents #16, # 18, #20, #40, and #57. Old business did not include meal concerns. Current residents' concerns requested kitchen staff meet with the residents to change their likes and dislikes and listen to their food requests.</p> <p>Resident Council Concern Form dated 3/26/25 indicated Residents #16 and #40 had their likes and dislikes completed by the Dietary Manager on 4/3/25.</p> <p>Resident council meeting minutes dated 4/30/25 were reviewed and the following resident concerns were documented. There were 11 residents present including</p>	F0565					

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F0565 SS = E	<p>Continued from page 2</p> <p>Residents #16, #18, #20, #40, and #57. Old business did not include meal concerns. Current residents' concerns included meal preferences, cold food, failure to provide coffee when requested, and missing silverware.</p> <p>A Resident Council Concern Form was not completed in April 2025.</p> <p>Resident council meeting minutes dated 5/28/25 were reviewed and the resident concerns were documented. There were 11 residents present including Residents #16, #18, #20, #40, and #57. Old business did not include meal concerns. Current residents' concerns were none.</p> <p>On 6/18/25 at 12:00 pm a Resident Council Meeting was held. Residents #16, #18, #20, #40, and #57 were the only residents in attendance. All of the residents provided input that the food provided (breakfast, lunch or dinner) was not always the same as what was put on their meal ticket and preferences were not always followed. All of the Residents stated these food problems had been going on for months, even after some of the residents completed a preference request. All of the residents also stated that the meat, specifically, pork and beef, was hard to cut and chew and there was no other meat substitute. Residents #18, #20, and #57 stated their meat was to be in small bites according to their diet order. Resident #57 stated she was eating hot dogs frequently because she cannot chew the beef and the pork because it was too hard. All residents felt the food was bland and the seasonings were sometimes left off the tray. Some of the residents had a chicken salad sandwich from the unit refrigerator when there were missing food items. Resident #16 and #40 both stated that they had completed a preference form with the Dietary Manager a couple of months ago when the concern was brought up at the March 2025 resident council meeting. Resident #40 stated the management at the hospital had planned to attend the Resident Council Meeting to address their concerns but had not attended the April and May 2025 meetings. Resident #40 commented that she had recently received very dry rice instead of mashed potatoes which was on her meal ticket, and she could not eat the rice. This happened after she completed the preference form with the Dietary Manager back in April 2025 and informed the Dietary Manager food items were missing from her tray or not correct when on her meal ticket. Resident #40 had informed the nurse of the wrong food items on many occasions, and this was brought up in the prior</p>			F0565			

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F0565 SS = E	<p>Continued from page 3</p> <p>Resident Council Meetings. Resident #40 stated the Activities Director was aware of food concerns and was supposed to document and report to the Administrator. Resident #16 stated she was provided with a hamburger for lunch with no cheese or condiments and these were on the meal ticket but not provided. Resident #16 could not remember the date she had to wait for the Nurse Aide (NA) to bring ketchup and there was no cheese provided. The NA was aware of the missing food items.</p> <p>On 6/18/25 at 1:54 PM an interview was conducted with the Activities Directo (AD). The AD stated she was responsible for coordinating the Resident Council Meeting each month and documenting the minutes. The minutes included the residents' concerns. The concerns were reported verbally to the Administrator and the Administrator completes the Resident Council Concern Forms. The AD stated she did not document the previous month's resident concerns and whether they were resolved after reporting them to the Administrator. The AD stated she was aware of the food preferences concerns. When the kitchen ran out of the food item preference there was less food on the tray because the preference was not the menu item, and the hospital provided the menu items. The resident's reported meat was tough, and residents were unable to cut and chew it for the past couple of months and this was reported to the Administrator. When the residents reported back in March 2025 they didn't get their preferences, the AD informed the Dietary Manager and the Administrator. The AD stated the hospital Food Services Director was informed by the Dietary Manager of the residents' concerns for preferences and the hospital Food Services Director had not attended the April or May 2025 resident council meeting as promised. The residents were aware management from the hospital was expected to attend the Resident Council in June 2025 regarding the residents' meal concerns. The AD stated preferred food was provided when available and if there was not a substitute, nothing else was provided. This was where the missing food concern came from. The concern was not brought forward as old business into April 2025 meeting minutes. The Administrator was made aware of the resident's food concerns. The AD stated the Administrator was getting a lunch tray each day and was made aware of the residents' concern of tough meat. The AD had not checked back with the Administrator to follow up but she thought the tough meat was addressed after it was reported months ago. The AD stated at the May 2025 Resident Council meeting, the residents reported they were still not getting their preferences which was reported to the Administrator again. The AD also commented she had prior complaints that the meat</p>		F0565				

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F0565 SS = E	<p>Continued from page 4 was hard, and the residents were unable to identify it. She had reported this information to the Administrator again and thought it was addressed.</p> <p>On 06/18/25 at 1:09 PM an interview was conducted with the Dietician. The Dietician stated he was not aware that food was missing from the resident's meal but was aware that food ran out and substitutes were given (i.e. sausage for bacon). All food was cooked and prepared at the hospital. The hospital has all food and drink stocked. The cooked food was sent from the hospital to the facility (across the street) and placed on the steam table and plated. The chef at the hospital was new and the Dietician thought things were getting better with the correct amount/type of food when concerns came up. The Dietician stated he was not aware food documented on the meal ticket was not on the plate, and there was no substitute, and pork and beef was difficult to cut and chew. He was not sure where the breakdown in communication was to provide enough food, and the preferences.</p> <p>On 6/19/25 at 2:43 PM an interview was conducted with the Dietary Manager. The Dietary Manager stated she was aware from the AD of the concern about tough meat. She reported the concern to the hospital Food Service Director a while ago where the food was cooked. The Dietary Manager explained food was transported from the hospital to the nursing home and placed on a steam table. The food was plated in the nursing home. The residents requested gravy on their meat for beef and pork to soften it but gravy was not automatically placed on the meat unless requested.</p> <p>On 6/18/25 at 4:06 PM an interview was conducted with the Dietary Manager and hospital Food Service Director. The Food Service Director stated he was aware of the residents not getting their preferences from March 2025. This problem could be a breakdown in communication. The Dietary Manager stated that when there's a preference and the resident disliked the alternate as well as the menu protein, nothing was provided.</p> <p>On 6/18/25 at 3:00 PM an interview was conducted with the Administrator. The Administrator stated she received concerns from the AD back in February 2025 that the residents had not received their preference items, and the meat was tough. The Administrator completed a concern form. The Administrator stated that</p>		F0565				

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F0803 SS = E	<p>Menus Meet Resident Nds/Prep in Adv/Followed</p> <p>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> <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 a lunch meal tray line observation, staff</p>		F0803	<p>The General Manager ensured scoops were corrected and available immediately for the next meal service on 6/20/2025.</p> <p>Residents that reside in the facility have the potential to be affected by this deficient practice.</p> <p>LTC Food and Nutrition staff re-educated on proper serving size for all food items on 6/30/2025 by Executive Chef.</p> <p>General Manager and/or designee will audit meal service utensils and proper serving size 3 times a week for 8 weeks. All audits will be turned in weekly to the Administrator for review. Results of Audit will be brought to monthly Quality Assurance Performance Improvement (QAPI) meetings for review and revisions as necessary.</p>		07/31/2025	

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F0803 SS = E	<p>Continued from page 6</p> <p>interviews and record review, the facility failed to follow the approved menu when 5 of 5 residents on a moist and minced diet only received 2 ounces of fish instead of 4 ounces as per the menu. In addition, the facility served 2 ounces of mashed potatoes instead of 4 ounces per the menu to 54 of 61 residents who ate a regular or mechanically altered diet.</p> <p>The findings included:</p> <p>1. The daily diet menu for 6/19/25 revealed residents on a moist and minced diet (a mechanically altered diet where all foods were soft, moist, and finely minced or mashed into very small pieces) should have received 4 ounces of fish.</p> <p>Continuous observation on 6/19/25 from 11:54 AM - 12:40 PM of the complete lunch service revealed the Dietary Supervisor plated all 5 residents on a moist and minced diet 1.75 ounces (one red handled #24 sized scoop) of mechanically altered fish. The Dietary Supervisor scooped inconsistent amounts of fish per scoop, some were overfilled, and some were level with the scoop</p> <p>The facility Diet Order Roster dated 6/19/25 revealed there were 5 residents on a moist and minced diet.</p> <p>In an interview on 6/19/25 at 1:32 PM with the Dietary Supervisor, she said she used the facility Production Sheet to determine how large a portion should be served to each resident on that meal. She provided the Production Sheet and reviewed it during the interview. She said the portion sizes were not on the menu like she had believed. The Dietary Supervisor stated she had been in-serviced that the appropriate scoop size for the meat in a meal was 4 ounces. She said she wasn't sure if she had a 4-ounce scoop available at the time of service, so she used the red handled scoop, which she examined during the interview and was noted it was a #24 or 1.75-ounce scoop. She stated she knew it was a smaller scoop but tried to make each scoop overfull. The Dietary Supervisor looked at all the scoops she had available during the interview and confirmed she did have a 4-ounce scoop available and should have used it.</p> <p>2. Review of the facility's pre-approved Week 3 cycle menu revealed residents on a regular and mechanically altered meal should have received 4 ounces of mashed</p>	F0803					

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F0803 SS = E	<p>Continued from page 7 potatoes for the lunch meal served on 6/19/25.</p> <p>Continuous observation on 6/19/25 from 11:54 AM - 12:40 PM of the complete lunch service revealed the Dietary Supervisor plated mashed potatoes using one light blue handled scoop onto the plates for all residents on a regular or mechanically altered diets.</p> <p>In an interview on 6/19/25 at 1:32 PM, the Dietary Supervisor confirmed she used one light blue handled scoop, which was labeled as a #16 or 2-ounce scoop for the mashed potatoes served to the residents on a regular or mechanically altered diet. She said she did not know the menu called for 4 ounces of the mashed potatoes since it wasn't listed on the production report. The Dietary Supervisor stated she did not know the production report did not list the portion sizes for the items on the menu and she did not review the menu.</p> <p>In an interview on 6/19/25 at 3:38 PM, the Administrator said she will need to educate dietary staff to make sure they know what portion sizes utensil to use and to make sure the menu was followed. She said she would need to discuss with the main hospital kitchen any concerns or changes to diets to make sure the correct portions were served.</p>		F0803				
F0804 SS = E	<p>Nutritive Value/Appear, Palatable/Prefer Temp</p> <p>CFR(s): 483.60(d)(1)(2)</p> <p>§483.60(d) Food and drink</p> <p>Each resident receives and the facility provides-</p> <p>§483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;</p> <p>§483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review, observations, and resident and staff interviews and a test tray, the facility failed to provide food that was appetizing in texture and palatability for 5 of 5 residents (Residents #16, #18, #20, #40, and #57) reviewed for food palatability and</p>		F0804	<p>General Manager for Sodexo met with residents #16, #18, #20, #40, and #57 on 6/27/2025 to discuss food preferences and updated each resident's preferences in Healthtouch.</p> <p>Residents that reside in the facility have the potential to be affected by this deficient practice.</p> <p>LTC Food and Nutrition re-educated on proper serving size and proper food preparations for all food items by Executive Chef on 6/30/2025.</p> <p>General Manager and/or designee will complete tray accuracy and palatability audit 3 times per week for 8 weeks. All audits will be turned in to the Administrator for review. Results of Audit to be brought to monthly Quality Assurance Performance Improvement (QAPI) meetings for review and revisions as necessary.</p>		07/31/2025	



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F0804 SS = E	<p>Continued from page 8 preferences.</p> <p>The findings included:</p> <p>In a Resident Council meeting on 6/18/25 at 12:04 PM, Residents #16, #18, #20, #40, and #57 reported the food was bland, they did not receive seasoning packets on their trays everyday, and they said the meat served was too tough to cut or chew.</p> <p>On 06/19/2025 beginning at 11:25 AM, all foods on the steam table were checked for safe temperatures by the Dietary Manager, and a test tray was followed from the serving line with the Dietary Manager to the serving cart on the 200- hall. At 12:54 PM on 06/19/2025, after all the resident trays were delivered, a regular diet test tray was sampled. The tray consisted of a portion of baked breaded fish, steamed white rice, and boiled zucchini. The edges of the fish were tough, difficult to cut with a fork, and were chewy and rubbery. There were no spices or seasonings tasted on the steamed white rice and the boiled zucchini. When the Dietary Manager tasted the tray at 12:54 PM as well, she agreed that the fish was tough and chewy on the outside edges. She said the facility did not use any seasonings when cooking the food. She stated because the residents all prefer different amounts of seasonings, they add salt and pepper packets to the trays for the residents, which were present on the test tray.</p> <p>In an interview on 06/19/25 2:43 PM, the Dietary Manager said she was aware of the resident concerns of tough meat and had worked with the main hospital kitchen, where the food was cooked, to ensure the meat was cooked so it would be tender when served to the residents after the residents started to express the concern in February 2025. She said gravy was also available at all meals to soften the meat when a resident requested it.</p> <p>In an interview on 06/19/25 at 3:38 PM, the Administrator said when a resident has a concern about the palatability of the food, the kitchen tried to resolve the concern with the resident as best as possible. She said she worked with the main hospital kitchen to adjust the menu to reflect resident preferences.</p>	F0804					
F0806 SS = D	Resident Allergies, Preferences, Substitutes	F0806	1. General Manager for Sodexo met with resident #365 on			07/31/2025	

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(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	
F0806 SS = D	<p>Continued from page 9</p> <p>CFR(s): 483.60(d)(4)(5)</p> <p>§483.60(d) Food and drink</p> <p>Each resident receives and the facility provides-</p> <p>§483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences;</p> <p>§483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice;</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review, observation, and resident and staff interview, the facility failed to provide a resident her food preferences (Resident #365). The deficient practice affected 1 of 3 residents reviewed for food.</p> <p>Findings included:</p> <p>Resident #365 was admitted to the facility on 5/30/25 with the diagnoses of osteomyelitis (infection of the bone) of the left foot and ankle, anemia, and diabetes.</p> <p>Resident #365 had a food preference form completed by the Dietary Manager dated 6/3/25. The form included chocolate nutritional supplement and hot grits as a preference. Breakfast was to include eggs, bacon, and biscuits with gravy every day. The form had choices to pick, and the resident liked lima beans and mashed potatoes with gravy all the time. The resident had chosen not to have veal, liver, fish, shellfish, tuna, oatmeal, pancakes, pasta, asparagus, beets, broccoli, brussels sprouts, cauliflower, and onions.</p> <p>The admission Minimum Data Set dated 6/6/25 for Resident #365 documented her cognition was intact. The resident required moderate assistance for all activities of daily living with a set up for meals. Her diagnoses were osteomyelitis of left foot and ankle, anemia, and diabetes. The resident had no dental or swallowing deficit.</p>		F0806	<p>Continued from page 9</p> <p>6/16/2025 to discuss food preferences and updated residents preferences in Healthtouch. Resident discharged on 7/1/2025.</p> <p>2. Residents that reside in the facility have the potential to be affected by this deficient practice.</p> <p>3. LTC Food and Nutrition staff re-educated on tray accuracy for residents that reside in the facility by Sodexo Client Executive on 7/10/2025.</p> <p>4. General Manager and/or designee will complete tray accuracy audit 3 times per week for 8 weeks. All audits will be turned into the administrator for review. Results of Audit will be brought to monthly Quality Assurance Performance Improvement (QAPI) meetings for review and revisions as necessary.</p>			

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F0806 SS = D	<p>Continued from page 10</p> <p>The care plan for Resident #365 dated 6/6/25 documented that she was at risk for nutritional deficit and was receiving a nutritional supplement.</p> <p>On 6/16/25 at 10:05 AM an observation was completed of Resident #365 and her meal tray. The tray was on her tray table open and there was no food remaining. A review of the meal ticket revealed eggs and bacon were on the list. An interview with the resident revealed she had not received all her food that was on her ticket. She had not received the eggs and bacon. She had received a small sausage. The resident stated she was supposed to receive bacon and eggs with gravy every morning and this was not the first time food was missing from her tray that was on her meal ticket. The resident was concerned because she had lost weight at home, and she was hungry. The resident had received a nutritional supplement. The resident also commented she had received macaroni and cheese and green beans for lunch with no meat the other day. The resident stated she had reported the missing food items to the Nursing Assistants (NA) who were bringing her tray.</p> <p>On 6/16/25 at 10:07 AM an interview was conducted with NA #1. NA #1 had entered the room to retrieve Resident #365's tray during the interview. NA #1 stated she was aware there were missing food items on the resident's tray this morning. NA #1 thought there was no more bacon. The food was cooked at the hospital and brought over to the facility and the facility may not have been provided enough for all residents. NA #1 stated some residents had not received their preferences before. There were missing food items that were listed on the meal ticket. NA #1 stated other residents were affected, and she had informed the nurse.</p> <p>On 6/16/25 at 2:40 PM an interview was conducted with Nurse #1. Nurse #1 stated she was aware from the NAs that occasionally there were preferences missing off the resident's tray but not on a regular basis. Nurse #1 was not aware that Resident #365 was missing food items on her tray and there was no substitute. Nurse #1 stated that there were chicken salad sandwiches and pimento cheese for the residents in the nourishment refrigerator available all the time as well as snacks. Nurse #1 was not aware that any residents went hungry when there were missing food items.</p> <p>On 6/18/25 at 8:45 AM an observation was done of</p>		F0806				

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F0806 SS = D	<p>Continued from page 11</p> <p>Resident #365's breakfast tray and the resident was interviewed. The resident stated she received toast that was hard and cold instead of the english muffin that was on her ticket. The ticket was observed to include an english muffin. The resident stated she was not getting her preferences and not always getting gravy for the eggs as requested.</p> <p>On 06/18/25 at 1:09 PM an interview was conducted with the Dietician. The Dietician stated he was not aware that resident's food item(s) were missing from the plate but was aware that food ran out and substitutes were given (i.e. sausage for bacon). All food was cooked and prepared at the hospital. The hospital had all the food and drink stock for the residents. The cooked food was sent to the facility (from across the street) and placed on the steam table and plated. The Chef at the hospital was new and the Dietician thought things were getting better with the correct amount/type of food. The Dietician stated he was not aware that the food that was documented on the meal ticket was not on the resident's plate and there was no substitute. The Dietician stated he was not sure where the breakdown was.</p> <p>On 6/18/25 at 2:40 pm the Dietary Manager (DM) and hospital Food Services Director were interviewed. The Food Services Director stated there was bacon and biscuits with gravy made every day at the hospital and available for the facility. He was informed by the DM that bacon was requested but not provided to 4 residents. The amount of food sent to the facility depended on the diets input into the system. The Food Services Director stated Resident #365 was receiving what was on the menu and not her preferences. The menu system was set up so that each resident's diet and preferences had to be entered each day. There was no carry over of the information. The Food Services Director stated the preferences may have been omitted from being entered. This was human error. If additional food items were needed, the kitchen staff could call the hospital, and additional food would be sent. The DM indicated that when a particular food was out on the steam table a substitute was used. If the substitute was not wanted by the resident, there was no replacement. The DM stated she had not called the hospital to request additional food. There was chicken salad and pimento cheese for the residents on each hall as well as snacks. The DM stated she was familiar with Resident #365 and her preferences chosen upon admission.</p>	F0806					