

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

PRINTED: 10/21/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER CASWELL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2415 W. VERNON AVENUE KINSTON, NC 28501		
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W 125	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the right of dignity for 2 of 26 audit clients (#3 and #5) in relation to the use of incontinence padding. The findings are:</p> <p>A. Observations in Byrum 104 on 10/15/24 at 11:05 AM revealed client #3 sitting in a recliner in the front activity room of the home with an incontinence pad clearly visible under the client's body.</p> <p>Interviews with the Home Manager (HM) on 10/15/24 revealed that the purpose of the incontinence pads is to prevent damage to furniture and equipment from toileting accidents. Further interview confirmed that use of the incontinence pads violates the clients' right to dignity.</p> <p>B. Observation in Byrum 101 on 10/15/24 at 5:36 PM revealed an incontinence pad visibly in client #5's personal recliner chair located in the back leisure area. Continued observation revealed that client #5's chair was the only chair in the room with an incontinence pad placed in chair.</p> <p>Interview on 10/16/24 with the Home Manager (HM) revealed that she did not know why there was an incontinence pad placed in client #5's personal chair. Continued interview with the HM</p>	W 125			

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

TITLE

(X6) DATE

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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W 125	Continued From page 1 revealed that the chairs have cloth coverings that should be used and therefore she did not know why a staff would place an incontinence pad in her chair.	W 125			
W 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure privacy to 7 of 26 audit clients (#1, #2, #9, #6, #19, #20, and #27) while administering medications in an open setting, while in bedroom, and while using a gastrostomy feeding tube (g-tube). The findings are: A. During observation in Omega Cottage on 10/15/24 from 7:15am to 7:30am, Nurse A and Nurse B were present in the bedroom of client #6 with two of his roommates, to give medications. Client #6 and one of the roommates were awake. Neither nurse provided privacy to client #6, who's bed was in between the other beds, when Nurse A lifted his shirt to gain access to his g-tube port to start his medications. A portable privacy screen was in the bedroom near the doorway. It was not used during the medication administration. Interview on 10/15/24 with Nurse A and Nurse C revealed they give all medications to clients in the community (day room) except for clients that have g-tubes and another client who takes all of his meals in his room. The nurses revealed the privacy curtain screen in the room is only used for bathing purposes, not for giving medications.	W 130			

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W 130	<p>Continued From page 2</p> <p>Interview on 10/15/24 with the director of the homes revealed if medications are given in bedrooms with multiple clients present, it would be better to move the other clients to a different area to give privacy.</p> <p>B. Observation in Byrum 104 on 10/15/24 at 7:23 AM revealed client #19 to be seated in his wheelchair in his bedroom. Continued observation revealed Nurse A to be present in the room, along with a nursing supervisor, one direct care staff and client #19's roommate. Nurse A was working from a medication cart, preparing client #19's medications for administration. Further observation revealed Nurse A to remove several capsules and tablets from individual small plastic bags. Nurse A crushed the tablets, opened the capsules and poured the medications into a small cup containing applesauce. Nurse A also added Polyethylene Glycol Powder and liquid Colace into a cup of water. Nurse A then gathered the applesauce on a spoon and placed it in front of client #19's mouth. Client #19 opened his mouth and swallowed the applesauce with the medications. Client #19 then drank the water with the remaining medications. At no time did Nurse A or any other staff inform client #19 of the medications being administered nor have any conversation with client #19. During the medication pass, Nurse A had conversations with the nursing supervisor, the other staff in the room, and another client who was seated in the hallway and watching the medication pass.</p> <p>Interview with the Home Manager (HM) on 10/15/24 verified that staff should provide clients with privacy during medication administration.</p>	W 130			

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W 130	<p>Continued From page 3</p> <p>C. During observation in Alpha Cottage on 10/15/24 from 8:00 am to 8:20 am, client #27 received medication in the dayroom in the presence of other clients and staff, with no privacy afforded to client #27.</p> <p>Review of the Resident Rights agreement indicate that clients have the right to be treated with consideration, respect and full recognition of the residents dignity and individuality including privacy in treatment and in care for personal needs.</p> <p>Interview on 10/15/24 with Nurse A revealed if clients body has to be exposed, treatment is administered in the privacy of their rooms. She further explained that medication can be given in the dayroom with no privacy screen as long as their bodies are not exposed.</p> <p>Interview on 10/15/24 with House Manager revealed that clients receive medication at the table in the livingroom, and the privacy screen is not used. He further explained, that if a client is in need of G -Tube care they are taken to the nurses station, and if they are in need of the administration of creams, they are taken to the bathroom.</p> <p>D. During observation in Gamma Cottage on 10/14/24 from 3:00 pm to 3:20 pm, client #1 received medication in her bedroom, in the presence of another client, with no privacy screen used.</p> <p>Interview on 10/14/24 with Nurse B revealed that if medications are given in bedrooms with another client present, a privacy screen will be used.</p>	W 130			

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W 130	<p>Continued From page 4</p> <p>Interview on 10/15/24 with the House Manager revealed that if medications are given in the bedroom with another client present, the client is positioned behind the medication cart which acts as barrier for impeding their view.</p> <p>E. Observation in Bryum 101 on 10/14/24 at 3:42 PM revealed client #2 to be administered her evening medications which included eye drops. Continued observations revealed that client #2 was administered her medications in the back leisure room while other clients and staff were present participating in activities. At no point during the observation was client #2 observed to be provided with a privacy screen or a room for privacy.</p> <p>Interview on 10/15/24 with the nurse supervisor verified that the client's should be provided privacy if they are being administered medications such as creams; however, if their medication names are not being called out then it is okay to not provide privacy.</p> <p>F. Observation in Bryum 101 on 10/15/24 at 6:38 AM revealed client #9 to be observed exposed in her bed wearing only an adult diaper. Continued observation revealed client #9's roommate to be awake in her bed under her blanket. Further observation at 6:45 AM revealed staff to enter and exit client #9's room leaving the door open. Subsequent observations at 6:49 AM revealed staff to enter client #9's bedroom with a pan of water and towels and to close the door.</p> <p>Interview on 10/15/24 with the Home Manager (HM) confirmed that staff should have provided</p>	W 130			

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W 130	Continued From page 5 client #9 with privacy and the client should not be left exposed with bedroom door open. G. Observation in Byrum 101 on 10/15/24 at 7:29 AM revealed client #20 to be administered all morning medications in the back leisure room. Continued observations revealed that the back leisure room had staff and clients present during client #20's medication administration and no privacy screen or a room for privacy was provided to the client. Interview on 10/15/24 with the nurse supervisor verified that the client's should be provided privacy if they are being administered medications such as creams; however, if their medication names are not being called out then it is okay to not provide privacy.	W 130			
W 210	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3) Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to obtain initial evaluations for 1 of 1 newly admitted audit client (#26). The finding is: The facility failed to obtain initial evaluations within 30 days of admission for client #26. Review on 10/14/24 of client #26's record revealed she had not received a vision and dental evaluation. Further review revealed client #26 was admitted to the facility on 3/18/24.	W 210			

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W 210	Continued From page 6	W 210			
W 249	<p>Interview on 10/15/24, the Nursing Supervisor confirmed client #26 had not received a vision evaluation. She also confirmed that a dental evaluation had been attempted but not completed or rescheduled at the time of survey.</p> <p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 8 of 26 audit clients (#5, #10, #13, #14, #16, #17, #18 and #25) received a continuous active treatment program consisting of needed interventions and services to support the achievement of the objectives identified in the Individual Program Plan (IPP). The findings are:</p> <p>A. During observations in Parrot 101 throughout the survey on 10/15/24, no clients assisted with the preparation of food items for breakfast and lunch. Prior to breakfast and lunch, client #10 and client #13 were only noted to set the table. The clients were not prompted or assisted to complete any food preparation tasks.</p>	W 249			

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W 249	<p>Continued From page 7</p> <p>Interview on 10/15/24 with Staff B revealed clients in the home follow a schedule for helping in the kitchen which is posted monthly.</p> <p>Review on 10/15/24 of client #10's Educational Assessment dated 7/31/24 revealed she needs verbal assistance to operate the food processor, blender, can opener, oven and the stove. The assessment noted she can perform the majority of tasks in the kitchen including cooking and making evening snacks. Additional review of the IPP noted a reinforcer to help with tasks around the house.</p> <p>Review on 10/15/24 of client #13's IPP dated 1/29/24 revealed a reinforcer for assisting staff with chores such as helping in the kitchen. Additional review of the client's current Educational Assessment indicated she can operate a toaster and microwave with verbal cues but requires verbal prompts to use a can opener, mixer, blender or oven. The assessment also noted she enjoys helping with cooking activities and requires minimal verbal prompts when measuring liquid and dry ingredients when following a recipe.</p> <p>Interview on 10/15/24 with Cook A revealed she was a "floater" and she has not been trained on all of the client's behaviors so she cannot work with them in the kitchen without another staff. Additional interview indicated the staff in the home have been too busy to assist. The cook noted the clients like helping in the kitchen and do a good job.</p> <p>B. During observations in Parrot 103 throughout the survey on 10/14 - 10/15/24, no clients assisted with the preparation of food items for</p>	W 249			

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W 249	<p>Continued From page 8</p> <p>breakfast, lunch and dinner. Prior to breakfast and lunch, client #17 was only noted to set the table. The clients were not prompted or assisted to complete any food preparation tasks.</p> <p>Review on 10/15/24 of client #17's IPP dated 3/28/24 revealed an objective to identify the correct measuring tool needed for a recipe with 100% accuracy 12 consecutive data sessions. Additional review of the objective noted, "[Client #17] enjoys helping in the kitchen." Additional review of the client's Educational Assessment dated 2/27/24 indicated reinforcers for assisting in meal/dining preparations. The assessment noted he requires verbal to physical cues when assisting in simple cooking routines and can prepare powdered drinks.</p> <p>Interview on 10/15/24 with Cook F revealed she was a "floater" and she had just received training on the clients in the home in August '24. She noted none of the clients in the home assist with cooking tasks and only set the table.</p> <p>Interview on 10/15/24 with the Parrot 103 Qualified Intellectual Disabilities Professional (QIDP) confirmed the clients do not assist with any food preparation tasks and only complete tasks for setting up table and cleaning up. The QIDP; however, acknowledged certain clients, including client #17, can perform some food preparation tasks.</p> <p>C. During observations in Parrot 102 throughout the survey on 10/14/24 and 10/15/24, no clients assisted with the preparation of food items for dinner. Client #18 was not prompted to assist in the kitchen.</p> <p>Review on 10/14/24 of client #18's Educational</p>	W 249			

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W 249	<p>Continued From page 9</p> <p>Assessment, dated 2/29/24, revealed prior to the pandemic, he would help in the kitchen. In addition, he was able to cook food items when provided with an initial verbal instruction.</p> <p>Interview on 10/14/24 with Cook A revealed she was a "floater" and she has not been trained on all of the client's behaviors so she cannot work with them in the kitchen without another staff.</p> <p>Interview on 10/15/24 with the QIDP revealed clients help to set the table, but they do not assist with cooking food. In addition, they usually refuse to help or do not want to participate. Due to often having floaters as cooks, it is difficult to have clients help because the floaters are untrained on behavior intervention plans (BIPs). However, the QIDP confirmed that three cooks had recently been trained on client BIPs and will be training in the future.</p> <p>D. During observations in Kendall 104 throughout the survey on 10/15/24 client #25 medications were mixed in with a food item at mealtime. At no time was client #25 afforded the opportunity to have medication prepared with food item in med cup and given.</p> <p>Record review on 10/16/24 of client #25's nursing assessment medication administration dated 5/31/24 revealed takes medications from medicine cup. Client #25 "refuses medication from nurse. Meds are prepared with food item in med cup and given." Further review client #25 individual personl plan dated 6/18/24 revealed nursing staff will bring predispensed medication to dining in a medication cup and pass to staff discreetly for medications to be administered.</p>	W 249			

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W 249	<p>Continued From page 10</p> <p>Interview on 10/16/24 the nursing supervisor stated staff should follow the nursing assessment preparing the medications with a food item in a med cup and given to the client.</p> <p>Interview on 10/16/24 the registered nurse stated it has been difficult getting medications into client #25 there should be a better protocol for her to receive her medications.</p> <p>Interview on 10/16/24 the Kendall 104 nurse stated she has always given the medications in her food a mealtime, she has given medications in a medication cup since client #25 will refuse all medications from a nursing staff.</p> <p>E. During observations in Byrum 103 on 10/14/24 through 10/16/24, client #16 was either seated or laying on his bed except when he went to the dining room for meals and to the bathroom for self-care. During the time client #16 was in his bedroom, he was observed to look at videos on his iPad device, sit on the edge of the bed facing the activity room outside his door, or lay on his bed facing the wall. While client #16 was in his bedroom, staff did not communicate with him except for standing in the doorway and asking how he is doing. Additional observation revealed a visual daily schedule for the AM period and one for the PM period. At no time was client #16 observed to refer to the schedule, nor was staff observed to prompt client #16 to refer to the schedule. No other communication tools were observed in client #16's environment nor were any used with him or in his presence.</p> <p>Review of client #16's IPP dated 3/19/24 revealed</p>	W 249			

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W 249	<p>Continued From page 11</p> <p>that client #16 functions best with a structured, calm and quiet environment in which he knows what is expected of him, when he has active communication with others throughout the day, when he can interact with one staff at a time, and when expectations of him as a communicator in his environment are not negative behaviors. Client #16's Educational Assessment dated 3/4/24 states that story boards, picture charts and picture calendars will decrease his anxiety and that these are excellent means of communication with him and need to be utilized daily. Client #16's Behavior Support Plan (BSP) dated 2/1/24 states that client #16 responds positively to a highly structured and consistent environment that is full of an array of activities that offer clear visual structure.</p> <p>Interview with the QIDP on 10/15/24 confirmed that client #16's IPP, BSP and Educational Assessment are current, and that staff should provide client #16 with a consistent routine of appropriate activities and communication tools related to the objectives, strengths and needs identified in the plans.</p> <p>F. Observations in Byrum 101 from 10/14-10/15/24 revealed client #5 to walk around the leisure sitting area, up and down the hallways unengaged and without any activity. Continued observations revealed that staff at no time provided client #5 the opportunity to participate in the dinner meal except to consume her dinner. Further observations revealed at no time was the client offered choices in leisure activities nor was the client engaged in any meaningful activities.</p> <p>Review of the record for client #5 on 10/15/24 revealed an IPP dated 5/14/24. Further review of</p>	W 249			

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W 249	<p>Continued From page 12</p> <p>the IPP revealed goals for the client to turn pull up the correct way, sort coins, and to exhibit 5 or fewer behavioral episodes per reporting period.</p> <p>Interview with the Home Manager (HM) on 10/15/24 verified that client #5's IPP dated 5/14/24 was current. Further interview with the HM verified that client #5's goals are current. Continued interview with the HM revealed that it was hard to engage client #5; however, the client enjoys car rides, baby dolls and painting nails.</p> <p>G. Observations in Byrum 102 from 10/14-10/15/24 revealed client #14 to sit in his bedroom chair with a blanket at times over his head, to participate in the dinner and breakfast meal. Continued observations revealed at no time was the client offered choices in leisure activities nor was the client engaged in any meaningful activities.</p> <p>Review of the record for client #14 on 10/15/24 revealed an IPP dated 12/14/23. Further review of the IPP revealed goals for the client to put the toothpaste on his toothbrush, put his dirty towel in the container, initiate washing his face, sort coins, decrease target behaviors, decrease episodes of agitation, and to shred 1 or more pounds of paper for 10 out of 12 data sessions.</p> <p>Interview with supervisor on 10/15/24 verified that client #14's IPP dated 12/14/23 was current. Continued interview with the supervisor revealed that a lot of the time client #14 likes to go back into his bedroom. Continued interview with the supervisor revealed that staff will do 30-minute checks on client #14 while he is in his bedroom for an excessive time and unengaged.</p>	W 249			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/16/2024
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W 268 W 268	Continued From page 13 CONDUCT TOWARD CLIENT CFR(s): 483.450(a)(1)(i) These policies and procedures must promote the growth, development and independence of the client. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure that staff are engaged in activities which promote the clients' growth, development and independence. This affected 1 of 26 audit clients (#24). The finding is: Observations in Byrum 103 on 10/15/24 revealed that client #24 entered the dining area at 7:59 AM with a 1:1 staff. Staff directed client #24 to pick up his place setting and take it to the dining table and client #24 complied and sat down at the table. Continued observation revealed staff to place 2 slices of toast with jelly onto client #24's plate and to assist client #24 to serve himself scrambled eggs, cereal, peaches, coffee and milk. Client #24 then began to eat his breakfast. Further observation revealed that during the meal, client #24's 1:1 staff, along with 2 other staff, gave frequent directions to client regarding which foods to eat, which utensils to use and which items he was allowed to touch. Many of the instructions were given with no time in between for client #24 to respond. Later in the meal, two additional staff joined the conversation so that a total of 5 staff were talking to and about client #24 at the same time. Also later in the meal, one staff placed a dish bin on the table next to client #24 and prompted him to place his dishes into the bin. Client #24 was still eating at this point and pushed the bin away. Staff brought the bin back a short time later and, with food still in his mouth,	W 268 W 268			

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W 268	Continued From page 14 client #24 placed his dishes into the bin and left the dining table. Record review on 10/15/24 revealed an Individual Program Plan (IPP) dated 1/3/24 which states that client #24 responds well to demonstration paired with simple verbal instructions/directions, with approximately 10 - 15 seconds to respond to whatever task he may need to do. He responds better to training that uses total task or shaping methods and works better with familiar staff in the home. He needs a calm, stern voice with minimum distractions around for progress. Review of client #24's Behavior Support Plan (BSP) dated 12/7/23 states that chaotic or noisy environments can be a trigger for problem behaviors for client #24. The BSP further states that offering client #24 noise reducing headphones or other calming options (e.g. break or relocate to a quieter area) may be useful to decrease agitation when the environment gets noisy or otherwise overwhelming.	W 268			
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to	W 340			

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W 340	<p>Continued From page 15</p> <p>training clients and staff as needed in appropriate health and hygiene methods.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all staff were sufficiently trained regarding the appropriate use of latex gloves. The finding is:</p> <p>During mealtime observations in Parrot 103 throughout the survey on 10/14 - 10/15/24, various staff at the dining room table worn latex gloves. Several staff provided hand-over-hand assistance to clients with serving themselves and pouring drinks. Other staff simply sat at the table with latex gloves on without providing any assistance to any clients. At no time were any staff at the table observed to handle any food items.</p> <p>Interview on 10/15/24 with Staff D revealed they have been trained to wear latex gloves while handling food at meals and assisting clients. Additional interview on 10/15/24 with Staff E indicated they have been trained to wear gloves at meals to prevent "cross contamination". The staff noted handwashing is enough; however, but "we go the extra mile".</p> <p>Review on 10/15/24 of the facility's Bare-Hand Contact with Ready-to-eat Foods (Policy # 5.4.1) revealed, "When assisting the residents during meals, staff will use utensils such as spoons, tongs, or spatulas to handle ready-to-eat foods or wear single-use gloves..." Additional review of the policy did not indicate gloves should be worn while providing clients with physical assistance to serve themselves at meals.</p> <p>Interview on 10/15/24 with the Parrot 103</p>	W 340			

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W 340	Continued From page 16 Qualified Intellectual Disabilities Professional (QIDP) revealed she had started working in the home in July '24 and had been told that staff should wear gloves during meals. The QIDP acknowledged gloves should not be required for providing physical assistance to clients at meals if proper handwashing has taken place.	W 340			
W 352	COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE CFR(s): 483.460(f)(2) Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client #8 received comprehensive dental diagnostic services and diagnosis performed at least annually. This affected 1 of 1 audit clients in Parrot 103. The finding is: Review on 10/14/24 of client #8's dental examination record revealed his last dental cleaning had been completed on 1/20/23. Additional review of the record noted he had been uncooperative during scheduled cleanings on 5/1/24, 7/3/24 and 10/8/24. Further review of the 10/8/24 dental note revealed, "...oral exam done...heavy calculus...poor oral hygiene."	W 352			
W 460	FOOD AND NUTRITION SERVICES	W 460			

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W 460	<p>Continued From page 17 CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to provide the correct consistency for modified diets. This affected 2 of 26 audit clients (#21 and #14). The findings are:</p> <p>A. During breakfast observation in the Omega Cottage on 10/15/24 at 8:35am, client #21 was observed eating pureed blueberry muffin that was smooth blended, applesauce and ham, that had a minced and moist texture. The meal card on the table for client #21 indicated he was on a pureed consistency diet. Client #21 consumed his meal without difficulty.</p> <p>Record review on 10/14/24 of client #21 Individual Program Plan (IPP) on 11/7/23 revealed he was on a 1800 calorie pureed, low saturated fat, no concentrated sweets diet.</p> <p>Interview on 10/14/24 with the Dietary Manager (DM) revealed staff get training on preparing modified meals a several times a year, to make sure it included new hires. The DM revealed in the morning the staff prepare breakfast, the dietary department prepares and delivers all other meals. The DM described the pureed consistency have the similarity of mashed potatoes and should not have any visible food particles.</p> <p>Interview on 10/14/24 with the Occupational Therapist (OT) revealed all staff receive food</p>	W 460			

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W 460	<p>Continued From page 18</p> <p>preparation and modifying diets during orientation. The OT revealed staff watch videos for visual presentation and discussions are held about the diet definitions and how to achieve the consistency. The OT conducted an "Hands on Training" in April, 2024 with staff. The OT acknowledged if the pureed consistency was not smooth, it likely was not grinded thoroughly to break down the texture, to achieve a mashed potatoes goal.</p> <p>Interview on 10/14/24 with the director of the homes revealed staff are trained on preparing modified diets and there are diagrams in the kitchen that demonstrate consistency textures.</p> <p>B. Observation in Byrum 102 on 10/14/24 at 4:54 PM revealed client #14 to participate in the dinner meal with a place setting that consisted of a large round 3 section plate, weighted teaspoon, Dycem, and 2 cups. Continued observation revealed the dinner meal to include 2 dinner rolls, 2 pieces of Salisbury steaks, mashed potatoes with gravy, mixed vegetables, and peaches. Further observations revealed client #14 consumes his dinner rolls in a whole consistency. At no time during observation was staff observed to cut client #14's dinner rolls into quarters per meal card.</p> <p>Observation in Byrum 102 on 10/15/24 at 7:55 AM revealed client #14 to participate in the dinner meal with a place setting that consisted of a large round 3 section plate, Dycem, weighted teaspoon, shirt protector, a coffee cup, and 2 cups. Continued observation revealed the breakfast meal to include 3 slices of toast, jelly, grits, eggs, and peaches. Further observation</p>	W 460			

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W 460	Continued From page 19 revealed client #14 to consume a slice of whole toast and a staff attempted to cut the client's remaining toast with the client's weighted teaspoon with difficulty and then another staff offered a knife. Additionally, staff were not observed to provide client #14's toast in the proper consistency prior to consumption. Review of record for client #14 on 10/15/24 revealed an individual personal plan (IPP) dated 12/4/23. Continued review of the IPP for client #14 revealed a dining protocol dated 1/18/22 for client #14 to be provided large round 3 section plate, weighted teaspoon, Dycem, and initially be provided a knife and fork in order to cut foods. Further review revealed that client #14's large finger foods such as burgers, sandwiches, subs, dinner rolls, sliced bread will be cut into quarters and the client may bite from smaller portions. Interview with the supervisor on 10/25/24 revealed that client #14's IPP is current. Continued interview with the supervisor confirmed that all meals for client #14 should be provided as prescribed.	W 460			
W 475	MEAL SERVICES CFR(s): 483.480(b)(2)(iv) Food must be served with appropriate utensils. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure all appropriate utensils were provided. This affected 1of 26 audit clients (#14). The finding is: Observation in Byrum 102 on 10/14/24 at 4:54 PM revealed client #14 to participate in the dinner meal with a place setting that consisted of a large	W 475			

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W 475	<p>Continued From page 20</p> <p>round 3 section plate, weighted teaspoon, Dycem, and 2 cups. Continued observation revealed the dinner meal to include 2 dinner rolls, 2 Salisbury steaks, mash potatoes with gravy, mixed vegetables, and peaches. At no time during observation did staff provide client #14 with a fork and knife for the dinner meal.</p> <p>Observation in Byrum 102 on 10/15/24 at 7:55 AM revealed client #14 to participate in the dinner meal with a place setting that consisted of a large round 3 section plate, Dycem, weighted teaspoon, shirt protector, a coffee cup, and 2 cups. Continued observation revealed the breakfast meal to include 3 slices of toast, jelly, grits, eggs, and peaches. Further observation revealed after client #14 consumed a slice of toast whole then staff attempted to cut the client's toast with the client's weighted teaspoon with difficulty and then another staff offered the staff a knife. At no time during observation did staff provide client #14 with a fork and knife so he could assist with cutting his toast.</p> <p>Review of record for client #14 on 10/15/24 revealed an individual personal plan (IPP) dated 12/4/23. Continued review of the IPP for client #14 revealed a dining protocol dated 1/18/22 for client #14 to be provided large round 3 section plate, weighted teaspoon, Dycem, and to initially be provided a knife and fork in order to cut foods.</p> <p>Interview with the supervisor on 10/25/24 revealed that client #14's IPP is current. Continued interview with the supervisor confirmed that all meals for client #14 should be provided a full place setting consisting of utensils (weighted teaspoon, fork, and knife).</p>	W 475			