

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>464060</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/24/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ADRIAN BAY REHAB AND NURSING CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE  <b>700 LAKESHIRE TR ADRIAN, MI 49221</b>
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F0000 SS=	INITIAL COMMENTS  Adrian Bay Rehab and Nursing Center was surveyed for an Abbreviated survey on 10/24/23.  Intakes: MI00139259, MI00140043, MI00140022. Census= 78	F0000		
F0550 SS= E	Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility	F0550	Residents # 3, 4, 5, 9 and 10 continue to reside in the facility. Facility IDT and dietary services met to evaluate dining room procedures with updates made to meet requests of identified residents on 10/25/2023. All residents with a PO diet have the potential to be affected. a. Facility has a food committee that residents can choose to participate in to voice preferences and assist in decision making related to dining services. b. On 10/25/2023, the IDT team reviewed the current seating arraignment in the dining room to determine appropriate placement of residents based on arrival time to the dining room, assistance needed and preference of seating location by the resident. All staff will be provided education by Administrator, or designee, by 11/9/2023, regarding the following: o All tray items are to be removed from the dining tray and placed on the table for residents in the dining room. o All residents sitting at the same table in the dining room are served together. o All residents in the dining room will be offered a beverage prior to their meal regardless of fluid consistency. o Any resident requiring assistance or cueing with meals will also be served together with other residents at the table. Member of facility management team, or designee, will complete meal service	11/10/2023

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

TITLE

(X6) DATE

Electronically Signed

11/08/2023

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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	<p>in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to promote dignity during meals in 5 of 11 residents reviewed for dietary services (Resident #3, #4, #5, #9 &amp; #10), resulting in decreased quality of life and an unhomelike dining experience. Findings include:</p> <p>During a lunch meal observation on 10/23/23 at 11:30 AM, a posting in the dining room indicated lunch was at 11:30 AM. At 11:47 AM no meals had been passed and no beverages were being offered or served in the dining room; some residents were noted to have brought soda and water cups from their rooms. Residents were served meals on cafeteria like trays, the first resident was served their lunch at 11:56 AM.</p> <p>Resident #3 (R3)</p> <p>R3's Minimum Data Set (MDS) assessment dated 9/11/23 indicated she admitted to the facility on 2/11/16 and had a Brief Interview for Mental Status (BIMS), a short performance-based cognitive screener for nursing home residents, score of 06 (00-07 Severely Cognitively Impaired).</p> <p>R3's Nutrition risk/risk for dehydration care plan, revised 9/12/23 revealed she had multiple medical conditions including dysphagia, Alzheimer's dementia, depression, diabetes mellitus, lung disease, varied oral intake, advanced age, and history of weight loss. The same care plan indicated R3's diet was Regular, Pureed, and with Honey-thick liquids.</p>		<p>observation 5 times per week for 4 weeks, then 5 times monthly x 3 ensuring compliance with beverage service, serving of all residents at same table, removal of food items from serving tray, and feeding assistance as needed. Results will be presented monthly at QAPI meeting for three months or as directed by the QAPI committee.</p> <p>The administrator will be responsible for assuring substantial compliance is attained through this plan of correction by 11/10/2023 and for sustained compliance thereafter.</p>	

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	<p>R3's Care plan dated 11/22/19 indicated she was resistive/noncompliant with treatment/care (thickened liquids) and had behavior of removing coffee cups from other resident dining room tables. The intervention for R3's behavior was to redirect resident for appropriate liquid texture cup of coffee when she exhibited desire to have coffee cups/attempting to obtain coffee cups from other resident tables.</p> <p>During an observation of the lunch meal in the dining room on 10/24/23 at 11:35 AM, R3 was sitting at a table with 4 other residents. Staff offered coffee to all the residents sitting at the table, except R3. R3 received coffee on her lunch tray that was delivered later.</p> <p>Resident #4 (R4)</p> <p>R4's MDS dated 8/05/23 revealed she admitted to the facility on 7/23/21 and had a BIMS score of 15 (13-15 Cognitively Intact).</p> <p>During an interview on 10/24/23 at 11:45 AM R4 stated the facility trays were warped and wobble when cutting food, making it hard to eat off them.</p> <p>Resident #5 (R5)</p> <p>R5's MDS dated 8/19/23 revealed he admitted to the facility on 2/08/23, had a BIMS score of 15 (13-15 Cognitively Intact), and had the diagnoses of diabetes mellitus, high cholesterol and anemia.</p> <p>On 10/23/23 R5's lunch was delivered on a tray; R5 removed the items from the tray and placed tray on his walker seat.</p> <p>During an interview on 10/24/23 at 11:40 AM, R5 stated he preferred to not to eat his meals on a tray and was later observed removing dishes from the tray to his table.</p>			

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F0803 SS= F	<p>Resident #9 (R9)</p> <p>R9's MDS assessment dated 8/23/23 revealed a BIMS score of 02 (00-07 Severe Impairment). The same MDS revealed R9 required substantial/maximal assistance (helper provided more than half the effort) for eating (ability to use suitable utensils to bring food to the mouth and swallow food once the meal was presented on a table/tray).</p> <p>During a lunch observation in the dining room on 10/24/23, R9's lunch was delivered on a tray. R9's visitor attempted to cut up R9's chicken and the tray was sliding on the table. R9's visitor then removed R9's dishes from the tray and was able to cut the chicken for R9.</p> <p>Resident #10 (R10)</p> <p>R10's MDS dated 6/24/23 revealed he was admitted to the facility on 3/17/09, had a BIMS score of 07 (00-07 Severely Impaired), and required substantial/maximal assistance for eating.</p> <p>During lunch observation on 10/24/23, all 3 residents sitting at R10's table were served lunch. R10 was observed waving at staff and asking for his lunch. R10 was the last person served in the dining room, a staff member moved R10 to another table and assisted him with his meal.</p> <p>Menus Meet Resident Nds/Prep in Adv/Followed §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</p>	F0803	<p>Residents #1 and 4 continue to reside in the facility. CDM completed an initial review of weekly menu for upcoming week/always available menu and determined that all listed menu items were available for use as listed on the menu on 10/23/2023.</p> <p>All residents with a PO diet have the potential to be affected.</p>	11/10/2023

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	<p>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; §483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and §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:</p> <p>This citation pertains to intake MI00140043 and MI00139259.</p> <p>Based on observation, interview, and record review, the facility failed to provide meals as planned and posted, in 2 of 11 residents reviewed for dining services (Resident #1 and #4), potentially affecting a census of 77 residents that received meal trays, resulting in decreased quality of life. Findings include:</p> <p>During a lunch meal observation on 10/23/23 at 11:30 AM, a posting in the dining room indicated lunch was at 11:30 AM, at 11:47 AM no trays had been passed and no beverages were being offered or served, some residents were noted to have brought soda and water cups from their rooms.</p> <p>Resident #1 (R1)</p> <p>R1's Minimum Data Set (MDS) assessment dated 9/17/23 introduced a Brief Interview for Mental Status (BIMS), a short performance-based cognitive screener for nursing home residents, score of 15 (13-15 Cognitively Intact).</p>		<p>a. Par levels were established for frequently used or requested food items by CDM on 10/23/2023.</p> <p>Education was provided to the CDM by Area Dietary Manager on 10/25/2023 which included: ensuring that listed menu items for the upcoming weekly rotation are included on the end of the week order, all PAR levels have been inventoried and placed on the weekly order, if running low, posting the daily menu in the dining room prior to breakfast and ensuring any modifications to the menu are updated on the daily menu posting for resident notification.</p> <p>CDM, or designee, will audit 5 times per week for 4 weeks, then 5 times monthly x 3 ensuring compliance with posted menu matching items served with modifications of menu posted as needed. Results will be presented monthly at QAPI meeting for three months or as directed by the QAPI committee. The administrator will be responsible for assuring substantial compliance is attained through this plan of correction by 11/10/2023 and for sustained compliance thereafter.</p>		

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	<p>During an observation and interview on 10/23/23 at 12:50 PM, R1 stated meals were never ready at the scheduled times including the day of interview.</p> <p>Resident #4 (R4)</p> <p>R4's MDS dated 8/05/23 revealed she admitted to the facility on 7/23/21 and had a BIMS score of 15 (13-15 Cognitively Intact).</p> <p>During an observation on 10/23/23 at 12:05 PM R4 stated to residents dining at the same table that they didn't receive spaghetti as posted.</p> <p>On 10/23/2023 at 9:30 AM, observed the posted menu in the dining room for 10/23/2023 had spaghetti with meat sauce for the main entrée at lunch and ham and swiss sandwich for the main entrée at supper. Alternate menus were placed at each table in the dining room.</p> <p>During lunch service on 10/23/2023 at 11:40 AM, it was observed that the main entrée being served was bow tie pasta.</p> <p>During an interview on 10/23/2023 at 11:40 AM, Certified Dietary Manager (CDM) "D" stated that they ran out of spaghetti so they decided to use bow tie pasta instead. Posted menu didn't reveal this change.</p> <p>During an interview on 10/23/2023 at 10:30 AM, Dietary Staff (DS) "F" said that they "don't have ketchup for alternate meals today." DS "F" also stated, "sometimes we can't give alternates to residents since hot dogs don't have buns or condiments aren't available."</p> <p>During an interview on 10/23/2023 at 10:30 AM, Dietary Staff (DS) "G" stated that they run out of food a lot. DS "G" said that sometimes they run</p>			

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	<p>out of hamburgers and hotdogs and they run out of bread every week.</p> <p>During an interview on 10/23/2023 at 2:03 PM, Dietary staff (DS) "H" reported that "things are on the menu and they run out of things and use substitutes."</p> <p>During an interview on 10/23/2023 at 3:50 PM, DS "H" stated, "This is what I mean. We have ham and swiss sandwich for dinner today and swiss cheese isn't available so I have to use a block of provolone cheese and cut it up which takes a lot of time."</p> <p>On 10/23/2023 at 5:00 PM, observed posted menu for dinner was, "Ham and Swiss Sandwich" with no changes noted to the posted menu.</p> <p>During an interview the week of the complaint survey from 10/23/223 to 10/24/2023, confidential staff (CS) "I" stated that "sometimes the posted menu looks nice but the cook can't find the meat and had to figure out what to use instead." CS "I" stated, "sometimes the residents go 2 to 3 days without juice, milk, coffee, bread and buns."</p> <p>During an interview on 10/23/2023 at 4:24 PM, Dietary staff (DS) "J" stated that sometimes the food items aren't available to cook the meal. DS "J" stated that sometimes milk or bread aren't there but "they are trying to figure it out."</p> <p>During another interview on 10/23/2023 at 4:35 PM, CDM "D" said that menus should reflect changes that are made. CDM "D" said she doesn't typically change the posted menu when changes are made.</p> <p>During an interview on 10/24/2023 at 10:30 AM, Area Manager (AM) "C" stated that they wanted</p>			

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F0804 SS= C	<p>to use provolone cheese for dinner since they had it on hand.</p> <p>During an interview on 10/24/2023 at 10:35 AM, CDM "D" stated that they had spaghetti available in the back but "the cook decided to use bow tie pasta since she thought it would be easier." CDM "D" said the provolone cheese was used instead of swiss cheese since it was on hand so swiss cheese wasn't ordered. She (CDM "D") stated, "I didn't realize I have to make sure we are serving exactly what is posted on the menu posted until now and it makes sense."</p> <p>Nutritive Value/Appear, Palatable/Prefer Temp §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to MI00140043.</p> <p>Based on interview and record review, the facility failed to have recipes available based on the current census of 78 residents upon entrance with 77 residents receiving meals from the kitchen (1 resident received nothing by mouth) which could potentially result in insufficient food, dissatisfaction with the meal experience, decreased food acceptance and weight loss.</p> <p>On 10/24/2023 at 7:40 AM, reviewed recipe book which revealed 3 columns, each for 75 servings of food. No other serving sizes were noted on the recipes.</p>	F0804	<p>No specific residents were named in this citation. On 10/24/2023, CDM reviewed the current census and ensured the upcoming weekly menu rotation reflected the current census.</p> <p>All residents with PO intake have the potential to be affected. CDM, or designee will ensure there is a 5 serving buffer per meal when ordering or preparing meals to accommodate fluctuations in census. All cooks will be provided education by Dietary Service Manager, or designee, on utilization of production templates to adjust recipes based on census and serving buffer by 11/9/2023. The dietary service manager, or designee, will complete audit of 5 meals per week for 4 weeks then 5 meals monthly x 3 to ensure quantity of meal was prepared appropriately to current census and buffer requirements. Results will be presented monthly at QAPI meeting for three months or as directed by the QAPI committee.</p> <p>CDM will be responsible for assuring substantial compliance is attained through this plan of correction by 11/10/2023 and for sustained compliance thereafter.</p>	11/10/2023

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F0806 SS= E	<p>During an interview on 10/24/2023 at 10:50 AM, Dietary Cook (DC) "H" stated that she knows to increase the recipe from 75 in the book by at least 10 since some residents ask for extra servings of food and some residents get double portions. She said she knows how to increase the recipe since she was the normal morning cook.</p> <p>During an interview on 10/24/2023 at 10:52 AM, Area Manager (AM) "C" stated that's the way the recipes are printed in the system. AM "C" stated the census had been below 75 and was at 79 right now. Certified Dietary Manager (CDM) "D" stated that cooks just need to increase the recipe since they get a census tally sheet daily. When asked how someone new to cooking would know how to cook for a census greater than 75, CDM "D" said "they just increase it." When asked again about how they know by how much they need to increase each part of the recipe, CDM "D" said that she wasn't sure.</p> <p>Review of the detailed census report from 10/1/2023 to 10/24/2023 revealed a census of 79 on 10/23/2023 and 10/24/2023.</p> <p>Resident Allergies, Preferences, Substitutes §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d) (4) Food that accommodates resident allergies, intolerances, and preferences; §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; This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to intake MI00140043.</p> <p>Based on observation, interview and record</p>	F0806	<p>Residents #1, 3, 4, 5 and 8 continue to reside in the facility. Residents listed in the complaint have had a new food preference questionnaire completed with the CDM by 10/27/2023 and had their dietary profile updated as indicated.</p> <p>All residents with PO intake have the potential to be affected. Facility managers have completed questionnaires for all current residents receiving a PO diet by 10/27/2023 to determine if their food preferences need to be updated. CDM reviewed and updated resident dietary profiles by 11/9/2023.</p> <p>a. Dietary staff were provided with education by the CDM, or designee, on 10/25/2023 to include following the listed likes and/or</p>	11/10/2023

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	<p>review, the facility failed to honor food preferences in 5 of 11 residents reviewed for food preferences (Resident #1, #3, #4, #5, &amp; #8), resulting in resident dissatisfaction and the potential for weight loss. Findings include:</p> <p>During a lunch meal observation on 10/23/23 at 11:30 AM, a posting in the dining room indicated lunch was at 11:30 AM, the menu was posted in small print for entire week in the dining room. Lunch on 10/23/23 included spaghetti with meat sauce, Italian Blend Vegetables, Apple Crisp, Garlic Bread stick and beverage. At 11:47 AM no trays had been passed and no beverages were being offered or served, some residents were noted to have brought soda and water cups from their rooms. Residents were served meals on cafeteria like trays, the first resident was served their lunch at 11:56 AM.</p> <p>Resident #1 (R1)</p> <p>R1's Minimum Data Set (MDS) assessment dated 9/17/23 introduced a Brief Interview for Mental Status (BIMS), a short performance-based cognitive screener for nursing home residents, score of 15 (13-15 Cognitively Intact).</p> <p>During an observation and interview on 10/23/23 at 12:50 PM, R1 was observed sitting in a wheelchair and stated meals were never ready at the scheduled times including the day of interview. R1 stated the facility ran out of oatmeal that morning, he had to have cold cereal instead of oatmeal because the facility was only allowed to make so much.</p> <p>Resident #3 (R3)</p> <p>On 10/24/23 at 9:19 AM, R3 stated meals were not always served on time in the dining room, they run out of the dressing she likes, foods from</p>		<p>dislikes for all residents on a PO diet in the facility during meal service.</p> <p>b. All staff will be educated by the Administrator, or designee, by 11/9/2023 on reviewing meal tickets for preferences during food service and process for requesting alternatives.</p> <p>IDT member, or designee, will interview 5 patients per week x 4 weeks then 5 monthly x 3 that their food preferences are being followed. Results will be presented monthly at QAPI meeting for three months or as directed by the QAPI committee.</p> <p>The administrator will be responsible for assuring substantial compliance is attained through this plan of correction by 11/10/2023 and for sustained compliance thereafter.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>464060</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/24/2023</b>
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	<p>the always available menu weren't always available, and the food was cold most of the time.</p> <p>Resident #5 (R5)</p> <p>R5's MDS dated 8/19/23 revealed he admitted to the facility on 2/08/23, had a BIMS score of 15 (13-15 Cognitively Intact), and had the diagnoses of diabetes mellitus, high cholesterol and anemia.</p> <p>On 10/23/23 R5's lunch was delivered on a tray at approximately 11:57 AM; R5 removed the items from the tray and placed tray on his walker seat.</p> <p>R5 stated to residents sitting at the same table that he received carrots again and did not like carrots. Another resident sitting at the same table suggested R5 pick out the carrots from the vegetable blend he had received.</p> <p>R5's food ticket was observed and indicated dislikes included carrots.</p> <p>During an interview on 10/24/23 at 11:40 AM, R5 stated only one staff member was able to provide meals on time, otherwise meals were always late. R5 stated the facility had run out of ketchup recently; and run out of salt and pepper all the time. R5 stated the food was often cold and his likes and dislikes were not honored.</p> <p>Resident #8 (R8)</p> <p>R8's MDS dated 8/23/23 revealed she admitted to the facility on 2/11/16, had a BIMS score of 15 (13-15 Cognitively Intact).</p> <p>During an interview on 10/24/23 at 7:40 AM, R8 stated dining services have been a problem since she admitted at the facility in March 2023. R8 stated the food was always cold, she didn't receive what she ordered, dining times vary, and</p>			

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F0808 SS= D	<p>the always available menu was not always available. R8 stated she had diabetes, and she always received a regular diet.</p> <p>In review of Resident Council minutes dated 9/24/23, indicated concerns regarding meal trays for residents eating in their rooms and the always available menu.</p> <p>In review of Resident Council meeting notes provided by Director of Nursing (DON) "B" on 10/23/23, from the meeting in the morning of the same day, revealed 6 residents requested to see the Dietician; and concerns regarding being out of oatmeal, not receiving toast with eggs, not sending preferences, and alternate menus not available.</p> <p>Resident #4 (R4)</p> <p>Review of the Face Sheet and Minimum Data Set (MDS) dated 08/05/2023 revealed R4 admitted to the facility on 07/23/2021. Brief Interview for Mental Status (BIMS) reflected a score of 15 (score of 13-15 indicates cognitively intact).</p> <p>During an interview on 10/24/2023 at 8:05 AM, R4 reported that when she wants something off the alternate menu she doesn't always get it because "items are missing such as buns or condiments."</p>	F0808	<p>Residents #8 and 11 continue to reside in the facility.</p> <p>Residents listed in the complaint were reviewed by the CDM and Dietician on 10/24/2023 and their dietary profiles updated with current diet order.</p> <p>All residents with PO intake have the potential to be affected.</p> <p>Dietician reviewed all residents on a fluid</p>	11/10/2023

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	<p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to provide therapeutic diets as ordered in 2 of 11 residents reviewed for dietary services (Resident #8 &amp; #11), resulting in risk of not meeting nutrition needs (Resident #11), and fluid overload (Resident #8). Findings include:</p> <p>Resident #8 (R8)</p> <p>R8's Minimum Data Set (MDS) assessment dated 8/23/23 revealed she admitted to the facility on 2/11/16, had a Brief Interview for Mental Status (BIMS), a short performance-based cognitive screener, score of 15 (13-15 Cognitively Intact).</p> <p>During an observation and interview on 10/24/23 at 7:40 AM, R8 was seated in her wheelchair and stated dining services have been a problem since she admitted to the facility in March 2023. R8 stated the food was always cold, she didn't receive what she ordered, dining times varied, and the always available menu was not always available. R8 stated she had diabetes, and she always received a regular diet.</p> <p>In review of R8's physician orders dated 9/25/23 a carbohydrate controlled, no added salt diet with regular texture, and an 1800 cubic centimeters (CC) fluid restriction were ordered.</p> <p>In review of R8's care plans, a fluid restriction was not in the care plan. R8's Nutritional Status Risk care plan, revised 9/12/23, revealed she had the diagnoses of diabetes mellitus electrolyte imbalance, pressure injury to her left heel, and high potassium levels. R8's same care plan included inventions included to honor food</p>		<p>restriction 10/24/2023 to ensure their dietary profile reflected the current order and updated any order in the medical record as required. CDM verified on 10/24/2023 that all current residents with a PO diet order were correctly reflected on their meal ticket.</p> <p>All licensed nurses will be provided with education by the DON, or designee, regarding accurate creation of dietary orders, including fluid restrictions and documentation of intake as needed by 11/9/2023. CDM was educated by Area Dietary Manager on 10/25/2023 regarding the process of reviewing any diet change order being accurately reflected in the tray card system. Dietary staff will be provided with education by the CDM, or designee, regarding utilization of therapeutic diets by 11/9/2023. DON, or designee, will audit 3 residents with fluid restriction orders weekly x 4 then 3 residents with fluid restriction orders monthly x 3 to ensure that orders in medical record and tray tickets accurately reflect fluid breakdown requirements. CDM, or designee, will audit 5 residents with PO diet orders weekly x 4 then 5 residents with PO diet orders monthly x 3 to ensure that resident meal tickets accurately reflect current diet order from medical record. The above results will be presented monthly at QAPI meeting for three months or as directed by the QAPI committee. Director of Nursing (DON) will be responsible for assuring substantial compliance is attained through this plan of correction by 11/10/2023 and for sustained compliance thereafter.</p>	

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	<p>preferences, provide and serve diet as ordered, to monitor intake and record every meal, and report changes in consumption to nurse and/or dietitian.</p> <p>In review of R8's electronic medical record, there was no record of intake consumed per day.</p> <p>In review of R8's dietary ticket, there was no information regarding her 1800 cc fluid restriction.</p> <p>During an interview with Registered Dietician (RD) "N" on 10/24/2023 at approximately 2:00 PM he stated his contract started in middle of August 2023 and worked one to two days a week at the facility. RD "N" stated therapeutic diets were provided at the facility. RD "N" stated his last note regarding R8 was before the fluid restriction order and did not receive a notification of the 9/25/23 orders. RD "N" stated he would have calculated fluids provided at each meal and between meals, update the care plan and write a separate order with that dispersion. RD "N" stated he did not attend care conference meetings, the certified dietary manager attended resident care conference meetings.</p> <p>Resident #11 (R11)</p> <p>In review of R11's physician orders dated 9/25/23, a High Protein Renal diet, and soft and bite-sized texture were ordered; R11 had diagnosis of end stage renal disease.</p> <p>In review of R11's care plans, he admitted to the facility on 9/16/23 and had a care plan dated 9/20/23 that indicated a nutritional problem or potential nutritional problem related to diet restrictions, oral intake fluctuations, swallow concern, history of weight loss prior to hospital and weight gain during hospitalization. The same care plan did not indicate R11 had a high protein</p>			

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F0809 SS= F	<p>renal diet ordered.</p> <p>In review of R11's food ticket, R11's diet was listed as regular, and a high protein renal diet was not included.</p> <p>Certified Dietary Manager (CDM) "D" was interviewed on 10/24/23 at approximately 2:00 PM and stated the facility offered therapeutic diets and did not think they had a resident with a high protein renal diet.</p> <p>CDM "D" was interviewed on 10/24/23 at 3:00 PM and stated she was not aware R11 had an order for a high protein renal diet, and he had not received that diet.</p> <p>Director of Nursing (DON) "B" was interviewed on 10/24/23 at 2:45 PM and 3:05 PM and stated she was not sure why the kitchen was not aware of R8's fluid restriction orders or R11's diet order; and stated the dietary and nursing electronic computer systems communicated with each other.</p> <p>During an interview on 10/23/2023 at 12:40 PM, dietary staff (DS) "G" stated "therapeutic diets are not served here. Renals and diabetics residents get the same food as everyone else."</p> <p>During the week of the complaint survey, confidential staff (CS) "I" reported that the facility doesn't serve diabetic diets. CS "I" said that high sugar desserts are given to them.</p> <p>Frequency of Meals/Snacks at Bedtime §483.60(f) Frequency of Meals §483.60(f)(1) Each resident must receive and the facility must provide at least three meals daily, at regular times comparable to normal mealtimes in the community or in accordance with resident needs, preferences, requests,</p>	F0809	Residents #1, 3 and 5 continue to reside in the facility. IDT reviewed current mealtimes and updated them on 10/25/2023. All residents with PO intake have the potential to be affected. Updated mealtimes have been posted in the dining room by CDM on 10/25/2023.	11/10/2023

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	<p>and plan of care. §483.60(f)(2)There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except when a nourishing snack is served at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span. §483.60(f)(3) Suitable, nourishing alternative meals and snacks must be provided to residents who want to eat at non-traditional times or outside of scheduled meal service times, consistent with the resident plan of care. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to intake MI00139259.</p> <p>Based on observation, interview and record review, the facility failed to provide meals at scheduled times, in 3 of 11 residents reviewed for dining services (Resident #1, #3, &amp; #5), potentially affecting 77 residents receiving meals from the kitchen (1 resident received nothing by mouth) , resulting in decreased quality of life, and the potential for weight loss and depression. Findings include:</p> <p>Resident #1 (R1)</p> <p>R1's Minimum Data Set (MDS) assessment dated 9/17/23 introduced a Brief Interview for Mental Status (BIMS), a short performance-based cognitive screener for nursing home residents, score of 15 (13-15 Cognitively Intact).</p> <p>During an observation and interview on 10/23/23 at 12:50 PM, R1 stated meals were never ready at the scheduled times including the day of interview.</p>		<p>Updated mealtimes were reviewed with the residents participating in the food committee by CDM on 10/31/2023.</p> <p>Updated mealtimes have been provided to all residents who receive a PO diet by the Administrator, or designee, on 11/7/2023. Review of current staff schedule was completed by Dining Service provider on 10/25/2023 and communicated with Administrator. Contingency plan developed between Dining Service provider and facility to address processes of staff challenges, including, coverage of call offs and cross training of facility staff to provide dietary assistance as needed.</p> <p>All staff educated on updated mealtimes by Administrator, or designee, by 11/9/2023. Dietary staff provided education by the CDM, or designee, on 10/25/2023 regarding updated mealtimes and expectation that these are being followed for dining room and room trays. Audit of kitchen equipment and needs was completed by Area Dietary Manager on 10/26/2023, requested equipment order was placed on 10/31/2023 by Administrator. Items arrived on 11/3/2023.</p> <p>CDM, or designee, will complete meal observations 5 times per week x 4 weeks, then 5 times monthly x 3 to ensure that meal service in dining room and hallways are in compliance with scheduled mealtimes. Results will be presented monthly at QAPI meeting for three months or as directed by the QAPI committee.</p> <p>The administrator will be responsible for assuring substantial compliance is attained through this plan of correction by 11/10/2023 and for sustained compliance thereafter.</p>	

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	<p>Resident #3 (R3)</p> <p>R3's Minimum Data Set (MDS) assessment dated 9/11/23 indicated she admitted to the facility on 2/11/16 and had a Brief Interview for Mental Status (BIMS), a short performance-based cognitive screener for nursing home residents, score of 06 (00-07 Severely Cognitively Impaired).</p> <p>R3's Nutrition risk/risk for dehydration care plan, revised 9/12/23 revealed she had multiple medical conditions including difficulty swallowing, Alzheimer's dementia, depression, diabetes mellitus, lung disease, varied oral intake, advanced age, and history of weight loss. The same care plan indicated R3's diet was Regular, Pureed, and with Honey-thick liquids.</p> <p>On 10/24/23 at 9:19 AM, R3 stated meals were not always served on time in the dining room, they run out of the dressing she likes, foods from the always available menu weren't always available, and the food was cold most of the time.</p> <p>Resident #5 (R5)</p> <p>R5's MDS dated 8/19/23 revealed he admitted to the facility on 2/08/23, had a BIMS score of 15 (13-15 Cognitively Intact), and had the diagnoses of diabetes mellitus, high cholesterol and anemia.</p> <p>During an interview on 10/24/23 at 11:40 AM, R5 stated there was only one staff member that was able to deliver meals on time, otherwise meals are always late. R5 stated the food was often cold.</p> <p>On 10/23/2023 at 11:30 AM, observed mealtime posting in the dining room: Breakfast at 7:30 AM, Lunch at 11:30 AM, Dinner at 5:30 PM. Hall cart times were not posted on the sheet.</p>			

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	<p>On 10/23/2023 at 11:40 AM, observed dietary staff were still getting ready for lunch. Dietary Cook (DC) "E" said she was waiting to talk to the Certified Dietary Manager (CDM) "D" because she didn't have the proper utensils to serve since they just switched to a new menu.</p> <p>On 10/23/2023 at 11:45 AM it was observed that the dietary aides were checking the beverage temperatures and the cook was waiting by the steam stable. DC "E" mentioned that they only had 1 thermometer so she was waiting for the aides to check the temperatures of their items and then she could check the steam table temperatures.</p> <p>During an interview on 10/23/2023 at 2:15 PM, CDM "D" stated that they have 2 other thermometers in the kitchen, and she said the staff could have gone into the kitchen to get another thermometer.</p> <p>On 10/23/2023 at 12:01 PM, observed lunch service started in the main dining room. The last hall tray went down the hall at 1:02 PM.</p> <p>During an interview on 10/23/2023 at 10:30 AM, Dietary Staff (DS) "F" reported that sometimes on weekends there was only 1 aide all day which puts things behind in the kitchen and then with meal service.</p> <p>During an interview on 10/23/2023 at 10:30 AM, Dietary Staff (DS) "G" stated that there was so much work to do and sometimes she wasn't out until 5pm. "DS "G" also said since there was only 1 aide in the evenings, the evening aide gets out late and "didn't get out until midnight the other day."</p> <p>During an interview the week of the complaint</p>			

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F0812 SS= F	<p>survey from 10/23/2023 to 10/24/2023, confidential staff (CS) "I" stated that it was a very stressful environment to work in since there wasn't enough help to get meals out on time. CS "I" said she bought paper plates and plastic utensils a few times to help herself to get the meals out on time.</p> <p>During an interview on 10/24/2023 at 9:00 AM, Certified Nursing Assistant (CNA) "K" reported that mealtimes vary since they serve the dining room first and then they rotate the first hall trays to a different hall each day so it's hard to know when they are coming or if they are on time or not.</p> <p>On 10/24/2023 at 9:05 AM, CDM "D" stated that she wasn't aware that the last lunch hall trays went down the hall at 1 pm on 10/23/2023.</p> <p>Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must - §483.60(i) (1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i) (2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:</p>	F0812	<p>No specific residents were named in this citation. Items in the refrigerator that were not dated or labeled were immediately discarded and staff were verbally educated on appropriate hair net protocol.</p> <p>All residents have the potential to be affected by this deficient practice. Initial audit of the kitchen was completed by CDM on 10/23/2023 which verified that all items in the kitchen were appropriately labeled and dated, food temp logs were up to date and completed appropriately and all staff members had the appropriate hair restraint in place. Dietary staff were educated by CDM, or designee, on 10/25/2023 which included review of proper labeling and dating of food items, appropriate completion and tracking of food temperatures and appropriate use of hair securement devices.</p> <p>All staff members that are required to enter the kitchen area during their shift will be educated by Administrator, or designee, by</p>	11/10/2023

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	<p>This citation pertains to MI00139259.</p> <p>.</p> <p>Based on observation, interview, and record review the facility failed to ensure proper label and dating of foods, documentation of food and beverage temperatures, and wearing of hair restraints with 77 residents receiving meals from the kitchen (1 resident receives nothing by mouth) resulting in increased the risk of contaminated foods and the risk of food borne illness.</p> <p>Findings include:</p> <p>During an initial tour of the kitchen on 10/23/2023 at 9:45 AM, the following was observed in the refrigerator:</p> <p>Creamed corn in a pan, dated 10/18/2023 with no use by date</p> <p>Opened package of hot dogs wrapped in saran wrap with no label and date</p> <p>Opened block of cheese with no label and date</p> <p>Opened block of ham with no label and date</p> <p>Opened Sausage with no label and date</p> <p>Opened Salad bag with no label and date</p> <p>Opened sliced meat wrapped in saran wrap, dated 10/5/2023 with no label of what it was and no use by date</p> <p>Hot dogs in shallow pan, covered with foil with no label or date</p>		<p>11/9/2023 on appropriate utilization of hair securement devices.</p> <p>Management Checklist will be implemented by dietary manager that will include labeling and dating of food items, food temperature logs and utilization of hair securement devices by 11/9/2023.</p> <p>CDM, or designee, will complete management checklist 5 times per week x 4 weeks, then 5 times monthly x 3 to ensure appropriate labeling and dating of food items, food temperature logs and utilization of hair securement devices. Results will be presented monthly at QAPI meeting for three months or as directed by the QAPI committee. The administrator will be responsible for assuring substantial compliance is attained through this plan of correction by 11/10/2023 and for sustained compliance thereafter.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>464060</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/24/2023</b>
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	<p>3 evening (HS) snacks dated from the previous night (10/22/2023) were sitting on a tray in the refrigerator</p> <p>During the initial tour, the Certified Dietary Manager (CDM) "D" stated that the staff knew better and "these items need to be thrown out" and proceeded to throw all of them in the garbage.</p> <p>Review of the Labeling and Dating Policy dated 2017 revealed, "To decrease the risk of food borne illness and to provide the highest quality, foods are labeled with the date received, the date opened and the date by which the item should be discarded."</p> <p>Review of the 2017 FDA Food Code revealed: 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking.</p> <p>(A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under § 3-502.12, and except as specified in ¶¶ (E) and (F) of this section, refrigerated, READY-TO EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5°C (41°F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1.</p> <p>Review of the production sheets dated 10/1/2023 to 10/23/2023 revealed missing temperatures for menu items and beverages on 10/1/2023, 10/4/2023, 10/6/2023, 10/7/2023, 10/8/2023, 10/9/2023 and 10/21/2023.</p> <p>During an interview on 10/23/2023 at 10:10 AM,</p>			

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	<p>Dietary Cook (DC) "E" stated that she missed checking the temperatures on the meal on 10/21/2023 because she worked all day. DC "E" said that "isn't an excuse but that's what happened."</p> <p>During an interview on 10/23/2023 at 10:30 AM, Dietary Staff (DS) "F" stated that the cook checks the steam table temperatures before serving and the aides check the beverage and other items before serving.</p> <p>On 10/23/2023 at 11:45 AM prior to lunch being served, it was observed that the dietary aides were checking the beverage temperatures and the cook was waiting by the steam stable. DC "E" stated that they only had 1 thermometer so she was waiting for the aides to check the temperatures of their items and then she could check the steam table temperatures.</p> <p>During an interview on 10/23/2023 at 2:15 PM, CDM "D" stated that dietary staff should be checking temperatures for main entrée, beverages, and alternates that are served before every meal. CDM "D" said that the production sheets aren't consistent with recording temperatures from meal to meal and the dietary staff need education on what temperatures they need to obtain. CDM "D" stated that they have 2 other thermometers in the kitchen, and she said the staff should have gone into the kitchen to get another thermometer.</p> <p>During the initial kitchen tour on 10/23/2023 at 9:45 AM, it was observed that CDM "D" was wearing her hairnet on half of her head with the front uncovered.</p> <p>On 10/23/2023 at 11:45 AM it was observed that CDM "D" was behind the steam table during lunch service with her hairnet on half of her head with the front uncovered.</p>			

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	<p>During an interview on 10/23/2023 at 2:15 PM, CDM "D" stated that hairnets need to be worn completely covering the head. She stated that her hairnet moves down sometimes and she will keep an eye on it or order different hairnets so it stays in place.</p> <p>Review of the 2017 FDA Food Code revealed, 2-402.11 Effectiveness.</p> <p>(A) Except as provided in ¶ (B) of this section, FOOD EMPLOYEES shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; and unwrapped SINGLESERVICE and SINGLE-USE ARTICLES.</p>			