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	345519	A. BUILDING _____ B. WING _____	C 03/04/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY COMMONS NSG & REH JOHN	2315 HIGHWAY 242 NORTH BENSON, NC 27504

(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
F 242 SS=D	483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review the facility failed to honor food dislikes documented on tray slips for 1 of 4 sampled residents (Resident #1) who were reviewed for dining experience and meal intake. Findings included: Record review revealed Resident #1 was admitted to the facility on 01/18/13. The resident's documented diagnoses included dysphagia, supra-nuclear palsy, diabetes, hyperlipidemia, and congestive heart failure. The resident's 11/26/14 annual minimum data set (MDS) assessment documented she had short and long term memory impairment, and required limited assistance from a staff member with eating. A 11/30/14 Dietary Notice Form documented Resident #1 was not to receive eggs at the breakfast meal. "Resident hates eggs. They turn her stomach." The resident's Weight Summary documented her most recent weight was 154.5 pounds on	F 242	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility□s allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. F 242 (choices) Corrective Action for Resident Affected: For Resident # 1, on 3/4/2015 was provided an alternative protein to which she prefers. Corrective Action for Resident Potentially Affected: All resident□s have the potential to be affected by the alleged deficient practice.	3/31/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/19/2015

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F 242	Continued From page 1 02/26/15. The resident experienced a significant weight loss of 10.6% between 08/19/14, when she weighed 172.8 pounds, and 02/26/15. At 9:03 AM on 03/04/15 Resident #1 was observed eating in the main dining room. She was being fed by staff. There were scrambled eggs on her plate, and the staff member was getting ready to feed them to the resident. Review of the resident's breakfast tray slip revealed eggs were documented as a dislike. At 9:35 AM on 03/04/14 the dietary manager (DM)/registered dietitian (RD) stated she checked the accuracy of trays at the lunch and supper meals by comparing the tray slips against the food on resident meal trays. However, she reported no dietary staff member was assigned the responsibility of checking the accuracy of breakfast meal trays before they left the kitchen. She also commented that the staff feeding the residents were supposed to check to make sure the "likes" and "dislikes" documented on the tray slips were being honored. At 2:50 PM on 03/04/15 nursing assistant (NA) #1, who reported working both in the dining rooms and on the halls to assist residents during meals, stated it was part of her responsibility to make sure any dislikes identified on the tray slips were not present on resident trays when she provided meal set-up assistance. If she found food dislikes present on meal trays she commented she went to the kitchen to have another plate prepared for the affected residents. At 5:15 PM on 03/04/14 NA #2, who reported working both in the dining rooms and on the halls to assist residents during meals, stated she	F 242	On 3/4/2015 the dietary manager audited the tray line for accuracy of providing residents food choices to their documented preferences. Ongoing, the dietary Manager or designee will continue to audit the tray line for accuracy of providing residents food choices to their documented preferences. The dietary manager or designee will complete an audit a minimum of 12 trays for one meal five times a week for four weeks and then 12 trays for 2 meals per week for 3 months or until resolved by the QA committee. Systemic Changes An in-service was conducted on 3/12/2015 for all dietary employees by the Director of Healthcare Services for the dietary contracted agency: Gallins. All dietary employees will be in-serviced by 3/19/2015 or removed from the schedule until completion of the assigned in-service. The in-service topics included: " All preferences have been recorded on the tray card. " It is dietary department responsibility to read the card paying close attention to the preferences of the resident in order to place the appropriate items on their tray. " If for some reason a food preference is not available the dietary worker must communicate this to the dietary supervisor to ensure that we get this item in order to honor the residents request. An in-service was conducted by who DON on 3/25/2015 and 3/26/2016 and is	

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F 242	Continued From page 2 compared what was on resident plates against the "likes" and "dislikes" documented on tray slips to make sure resident choices were being honored.	F 242	ongoing with all FT, PT and PRN RN□s, LPN□s, Med Tech□s and CNA□s will be in attendance. The facility specific inservice was sent to Hospice Providers whose employees give residents care in the facility to provide training for staff prior to returning to the facility to provide care. Any in-house staff member who did not receive in-service training by 3/31/2015 will not be allowed to work until training has been completed. The in-service topics included: " The final check to ensure the resident receives food items which honor their choices and preferences are the direct care worker delivering the tray to the resident responsibility. All food dislikes are listed on the tray card ticket delivered with every meal. Please read these dislikes and check them against the tray before delivering the meal to the resident. If the meal does not honor resident choices you must communicate to the kitchen and request a supplement food item. This information has been integrated into the standard orientation training and in the required in-service refresher courses for all employees and will be reviewed by the Quality Assurance Process to verify that the change has been sustained. Quality Assurance: The dietary manager or designee will monitor 1 full tray line for accuracy of honoring resident choices and food	

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F 242	Continued From page 3	F 242	preferences before trays are delivered to the nursing department a minimum of five days a week. A schedule of department heads will monitor this issue by using the meal Quality Assurance Tool for monitoring food preferences are honored. The monitoring will look at 12 resident□s trays during one meal for 14 days alternating this meal review (breakfast, lunch and dinner). Following the daily review the QA schedule will include reviewing 12 resident□s trays during 2 meals weekly for 3 months or until resolved by Quality of Life/Quality Assurance Committee. Reports will be given to the weekly Quality of Life/ Quality Assurance committee and corrective action initiated as appropriate. The dietary manager or designee will complete an audit a minimum of 12 trays for one meal five times a week for four weeks and then 12 trays for 2 meals per week for 3 months or until resolved by the QA committee. Reports will be given to the weekly Quality of Life/ Quality Assurance committee and corrective action initiated as appropriate.	
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident	F 315		3/31/15

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F 315	Continued From page 4 who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, physician interview, nurse practitioner interview, staff interview, and record review the facility failed to communicate lab results, documenting greater than 100,000 colony forming units (CFUs) of bacteria, to the nurse practitioner in order to consider treatment options for 1 of 1 sampled residents (Resident #1) with a urinary tract infection (UTI). The facility also failed to provide effective antibiotic therapy as ordered by the physician for 1 of 1 sampled residents (Resident #1) with a UTI. Findings included: Record review revealed Resident #1 was admitted to the facility on 01/18/13. The resident's documented diagnoses included supra-nuclear palsy, diabetes, and history of falls. The resident's 11/26/14 annual minimum data set (MDS) assessment documented she had short and long term memory impairment, was occasionally incontinent of bladder, and required extensive assistance from a staff member for toileting. On 12/23/14 the resident's care plan identified that incontinent episodes were a problem. Interventions to this problem included monitoring for signs and symptoms of UTIs. A 01/22/15 nurse's note documented Resident #1	F 315	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility□s allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. F 315 Corrective Action for Resident Affected: On 3/3/15 the urinalysis collected on 1/23/15 for Resident #1 was communicated to the Provider by who the staff nurse. On 3/3/15, communication to the Provider regarding clarification of the data entry for the prescribed antibiotic therapy for resident #1 and the data entry was corrected by staff nurse. Corrective Action for Resident Potentially Affected:	

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F 315	Continued From page 5 had a moderate amount of thick white vaginal discharge, but was not complaining of pain. The note also documented, "still to collect urine sample to be sent to lab." The director of nursing (DON) printed a copy of a lab result which documented a urine sample was collected for Resident #1 and received by the lab on 01/23/15. (The original lab result was not present in the resident's medical record). A 01/23/15 physician order started Resident #1 on Diflucan (anti-yeast medication) 100 milligrams (mg) daily (QD) x 3 days. Review of the resident's medication administration record (MAR) revealed the resident received the Diflucan as ordered. The DON printed a copy of a lab result which documented final results and a culture and sensitivity (C & S) from the 01/23/15 urine collection were available on 01/26/15. The report documented Resident #1 had greater than 100,000 CFU of Proteus mirabilis in her urine sample. (The original lab result was not present in the resident's medical record). A 01/27/15 nurse's note documented Resident #1 had brownish-red vaginal discharge. A 01/28/15 nurse's note documented the resident "reported to have been incontinent lately." The nurse stated the resident was not complaining of pain and had no abdominal discomfort. "Awaiting UA (urinalysis)/C & S." On 01/28/15 the nurse practitioner (NP) documented in a note the resident had inflamed vaginal mucosa, vaginal discharge, and strong	F 315	All resident□s having the potential to be affected by the alleged deficient practice. On 3/4/15, all residents with urinalysis obtained in last 30 days were reviewed by who the RN unit manager and lead support nurses to ensure the results have been communicated to the Provider. This audit was completed on 3/6/2015 by RN unit manager and LPN support nurse. On 3/10/15, a report for all residents that have had a urinalysis/lab ordered since Jan 1, 2015 has been obtained to be reviewed by the RN unit manager and LPN lead support nurses to ensure all results have been received and communicated to the Provider. This audit was completed 3/16/2015. On 3/3/15, all residents currently receiving antibiotics were assessed and the antibiotic order was verified to be entered into the eMAR (electronic medical record) correctly. This was completed on 03/03/15 by RN unit manager. Systemic Changes In-services are scheduled on 3/24/15 and 3/25/15 by the Director of Nursing/Designee. All FT, PT, and PRN licensed nurses and Med Techs are mandated to attend. The facility specific in-service will be sent to Hospice Providers whose employees give residents care in the facility to provide training for staff prior to returning to the	

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F 315	Continued From page 6 pungent vaginal odor. A 01/28/15 physician order started Resident #1 on Flagyl (antibiotic) 500 mg twice daily (BID) x 7 days and acidophilus 1 tablet BID for vaginitis. Review of the resident's MAR revealed the resident received the Flagyl and acidophilus as ordered. 01/30/15 and 02/01/15 nurse's notes documented, "Awaiting UA/C & S." On 02/04/15 the NP documented in a note documented, "Vaginal discharge and odor persisting despite treatment. Denies fever, chills, changed appetite, n/v (nausea and vomiting), and constipation...Will obtain UA, C & S to be comprehensive." (The DON was unable to find a lab report documenting urine collection for this time period). A 02/07/15 nurse's note documented, "Awaiting UA results." A 02/18/15 nurse's note documented Resident #1 was found sitting on the floor of her room. On 02/18/15 the NP documented in a note that she wanted a UA, C & S done as fall intervention. Review of the resident's medical record revealed a lab report documenting a urine sample was collected for Resident #1 on 02/18/15, and on 02/21/15 the urine contained 85, 000 CFUs of mixed bacteria. On 02/23/15 a staff member wrote on the lab report to recollect a UA. Review of the resident's medical record revealed a lab report documenting a urine sample was	F 315	facility to provide care. Any in-house staff member who does not receive scheduled in-service training will not be allowed to work until training has been completed by March 31, 2015. The in-service topics will include: " Collecting all lab/urinalysis results and communicating to the Provider the results of the lab/urinalysis " New Lab roster spreadsheet to view collected labs for timely follow up " Educating all nurses on the process to access recently collected lab/urinalysis from lab provider electronically " Documentation process of not documenting awaiting lab/urinalysis results and being proactive in obtaining the results/follow up " Correct process of electronic data entry for all medication orders " Correct process for electronic data entry for complex medication orders with duration parameters This information has been integrated into the standard orientation training and in the required in-service refresher courses for all employees and will be reviewed by the Quality Assurance Process to verify that the change has been sustained. Quality Assurance: Please include in the QA for labs that antibiltics would be monitored as well for start and stop dates as ordered by the MD.	

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F 315	Continued From page 7 collected for Resident #1 on 02/24/15, and on 02/26/15 the urine contained greater than 100, 000 CFUs of Proteus mirabilis bacteria. A staff member had written on the lab report to treat with Keflex (antibiotic) 500 mg BID x 7 days. Review of the resident's MAR revealed the antibiotic order was entered into the computer as Keflex 500 mg BID every 7 days. A 02/25/15 physician progress note documented, "(Resident #1's) Family requesting hospice evaluation for progressive decline in overall health noted over the past several months....Clinical condition over the past several months significant for progressive weakness and physical decline...." At 4:30 PM on 03/03/15 nursing assistant (NA) #3 provided toileting assistance to Resident #1. An odor of foul smelling urine was present as NA #3 removed the resident's disposable brief. The brief was soiled with a large amount of yellow urine, as well as a small area of brownish discoloration in the center of the brief. At 4:50 PM on 03/03/15 NA #3 stated she thought Resident #1 was diagnosed with a UTI recently, and she was started on an antibiotic to treat it. NA #3 also reported she thought the recent plan to toilet the resident every two hours was also started in response to the UTI. Review of Resident #1's MAR revealed, since the antibiotic order frequency was entered incorrectly, the resident received two 500 mg doses of Keflex on 02/27/15, but was not scheduled to get the next two doses until 03/06/15. At 5:40 PM on 03/03/15 the DON stated receiving	F 315	The QOL Committee will monitor these issues using the Quality Assurance Tool for monitoring labs/urinalysis and antibiotic therapy. The lab/urinalysis monitoring tool will look at the compliance with receiving and communicating all lab/urinalysis results to the Providers. Additionally, all antibiotic orders will be monitored by the QOL committee for start and stop dates as ordered by the MD. This will be completed 5 times a week for 4 weeks then monthly x 3 months or until resolved by Quality of Life/Quality Assurance Committee. Reports will be given to the weekly Quality of Life/ Quality Assurance committee and corrective action initiated as appropriate.	

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Keflex "every 7 days" was not effective antibiotic therapy. She also reported the Keflex order looked as if it was entered into the electronic system correctly when reviewing the order summary screen, but going forward she commented the verbal/telephone orders would be compared against the electronic MAR. According to the DON, her expectation was for nursing to follow-up on the UA which was drawn on 01/23/15, especially since nursing notes as late as 02/07/15 documented that the facility was awaiting UA lab results. She explained nursing should have consulted the electronic lab system or called the lab which analyzed the urine.

At 12:22 PM on 03/04/15 Nurse #2 (a unit manager) stated Resident #1 was having issues with a UTI and vaginitis, but did not exhibit physical signs of discomfort. She reported lab results were sent electronically to the facility, the nurse who received the results contacted the primary physician, this nurse documented on the bottom of the lab report "no new orders" or the specific treatment orders communicated by the physician, and the nurse initialed the results. According to Nurse #2, if a nurse retrieved Resident #1's 01/26/15 electronic UA results they should have been in the resident's medical record with the above notations mentioned above placed on them. She also commented Monday through Friday verbal and telephone orders were compared to the orders input into the electronic order/MAR system. She was unable to explain why the 02/27/15 transcription error of Resident #1's Keflex was not detected.

At 2:20 PM on 03/04/15 Nurse #1 stated Resident #1 was more incontinent, responded less to the staff, and seemed more unlikely to cooperate with

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F 315	Continued From page 9	F 315		

the staff over the last month. She reported when she received UA lab results documenting greater than 100,000 CFU of bacteria she always called the physician, and wrote new orders on the bottom of the results page.

At 2:50 PM on 03/04/15 nursing assistant (NA) #1 stated over the last month Resident #1 lost the ability to tell staff when she needed to be toileted and was more confused. She commented the resident's diapers were more wet, and her urine had a stronger odor. However, she reported the resident did not exhibit physical symptoms of pain or discomfort.

At 3:25 PM on 03/04/15 Resident #1's primary physician stated the main focus of treatment for Resident #1 was to treat her vaginitis. However, since the NP also ordered a UA he reported the results should have been relayed to his office so his team could make a decision about a possible treatment regimen. He commented 8 out of 10 times when UA results documented greater than 100,000 CFU of bacteria he ordered antibiotic treatment. However, he remarked Resident #1 was not exhibiting physical signs of a UTI such as elevated temperature and burning upon urination so he might not have initiated treatment immediately. The physician stated two doses of Keflex every seven days would not be effective in treating a UTI.

At 4:18 PM on 03/04/15, during a telephone interview, the NP explained even though Resident #1's primary problem was vaginitis she wanted to draw a UA to see if there was a urethral/bladder component to the infection. She stated if UA lab results were pulled by a receiving nurse (on 01/26/15) she would have documented the

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F 315	Continued From page 10 results in her 01/28/15 note (no lab results were mentioned in the NP's 01/28/15 note). According to the NP, she once again ordered a UA to be drawn on 02/04/15 since the Diflucan, Flagyl, and acidophilus did not seem to be improving the resident's infection status. She could not remember if she was informed of lab results from the 02/04/15 urine collection. (There were no records in the electronic lab system of Resident #1 having more urine collected and sent to the lab until 02/18/15).	F 315		
F 325 SS=D	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem. This REQUIREMENT is not met as evidenced by: Based on observation, physician interview, staff interview, and record review the facility failed to provide 1 of 3 sampled residents (Resident #1) who experienced weight loss with nutrition interventions which were ordered by the physician or recommended by the quality of life (QOL) committee to prevent further weight loss. Findings included:	F 325	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction	3/31/15

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F 325	Continued From page 11 Record review revealed Resident #1 was admitted to the facility on 01/18/13. The resident's documented diagnoses included dysphagia, supra-nuclear palsy, diabetes, hyperlipidemia, and congestive heart failure. The resident's 11/26/14 annual minimum data set (MDS) assessment documented she had short and long term memory impairment, and required limited assistance from a staff member with eating. The resident's Weight Summary documented she weighed 172.8 pounds on 08/19/14 and 161.2 pounds on 12/17/14. The resident's electronic orders documented on 12/09/14 Med Pass 2.0 90 cubic centimeters (cc) three times daily (TID) was initiated to help prevent further weight loss. Review of Resident #1's medication administration records (MARs) revealed she was receiving this liquid nutrition supplement as ordered. On 12/30/14 unplanned/unexpected weight loss due to progression of neuromuscular disease was identified as a problem in Resident #1's care plan. Interventions to this problem included providing the resident with the diet and supplements as ordered/recommended. The resident's electronic orders documented on 01/08/15 Magic Cup (frozen nutritional supplement similar to ice cream) twice a day (BID) at the breakfast and lunch meals and on 02/06/15 fortified foods were initiated to help prevent further weight loss. The resident's Weight Summary documented she	F 325	constitutes the facility□s allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. F 325 Corrective Action for Resident Affected: For Resident # 1, on 3/3/2015 did not have the weight loss intervention of magic cup and fortified food on her meal tray. This was provided to the resident immediately on 3/3/2015 by dietary department once it was discovered. Corrective Action for Resident Potentially Affected: All resident□s have the potential to be affected by the alleged deficient practice. On 3/3/2015 the dietary manager audited the tray line for accuracy of providing residents weight loss interventions as listed on their tray ticket. Ongoing, the dietary Manager or designee will continue to audit the tray line for accuracy of providing residents weight loss interventions as ordered. The dietary manager or designee will complete an audit a minimum of 12 trays for one meal five times a week for four weeks and then 12 trays for 2 meals per week for 3 months or until resolved by the QA committee. Systemic Changes An in-service was conducted on	

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	345519	A. BUILDING _____ B. WING _____	C 03/04/2015

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F 325	Continued From page 12 weighed 154.5 pounds on 02/19/15 and on 02/26/15. The resident experienced a significant weight loss of 10.6 % between 08/19/14 and 02/26/15 (in the last 180 days). A 02/26/15 registered dietitian (RD) progress note documented Resident #1's meal intake varied from 25 to 100%, a hospice evaluation was ordered for the resident, and the resident was receiving Med Pass, Magic Cup, and fortified foods in an attempt to prevent further weight loss. At 12:25 PM on 03/03/15 Resident #1 was observed eating in the main dining room. She was being fed by staff. There were chicken breast, mixed vegetables, and cubed beets on the resident's plate. Review of the resident's lunch tray slip revealed documentation that the resident was supposed to receive fortified foods and a Magic Cup. There were no fortified foods or Magic Cup on the resident's meal tray. At 9:35 AM on 03/04/15 the dietary manager (DM)/RD stated she checked the accuracy of trays at the lunch and supper meals by comparing the tray slips against the food on resident meal trays. She reported one of the things she checked was to make sure nutrition supplements listed on the tray slips actually appeared on resident trays. She was unable to explain why Resident #1 did not receive a Magic Cup at the 03/03/15 lunch meal. She stated mashed potatoes were the fortified food which was served at both lunch and supper meals. The DM/RD was unable to explain why Resident #1 did not receive mashed potatoes at the 03/03/15 lunch meal.	F 325	3/12/2015 by the Director of Healthcare Services for the dietary contracted agency: Gallins. All dietary employees will be in-serviced by 3/19/2015 or removed from the schedule until completion of the assigned in-service. The in-service topics included: " What is classified as a weight loss intervention provided by the kitchen: magic cup, fortified foods, etc. " Importance to provide supplements as ordered for resident□s nutritional status. An in-service was conducted by DON on 3/25/2015 and 3/26/2016 and is ongoing with all FT, PT and PRN RN□s, LPN□s, Med Tech□s and CNA□s will be in attendance. The facility specific in service was sent to The facility specific in-service was sent to Hospice Providers whose employees give residents care in the facility to provide training for staff prior to returning to the facility to provide care. Any in-house staff member who did not receive in-service training will not be allowed to work until training has been completed. The in-service topics included: " The final check to ensure the resident receives the supplement as ordered is the direct care worker delivering the tray to the resident responsibility. All supplements provided by the kitchen are listed on the tray tickets and it is important the resident receive these items for their overall nutritional status. If the meal does not have the item or items listed it is imperative the employee communicate	

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F 325	Continued From page 13 At 12:38 PM on 03/04/15 the facility's speech therapist (ST) stated it would be important to feed the resident high-calorie, nutrient-dense foods that met her diet parameters since the progression of her neuromuscular condition would make continued weight loss likely. At 2:50 PM on 03/04/15 nursing assistant (NA) #1, who reported working both in the dining rooms and on the halls to assist residents during meals, stated it was part of her responsibility to make sure any supplements documented on the tray slips were present on resident trays when she provided meal set-up assistance. If these nutrition supplements were not present on meal trays she commented she went to the kitchen to obtain them. The NA commented it was the responsibility of the dietary staff to make sure fortified foods were on the trays of those residents with orders for them. At 3:25 PM on 03/04/15 Resident #1's primary physician stated nutrition supplements and weight loss interventions would be beneficial to try to halt weight loss, but the resident might continue to have weight issues even with their provision due to the progression of her disease processes. At 5:15 PM on 03/04/14 NA #2, who reported working both in the dining rooms and on the halls to assist residents during meals, stated she compared what was on resident trays against resident tray slips. If nutrition supplements were recorded on the tray slips but missing from the trays she stated she obtained them from dietary. According to the NA, however, it was the responsibility of dietary to confirm fortified foods were on the appropriate meal trays since the NAs were not sure what foods on the trays had been	F 325	with the kitchen and ensure it is provided to the resident. " Items classified as weight loss intervention were identified and reviewed: magic cup, fortified foods, etc. " Importance to provide supplements as ordered for resident□s nutritional status. This information has been integrated into the standard orientation training and in the required in-service refresher courses for all employees and will be reviewed by the Quality Assurance Process to verify that the change has been sustained. Quality Assurance: The dietary manager or designee will monitor 1 full tray line for accuracy before trays are delivered to the nursing department a minimum of five days a week. A schedule of department heads will monitor this issue by using the meal Quality Assurance Tool for monitoring food preferences are honored. The monitoring will look at 12 resident□s trays during one meal for 14 days alternating this meal review (breakfast, lunch and dinner). Following the daily review the QA schedule will include reviewing 12 resident□s trays during 2 meals weekly for 3 months or until resolved by Quality of Life/Quality Assurance Committee. The dietary manager or designee will complete an audit a minimum of 12 trays for one	

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F 325	Continued From page 14 fortified.	F 325	meal five times a week for four weeks and then 12 trays for 2 meals per week for 3 months or until resolved by the QA committee. Reports will be given to the weekly Quality of Life/ Quality Assurance committee and corrective action initiated as appropriate.	
F 365 SS=D	483.35(d)(3) FOOD IN FORM TO MEET INDIVIDUAL NEEDS Each resident receives and the facility provides food prepared in a form designed to meet individual needs. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review the facility failed to provide 1 of 4 sampled residents (Resident #1), observed at meal times, with meats in the form recommended by the speech therapist (ST) and ordered by the physician in order to promote safe swallowing. Findings included: Record review revealed Resident #1 was admitted to the facility on 01/18/13. The resident's documented diagnoses included dysphagia, supra-nuclear palsy, diabetes, hyperlipidemia, and congestive heart failure. The resident's 11/26/14 annual minimum data set (MDS) assessment documented she had short and long term memory impairment, and required limited assistance from a staff member with eating.	F 365	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility□s allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. F 365 Corrective Action for Resident Affected: For Resident # 1, on 3/3/2015 and 3/4/2015 received mechanical soft meats but was on a pureed meat diet.	3/31/15

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F 365	Continued From page 15 The resident's Weight Summary documented her most recent weight was 154.5 pounds on 02/26/15. The resident experienced a significant weight loss of 10.6% between 08/19/14, when she weighed 172.8 pounds, and 02/26/15. A 01/13/15 physician order documented Resident #1's diet was being downgraded to mechanical soft with puree meats per a speech therapy evaluation. A 01/13/15 Dietary Notice Form documented Resident #1's diet consistency was mechanical soft with puree meats, and the resident was to be fed by staff. At 12:25 PM on 03/03/15 Resident #1 was observed eating in the main dining room. She was being fed mechanical soft chicken by a staff member as documented on her tray slip. The resident ate the chicken without coughing or choking. At 9:03 AM on 03/04/15 Resident #1 was being fed mechanical soft sausage, as specified on her tray slip, in the main dining room. The resident did not cough or choke at the time she was being fed the meat, but did have intermittent coughing spells approximately three minutes after being fed the meat. At 9:35 AM on 03/04/14 the dietary manager (DM)/registered dietitian (RD) stated dietary was responsible for taking the Dietary Notice Forms and entering changes in the electronic system so that the most current diets, consistencies, supplements, and "likes" and "dislikes" appeared on the tray slips. She was unable to explain why Resident #1's tray slips did not capture the need	F 365	Immediately the resident□s tray ticket was updated by the dietary manager and she received pureed meats on her next meal. Corrective Action for Resident Potentially Affected: All resident□s have the potential to be affected by the alleged deficient practice. On 3/3/2015 the dietary manager audited the tray line for accuracy of providing residents the correct form of food as ordered by the physician. Ongoing, the dietary Manager or designee will continue to audit the tray line for accuracy of providing residents the correct form of food. The dietary manager or designee will complete an audit a minimum of 12 trays for one meal five times a week for four weeks and then 12 trays for 2 meals per week for 3 months or until resolved by the QA committee. An audit was completed to ensure all physician diet orders matched the dietary department tray tickets any differences observed were corrected immediately. This audit was completed by the Director of Healthcare Services of contracted dietary department and NHA. This audit was completed on 3/13/2015. The RN care plan nurse also completed an audit of care plans to ensure a mechanically altered diets are care planned as appropriate. The care plan audit will be completed by 3/18/2015. Systemic Changes	

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F 365	Continued From page 16 for puree meats. At 12:38 PM on 03/04/15 the facility's speech therapist ST) stated since meats were tougher than vegetables her recommendation was to puree Resident #1's meats so they would be easier to swallow. At 3:25 PM on 03/04/15 Resident #1's primary physician stated the resident was prone to choking due to her disease process, and it was important to keep the resident's food in the safest consistency.	F 365	An in-service was conducted on 3/12/2015 by the Director of Healthcare Services for the dietary contracted agency: Gallins. All dietary employees will be in-serviced by 3/19/2015 or removed from the schedule until completion of the assigned in-service. The in-service topics included: " The importance and risk of providing the resident the correct form of food as ordered by the physician. An in-service was conducted by the DON on 3/25/2015 and 3/26/2016 and is ongoing with all FT, PT and PRN RN□s, LPN□s, Med Tech□s and CNA□s will be in attendance. The facility specific in-service was sent to Hospice Providers whose employees give residents care in the facility to provide training for staff prior to returning to the facility to provide care. Any in-house staff member who did not receive in-service training will not be allowed to work until training has been completed. The in-service topics included: " The final check to ensure the resident receives correct form of food (mechanical soft, regular, pureed) as ordered is the direct care worker delivering the tray to the resident responsibility. All form of food ordered by the physician is listed on the tray ticket. It is imperative the direct care worker delivering the tray to the resident check the food form against the tray ticket for accuracy. If the form of food does not match what is listed on the tray card then it is imperative the employee	

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F 365	Continued From page 17	F 365	immediately take the tray back to the kitchen to communicate with the kitchen and ensure it is provided to the resident. This information has been integrated into the standard orientation training and in the required in-service refresher courses for all employees and will be reviewed by the Quality Assurance Process to verify that the change has been sustained. Quality Assurance: The dietary manager or designee will monitor 1 full tray line for accuracy before trays are delivered to the nursing department a minimum of five days a week. A schedule of department heads will monitor this issue by using the meal Quality Assurance Tool for monitoring food preferences are honored. The monitoring will look at 12 resident□s trays during one meal for 14 days alternating this meal review (breakfast, lunch and dinner). Following the daily review the QA schedule will include reviewing 12 resident□s trays during 2 meals weekly for 3 months or until resolved by Quality of Life/Quality Assurance Committee. The dietary manager or designee will complete an audit a minimum of 12 trays for one meal five times a week for four weeks and then 12 trays for 2 meals per week for 3 months or until resolved by the QA committee. Reports will be given to the	

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F 365	Continued From page 18	F 365	weekly Quality of Life/ Quality Assurance committee and corrective action initiated as appropriate.	