STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345249	A. BUILDING _____ B. WING _____	09/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNC ROCKINGHAM REHAB & NURSING CARE CENTER	205 EAST KINGS HIGHWAY EDEN, NC 27288

(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 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §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 in the	F 550		10/19/18

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

Electronically Signed | 10/19/2018

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F 550	Continued From page 1 exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record reviews the facility failed to provide a dignified dining experience for 1 of 21 residents (Resident # 27) who was not provided meals at the same time as other residents in the dining hall during meal observation. Findings included: Resident #27 was admitted to the facility on 7/27/17 with diagnoses that included Parkinson, dementia, Major depression, spondylosis cervical region (degeneration of the bones and disks in the neck). A review of the most recent Minimum Data Set (MDS) assessment dated 7/5/18 marked as an annual assessment, revealed resident was assessed as cognitively impaired. Assessment indicated resident was total dependence with one-person assistance for eating. Resident was coded as receiving mechanically altered diet. Review of the recent updated care plan dated 7/30/18 revealed resident was care planned for underweight and for activities of daily living (ADL) needing total to extensive assistance due to cognitive loss and poor body control related to Parkinson. Goal was to not have weight loss, no complication related to ADL dependence. Interventions included were providing high protein supplements, document meal intake and report decline to dietitian, encourage resident to dine in the dining room to provide opportunity to socialize. Provide extensive/ total assistance with	F 550	1. Resident #27 expired on 10/1/18. 2. The dining room resident list has been reviewed and revised to identify residents needing assistance while eating meals. 3. Educator and/or designee will educate all nursing staff on feeding all residents at the same time in the dining room. Charge Nurse and/or designee will be in Dining Room to ensure all residents are being served their meals at the same time. 4. Charge Nurse and/or designee will monitor Dining Room during meals o ensure all residents are served at the same time. The findings will be documented and any non-compliance will be addressed immediately. All findings will be reviewed in the facility's Monthly Quality Assurance Meeting. The monitoring will take place for 3 months.	

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F 550	Continued From page 2	F 550		

all ADL's. Resident was on pureed meals and required feeding assistance and cueing at all meals.

During lunch observation on 9/24/18 from 12:05 PM to 12:30 PM, Resident # 27 was observed sitting in a wheel chair in the dining hall. Resident #27 was observing other residents being assisted with eating their meals while she waited to be served her meal.

During an interview on 09/24/18 at 12:25 PM, Nurse Aide (NA) # 3 indicated she was assisting another resident and would feed the resident once completed with her task. NA # 3 stated Resident #27 had to wait to be fed as staff were assisting other residents with feeding. NA # 3 also stated she was unsure why restorative NA's were not in the dining room to assist residents with feeding.

Observations on 9/24/18 at 12:30 PM revealed NA #3 served Resident #27 her lunch meal and began assisting the resident to eat her meal.

During an interview on 09/24/18 at 12:35 PM, NA # 4 stated she was not sure why restorative aides were unavailable to help. NA # 4 further stated Resident # 27 was not assisted with feeding as there were no staff in the dining hall available to feed.

During an interview on 09/26/18 at 04:45 PM, Director of Nursing(DON) indicated Resident # 27 had been declining and had poor meal intake. DON stated she expected the staff should ask for help when needed. DON also stated it was her expectation that all residents who needed feeding assistance be fed approximately at the same time

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F 550	Continued From page 3 in the dining room.	F 550		
F 561 SS=D	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility. §483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record review, the facility failed to honor food preferences for 1 of 1 sampled resident (Resident # 51).	F 561	1. The tray card for resident #51 was reviewed and updated to ensure it reflected the correct food dislikes.	10/19/18

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F 561	Continued From page 4 The findings included: Resident #51 was admitted to the facility on 8/17/12. The diagnoses include left side weakness, epilepsy, hypertension, hemiplegia, cerebral vascular disease, gastro-esophageal reflux, osteoporosis and muscle spasm. The Minimum Data Set (MDS) dated 8/10/18 indicated Resident #51 ' s cognition was intact and she was on a regular diet with no added salt. The MDS coded Resident #51 as requiring set up assistance only for meals. The care plan updated 8/20/18 identified a problem as the resident was at nutritional risk with variable intake for possible weight loss. The goal included resident ' s weight would be stable plus or minus 3 pounds. The approaches included diet as ordered, (HS)evening snack offered by staff, Boost daily at lunch, maintain accurate and current listing of resident food likes and dislikes, ensure that meal trays are served with foods at appropriate temperatures, appropriate seasonings and attractive, document food intake at each meal and evaluate trend, promptly offer resident food alternatives when appropriate for any meal served, provide verbal encouragement with ingesting meals, allow sufficient time for resident to feed self and weigh and record as ordered or as deemed appropriate. During dining observation on 9/24/18 at 12:00 PM, residents were observed in dining rooms and resident rooms. The lunch meal included lasagna, green beans/broccoli, chef salad, sweet potatoes, chopped beef. During an observation on 9/24/18 at 12:30 PM,	F 561	2. An audit on all residents with 10 or more food dislikes will be completed to find out if any updates need to be made to their food dislike list. 3. During the tray preparation process, the tray card will be reviewed by the employee who starts the tray, the employee placing the food on the tray, and a final review by an employee functioning as the checker. For residents with 10 or more food dislikes, their tray cards will be flagged with colored stickers to indicate that a more thorough review of card and tray is needed. 4. Dietary Supervisor will monitor tray cards with 10 or more dislikes weekly to ensure that trays are being completed properly. The results of the weekly monitoring will be forwarded to the Administrator and/or designee to be reviewed as part of our Monthly Quality Assessment Meeting.	

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F 561	Continued From page 5	F 561		

Resident #51 was in the dining room and the meal of the day was lasagna, but Resident #51 did not eat the lasagna. Resident #51 stated "I have told them several times I don ' t eat lasagna and they continue to send it. It is on the meal card along with other stuff I don ' t eat. Why do I have to keep reminding folks? The other staff don ' t ask me if I want something different, I just eat what ' s on my plate or nothing at all." Staff did not offer Resident #51 an alternate.

Review of Resident #51 ' s meal card revealed the dislikes as, lasagna with pork, squash, brussels sprouts, chicken breast, tuna fish and mashed potatoes at dinner.

During an observation on 9/26/18 at 12:29 PM, Resident #51 was eating in dining room and the meal of the day included fried chicken, squash and boiled potatoes. Resident #51 stated she did not like squash and was not going to eat it. Resident #51 stated the problem is "I have told them I did not like certain things and they continue to send it on my tray, just like the lasagna they sent me the other day. If I have already told them several times what I didn ' t like why doesn ' t anyone check the card to make sure they don ' t send me the foods on my dislikes."

During an interview on 9/26/18 at 12: 35PM, Nurse #14 and Nurse #15 stated it was the expectation of the kitchen staff to check the tray cards before the food was delivered to the dining area. Nurse #14 stated staff should also check to make sure residents were being offered alternative likes snacks, sandwiches, soup or something different. Both Nurses reviewed the meal card and confirmed that the resident had

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F 561	Continued From page 6 squash on the plate and no one had offered the resident an alternate or checked the meal card for dislikes. During observation on 9/27/18 at 11:45 AM, the Registered Dietician stated the expectation was for the kitchen staff to check the meal cards prior to delivery to unit and to ensure resident preferences and/or dislikes were honored.	F 561		
F 607 SS=D	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(3) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, This REQUIREMENT is not met as evidenced by: Based on record review and a staff interview, the facility failed to develop a written policy on reporting abuse that included a timeframe for reporting allegations of abuse to the state agency and a timeframe for reporting allegations to the Administrator for one of one residents reviewed for abuse (Resident #41). Findings included: A review of the facility policy and procedure titled "Abuse Reporting" dated "6/2018" revealed the	F 607	1.The current Abuse Reporting Policy has been changed to reflect the appropriate timeframes for reporting abuse allegations to the State agency (immediately but not later than two hours after allegation is made). 2. An audit was conducted to review all facility policies that involve Abuse Reporting to ensure the updated timeframe for reporting abuse allegations has been updated.	10/19/18

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F 607	Continued From page 7 following language: "3. When an alleged or suspected case of mistreatment ...is reported, the facility administrator, or his/her designee, will notify the following persons or agencies of such incident: a. State Licensing and Certification Agency ..." The policy did not include a timeframe for reporting the abuse allegation to the state agency as required by regulatory statute, i.e., immediately but not later than two hours after the allegation is made. The Abuse Reporting policy also included the following language: "2. Any alleged violations involving mistreatment ...must be reported to the administrator." "6. The person(s) observing an incident of resident abuse or suspecting resident abuse must immediately report such incident to the charge nurse." "8. The charge nurse must complete a Resident Abuse Report Form." "9. A completed copy of the Resident Abuse Report Form ...must be provided to the administrator within 24 hours." The policy did not include a timeframe for reporting the abuse allegation to the administrator as required by regulatory statute, i.e., immediately but not later than two hours after the allegation is made. The policy listed an Original Issue Date of "10/97" and a Date Reviewed of "6/2018." The review of 06/2018 included formatting changes. The date of the previous review/revision was "1/08." In an interview on 09/27/18 at 2:36 p.m., the	F 607	3. The Administrator and/or designee will update the current facility Abuse Reporting Policy to reflect the updated requirement of making State Agencies aware within in 2 hours of allegation. All facility staff will be educated on the new requirement to report abuse allegations immediately, but not later than 2 hours. 4. The Administrator and/or designee will review the updated Abuse Reporting requirements in the next facility Quality Assurance Meeting. The Administrator and/or designee will continue to update that Abuse Reporting Policy based upon federal updates, as needed.	

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F 607	Continued From page 8 Administrator stated that the facility was brought under the control of a new healthcare system earlier this year (2018). The facility ' s current policies and procedures were transferred from the new system. He acknowledged that the policy and procedure for Abuse Reporting failed to incorporate reporting accurate timeframes for abuse allegations for the administrator and the state agency. He was unsure if the Abuse Reporting policy had been reviewed for potential substantive changes in June 2018 but stated that policies and procedures were generally updated annually or when new regulations were released.	F 607		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all	F 609		10/19/18

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F 609	Continued From page 9 investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review and a staff interview, the facility failed to report an allegation of a staff member verbally threatening to slap a resident to the appropriate state agency within two hours of the administrator being made aware of the allegation for one of one resident reviewed for abuse (Resident #41). Findings included: Resident #41 was admitted 01/23/15 with diagnoses that included cerebrovascular accident, chronic obstructive pulmonary disease, hypertension and legal blindness. The quarterly Minimum Data Set (MDS) dated 07/21/18 indicated the resident was cognitively intact, independent for activities of daily living and continent. The current care plan (09/26/18) for Resident #41 identified the resident with legal blindness, obesity, and at risk for falls and skin breakdown. In an interview 09/26/18 at 1:45 p.m., Resident #41 shared an incident that she stated occurred several weeks ago. The resident recounted that she mentioned to a nurse aide that she (Resident #41) did not understand why Laundry Aide #1 didn ' t talk to her. She told the nurse aide she thought that the laundry aide didn ' t like her. The next morning Laundry Aide #1 entered her room and said, "If you ever tell anyone that I don ' t talk	F 609	1. The allegation made by resident #41 was sent into the State Agency on 9/27/18. 2. An audit was conducted to review the facility abuse allegations from the past 3 months to ensure the appropriate State Agency was notified in the required time frame. 3. The Administrator and/or designee will update the current facility Abuse Reporting Policy to reflect the update requirement of making State Agencies aware within in 2 hours of allegation. 4. The Administrator and/or designee will review each abuse allegation Initial Reporting form to ensure it was sent to the State Agency within the required timeframe. The findings from reviewing each Initial Report will be reported in the facility's Monthly Quality Assurance Meeting.	

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F 609	Continued From page 10 to you, I ' m going to slap you." Resident #41 stated that Laundry Aide #1 was within inches of her face when she allegedly threatened her. The resident added in the interview that "I ' m blind, I couldn ' t tell if she had her hand raised and was going to hit me." She stated she was fearful that Laundry Aide #1 might return to hurt her. Resident #41 was unable to identify the nurse aide she initially spoke with or the date of the encounter with the laundry aide. She stated that she had not told anyone about the incident until the current interview. In an interview on 09/26/18 at 3:45 p.m., Laundry Aide #1 denied that the incident with Resident #41 had occurred. In a meeting on 09/26/18 at 2:15 p.m., the Administrator and Director of Nursing were notified of the allegation of abuse. In an interview on 09/27/18 at 9:10 a.m., the Administrator stated that he faxed a 24-hour Report to the state earlier that morning. He provided the report and a fax cover sheet that indicated the information was transmitted 09/27/18 at 9:04 a.m. When informed of the requirement to report an allegation of abuse to the state agency within two hours, he stated that he was not aware of this or of the use of new reporting forms. He shared his expectation that any staff member who suspected abuse should report it immediately to management and that the allegation be faxed to the state within two hours on the appropriate forms.	F 609		
F 761 SS=E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)	F 761		10/19/18

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F 761	Continued From page 11 §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to remove 136 containers of expired Jevity 1.5 Cal (Calorie) (Nutritional supplement/medication for tube feeding) from 1 of 3 medication storage rooms on South-West hall. Findings Included: On 9/25/18 at 11:55 AM, during the observation of the medication storage room on South-West hall, there were expired medications found:	F 761	1. The total of 123 cans of Jevity 1.5 have been discarded. 2. Director of Nursing and/or designee audited 100% of residents who are currently receiving tube feedings to ensure there were no expired tube feeding product. 3. Educator and/or designee will educate Nursing staff on monitoring for expired tube feeding product when it is delivered	

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F 761	Continued From page 12 1. 13 cans of Jevity 1.5 Cal, 237 ml (milliliter) each, expired in March 2018. 2. 5 paper boxes (two opened and three closed) with 24 packets of Jevity 1.5 Cal, 237 ml in each box and 3 paper packets of Jevity 1.5 Cal, 237 ml without boxes, totally 123 packets, expired in May 2018. On 9/25/18 at 12:15 PM, during an interview, Nurse # 1 indicated that all the nurses checked the expiration date while restocking the medication storage rooms. All the expired medications, including tube-feeding nutrition, needed to be removed from the medication storage room. On 9/25/18 at 1:00 PM, during an interview, the Director of Nursing indicated that all the nurses were responsible to check all the medications. Her expectation was no expired items be left in medication storage rooms.	F 761	to the facility. 4. A tube feeding product log will be used to document when tube feeding product is delivered to the facility. Documentation of expiration dates will be listed on the log. The findings from these logs will be reported at the facility's Monthly Quality Assurance Meeting. The monitoring will be weekly for 3 months.	
F 809 SS=E	Frequency of Meals/Snacks at Bedtime CFR(s): 483.60(f)(1)-(3) §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, 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.	F 809		10/19/18

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F 809	Continued From page 13 §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: Based on observation, resident interviews, and staff interview, and record review the facility failed to offer or deliver bedtime snacks to 11 of 11 residents who expressed preference to receive a bedtime snack when interviewed for snacks. (Resident #5, Resident # 20, Resident # 29, Resident # 38, Resident # 51, Resident # 54, Resident # 55, Resident # 56, Resident # 71, Resident # 93, and Resident #96). Finding include: During an observation on 9/25/18 from 8:20 PM to 9:20 PM staff was not observed passing out and/or offering snacks to the residents in south, east and north hallway of the facility. a. Record review revealed Resident # 20 was admitted on 4/23/18 with diagnosis that included moderate protein -calorie malnutrition and acute respiratory failure. A review of the most recent Minimum Data Set (MDS) assessment dated 7/1/18 marked as a quarterly assessment, revealed resident was assessed as moderately cognitively impaired. During an observation and interview on 9/25/18 at 8:23 PM, Resident #20 was identified as alert and oriented. Observation revealed the resident was up in bed. Resident # 20 stated bed time snack were not offered.	F 809	1. Residents #51, #38, #5, #56, #29, #96, #54, #55, #20, #71, #93 were interviewed and asked what their preference for a night time snack would be if they desired to have a snack. The residents were informed snacks would be available. 2. 100% audit of current residents, all residents or family member were asked for a preference for a night time snack if the desired to have a snack. 3. Educator and/or designee will in-service nursing staff on location of snacks and when to offer night time snacks to residents who desire to have them. 4. Charge Nurse and/or designee will monitor each shift to ensure snacks have been offered to all residents and document on audit form. Any issues found will be reviewed in the facility's Monthly Quality Assurance Meeting. Monitoring will take place weekly for 3 months.	

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b. Record review revealed Resident # 51 was readmitted on 12/28/14 with diagnosis that included hemiplegia. A review of the most recent MDS assessment dated 8/10/18 marked as a quarterly assessment, revealed resident was assessed as cognitively intact.

During an observation and interview on 9/25/18 at 8:28 PM, Resident # 51 was identified as alert and oriented. Observation revealed resident was lying in her bed. Resident # 51 stated bed time snack were not offered, and her family usually provides her with snacks. Resident further stated she must ask staff for snacks if she wanted one.

During an interview on 09/25/18 at 08:30 PM, Nurse # 9 indicated the residents were provided snacks immediately after supper. Nurse #9 further stated snacks were provided if residents requested one.

During an interview on 09/25/18 at 08:33 PM, NA # 5 indicated the residents were provided snacks after they were assisted with bed time routine later in the night. NA # 5 further stated showers were provided to assigned residents and other assigned tasks completed before any snacks were offered to residents who were awake and request one.

c. Record review revealed Resident # 38 was readmitted on 5/21/18 with diagnosis that included pain. A review of the most recent MDS assessment dated 7/24/18 marked as a quarterly assessment, revealed resident was assessed as cognitively intact.

During an observation and interview on 9/25/18 at

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8:35 PM, Resident # 38 was sitting in her wheelchair and talking to visitors. Resident # 38 stated bed time snack were not offered. Resident further stated she gets hungry at night, making it hard to get a good night sleep.

d. Record review revealed Resident # 5 was admitted on 12/30/17 with diagnosis that included acute respiratory failure. A review of the most recent MDS assessment dated 9/10/18 marked as a quarterly assessment, revealed resident was assessed as cognitively intact.

During an interview on 9/25/18 at 8:37 PM, Resident # 5 stated bed time snack were not offered, and she had to ask for a snack if she needed one. There was no snack or remainder of snack on the bedside table.

e. Record review revealed Resident # 56 was admitted on 1/26/17 with diagnosis that included diabetes mellitus. A review of the most recent MDS assessment dated 7/13/18 marked as a quarterly assessment, revealed resident was assessed as cognitively impaired.

During an observation and interview on 9/25/18 at 8:37 PM, Resident # 56 was identified as alert. Observation revealed resident was sitting in her wheelchair near her bed. Resident stated she was a diabetic and bed time snacks were not offered.

Observation of the nourishment room (between east and north hallway) and nourishment room refrigerator and interview with Nurse # 10 on 09/25/18 at 08:40 PM revealed refrigerator was well stocked with snacks like pudding, jello (including sugar free), thickened fluids,

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beverages like soda, juices, milk supplements and few 12 oz Styrofoam cups 3 /4 filled and labeled "pimento cheese" and "chicken salad" with date 9/24/18 and use by date 9/26/18. Freezer contained multiple cups of ice cream. Observation of the nourishment room cupboards revealed a loaf of bread, multiple single serving of cereal cups, soups cans and a bowl of graham crackers and saltine crackers. Nurse # 10 stated the nourishment room had snacks that residents like. Nurse #10 indicated residents were offered sandwiches like chicken salad or pimento cheese, soups, cereals or peanut butter and crackers if they requested. Nurse # 10 stated the residents were offered snack only if they requested a snack during their medication administration.

During an interview and observation of the nourishment room refrigerator (near the west hallway) on 09/25/18 at 08:45 PM, Nurse #11 stated residents were offered snack at 8:30 PM by staff. Nurse #11 indicated staff were required to provide snacks upon request. Observation of the nourishment room refrigerator revealed multiple snacks like pudding, jello, supplements, milk, thickened liquids, 5 Styrofoam cups 12 oz each (approximately 3 /4 filled) labeled pimento and few labeled chicken salad with a use by date 9/26/18. The refrigerator and freezer were well stocked with ice cream, snacks and beverages.

During an interview on 09/25/18 at 08:50 PM, NA # 6 indicated snacks were offered to residents at 10 PM. She stated residents were offered snacks upon request. She further stated the residents who were asleep were not offered one.

During an interview on 09/25/18 at 08:52 PM,

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Nurse #12 indicated residents were offered snacks at 10 PM, if residents were hungry and /or request one.

During an interview on 09/25/18 at 08:55 PM, NA # 7 indicated residents were offered snacks at 7 :30 PM and at 9:30 PM. She also stated snacks were offered only to the residents who had requested them.

f. Record review revealed Resident # 29 was readmitted on 12/20/13 with diagnosis that included GERD, thyroid disorder. A review of the most recent MDS assessment dated 7/9/18 marked as a quarterly assessment, revealed resident was assessed as cognitively intact.

During an observation and interview on 09/25/18 at 09:00 PM, Resident # 29 was identified as alert and oriented. Observation revealed resident was lying in her bed. Resident stated she was never offered any snack at bed time.

g. Record review revealed Resident # 96 was readmitted on 1/16/14 with diagnosis that included depression. A review of the most recent MDS assessment dated 8/31/18 marked as a quarterly assessment revealed resident was assessed as cognitively intact.

During an observation and interview on 09/25/18 at 09:03 PM, Resident # 96 was lying in her bed. Resident stated she was never offered any snack and her family brings in some bedtime snacks for her.

During an interview on 09/25/18 at 09:05 PM, NA #8 stated residents were offered snacks before residents were put to bed and upon request.

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h. Record review revealed Resident # 54 was readmitted on 5/21/18 with diagnosis that include heart failure and depression. A review of the most recent MDS assessment dated 8/15/18 marked as a quarterly assessment revealed resident was assessed as moderately cognitively impaired.

During an interview on 09/25/18 at 09:09 PM, Resident # 54 stated was not offered a snack. She indicated staff just offered her roommate snacks and walks out of the room. There was no snack or remainder of snack on the bedside table.

During an interview on 09/25/18 at 09:12 PM, Nurse #13 stated residents were offered snacks upon request. Nurse was unsure if Resident # 54 was offered one.

Observation of nourishment refrigerators on 9/26/18 at 8:14 AM (West hallway and between east and north hallway) revealed the refrigerators were filled with snacks and were not depleted per visual observations made on 9/25/18 night.

During an interview on 09/27/18 at 08:30 AM, the Dietitian indicated the nourishment refrigerators were stocked by food service staff around 12 Noon daily, however the nursing staff were responsible to maintaining the refrigerator clean and at appropriate temperature. Dietitian stated NAs were supposed to offer snacks to the residents at night.

During an interview on 09/27/18 at 03:39 PM, the Director of Nursing (DON) stated all diets and snacks were liberalized. DON further stated the residents with medical conditions that required an

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assigned snack were provide one. DON also stated it was her expectation for staff to offers snacks to all residents.

i. Record review revealed that Resident #93 was admitted 08/30/18 with diagnoses that included diabetes mellitus. The admission MDS dated 09/06/18 indicated the resident was cognitively intact.
During an observation and interview on 09/25/18 at 8:30 p.m., Resident #93 was resting in bed with eyes opened. When asked, the resident and two visiting family members responded that staff members did not offer a snack this evening. The family members indicated that a snack would be provided if the resident requested one. They stated they were aware of the procedure because Resident #93 had had a prior admission on another unit and the handling of snacks on the current unit was like that of the other unit. There was no snack or remainder of a snack on the bedside table.

j. Record review revealed that Resident #55 was admitted 08/09/18 with diagnoses that included diabetes mellitus, and unspecified fracture. The admission MDS dated 08/16/18 indicated the resident had moderate cognitive impairment.

During an observation and interview on 09/25/18 at 8:35 p.m., Resident #55 was resting in bed with eyes opened. When asked, the resident and a visiting family member responded that staff members did not provide a snack this evening. Resident #55 and the family member stated that receiving a snack in the evening "depends on who is working." There was no snack or remainder of a snack on the bedside table.

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k. Record review revealed that Resident #71 was admitted 08/31/18 with diagnoses that included diabetes mellitus and dependence on renal dialysis. The MDS dated 08/31/18 indicated the resident had moderate cognitive impairment.

During an observation and interview on 09/25/18 at 8:40 p.m., Resident #71 was sitting in a wheelchair with eyes opened. When asked, the resident responded that staff members did not offer snacks this evening. He indicated that snacks had not been offered in the evening since his admission several weeks ago. There was no snack or remainder of a snack on the bedside table.

In an interview on 09/25/18 at 9:10 p.m., Nurse #16 indicated that residents were "not automatically" provided snacks in the evening. She stated that residents with dementia though, were always asked if they wanted a snack.

The Nourishment Room on the South Unit was inspected 09/25/18 at 9:00 p.m. The refrigerator was well stocked with a variety of snack-sized containers of pudding, Jello, applesauce, beverages and nutritional supplements. Two 12-ounce Styrofoam cups were present, one labeled "chicken salad" hand-dated 09/24/18-09/26/18 and one labeled "pimento cheese" hand-dated 09/24/18-09/26/18. In the cupboard there were snack-sized packages of cookies, graham crackers and other items as well as a loaf of fresh bread.

The Nourishment Room on the South Unit was inspected 09/26/18 at 8:35 a.m. The quantity of food items present from the previous evening

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F 809	Continued From page 21 was not depleted by visual inspection. The cups of chicken salad and pimento cheese remained in the refrigerator. The Nourishment Room on the North Unit was inspected 09/26/18 at 8:45 a.m. The quantity of food items present from the previous evening was not depleted by visual inspection. The cups of chicken salad and pimento cheese remained in the refrigerator.	F 809		