| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 345510 | A. BUILDING _____ B. WING _____ | C 09/11/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **TARBORO NURSING CENTER** | **911 WESTERN BOULEVARD TARBORO, NC 27886** |

| (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 |
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| F 000 | INITIAL COMMENTS<br><br>No deficiencies were cited as a result of the complaint invesitgation Event ID# HQ2I11. | F 000 | | |
| F 164 SS=D | 483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS<br><br>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.<br><br>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.<br><br>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.<br><br>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.<br><br>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, record review, staff | F 164 | Submission of the response to | 9/28/15 |

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

Electronically Signed | 09/29/2015

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| F 164 | Continued From page 1<br>interview and resident interview, the facility failed to maintain the resident's privacy by posting a sign that indicated the type of therapy the resident received for 1 of 3 sampled residents who had signs posted in or outside of the resident's room (#46). Findings included:<br><br>The Minimum Data Set assessment dated 4/28/15 indicated Resident #46 had no cognitive issues and had a diagnosis of cancer, among others. A telephone order dated 8/19/15 revealed an order for Capecitabine, an anti-cancer, chemotherapy medication.<br><br>A sign was observed on the door of Resident #46's room on 9/08/2015 at 4:59 PM. The sign read, "Chemotherapy Precautions - Please report to nurse's station before entering." Nurse #1 was asked what that meant. She said not to go in the room if you are sick and to use the hand sanitizer located outside of the resident's room after exit. Resident #46 was interviewed on 9/08/2015 at 4:59 PM. The resident was asked how he felt about the sign on the door and he responded that he did not like it. He said one of the head nurses said it had to be there. He could not remember her name. He concluded the interview saying, "That (the signage) is the only problem."<br><br>During a second interview on 9/9/15 at 3:45 PM the resident requested the signs regarding his care be removed. He said he did not like the signs on the door. "I want the signs down." A second sign within the room provided instructions to staff "Items to place in biohazard box. 1. Blue chemo gowns, 2. Gloves, 3. Incontinent briefs, 4. Bandages, gauzes, 5.any disposable items with waste on it, 6. No regular trash, 7. Keep closet locked." | F 164 | The Statement of Deficiencies by The undersigned does not Constitute an admission that the deficiencies existed, that they were cited correctly, or that any correction is required.<br><br>F 164 PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS<br><br>Criteria #1 Signage was removed from resident #46's door to his room. 09/10/15<br><br>Criteria #2 All residents have the potential to be affected by this alleged deficient practice, therefore, an audit was conducted by the Director of Nursing and the Assistant Director of Nursing of all current resident rooms for inappropriate signage displaying private and confidential information. No further inappropriate signage was identified. 09/10/15<br><br>Criteria #3 All Nurses and Nursing Assistants will be in-serviced by the Director of Nursing, Assistant Director of Nursing, or Staff Development Coordinator regarding the resident's right to personal privacy and confidentiality of his or her personal and clinical records. Staff that has not been in-serviced by the compliance date will be removed from the schedule until the required in-servicing is obtained. 09/28/15 | |

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| F 164 | Continued From page 2<br><br>Nurse #2 was interviewed on 9/9/15 at 3:55 PM about what the sign meant. He said staff are supposed to wash hands and wear gloves when working with him. If a staff member is sick, then they should not be assigned to him. We have a special barrel for his clothes.<br><br>Nurse Aide # 2 was interviewed on 9/10/15 at 5:48 AM about what the sign meant to her. NA #2 said there is a barrel for linen and a box for trash in the closet. She said she wears gowns and gloves for care. Nurse Aide # 3 was interviewed on 9/10/15 at 5:51 AM about what the sign meant to her. NA #3 said she should be cautious about what she does with his stuff in the room like linen and disposable briefs. There is a barrel for linen. Dirty briefs go in a locked closet. She said she wore gloves when providing care and used to wear gowns, but no longer.<br><br>The Staff Development Coordinator/Infection Control Nurse was interviewed on 9/10/15 at 9:11 AM. She said the signs were posted to alert staff. Soiled briefs went into the biohazard box in the closet. Clothes and linen went in the barrel so they could be washed separately. Biohazard boxes were locked in the closet and got picked up once per month. Body fluid precautions were to protect staff. Precautions were in the chart and she talked to oncology when he first started chemotherapy and these were the things they told her to do. It was not necessary to wear gowns except for any standard precautions. Chemotherapy precautions was a collaborative. It would be like any sign we would put up. "I do not see the chemo therapy precaution as different as any other sign. I think I put up the sign. It has been up for quite some time. Oncology info was | F 164 | Criteria # 4 Rounds will be completed weekly to<br>identify breaches of personal privacy and/or<br>confidentiality by signage by the Director of Nursing, Assistant Director of Nursing and Staff Development Coordinator or RN Supervisor for 4 weeks, then every two weeks for 1 month and monthly for 2 months. The Director of Nursing will incorporate POC into the facility's monthly QAA meeting to evaluate effectiveness and compliance. The Director of Nursing will report any significant findings from the follow-up to the Quality Assurance Committee for 3 months or as deemed necessary. 09/28/15 | |

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| F 164 | Continued From page 3<br>provided in January. He was on chemotherapy precautions before, it stopped and then it started back. I was not aware he did not like the signs."<br><br>On 9/10/15 at ~ 9:30 AM, the Social Worker said, "I remembered the [Infection Control nurse] explaining the chemotherapy to him. No concerns were voiced. "<br><br>On 9/10/15 at ~ 10:00 AM, the administrator said he was surprised the resident had not told them before about not liking the sign because he does not hesitate to let them know about problems.<br><br>On 9/10/15 at 10:22 AM the Assistant Director of Nurses was in the room removing the sign from the door. She said they decided to put the signage inside the closet door. The resident smiled and said, "Thank you".<br><br>Interview with the Administrator on 9/10/15 at 1:43 PM revealed that some residents had a form in their admission packet that included consents, authorizations and releases. One of the items on the form was "Permission for Posting of Clinical and Personal Information. The administrator said resident #46 had not signed this form when he was originally admitted. | F 164 | | |
| F 241 SS=D | 483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY<br><br>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.<br><br>This REQUIREMENT is not met as evidenced | F 241 | | 9/28/15 |

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| F 241 | Continued From page 4<br>by:<br>Based on observation, record review, staff interview and resident interview, the facility failed to maintain the resident's dignity by posting a sign that indicated the type of therapy the resident received for 1 of 3 sampled residents who had signs posted in or outside of the resident's room (#46), and the facility failed to provide a dignified dining experience for 1 of 9 residents (Resident # 14) who did not receive meal service while other residents were eating.<br>The findings included:<br>1. The Minimum Data Set assessment dated 4/28/15 indicated Resident #46 had no cognitive issues and had a diagnosis of cancer, among others. A telephone order dated 8/19/15 revealed an order for Capecitabine, an anti-cancer, chemotherapy medication.<br><br>A sign was observed on the door of Resident #46's room on 9/08/2015 at 4:59 PM. The sign read, "Chemotherapy Precautions - Please report to nurse ' s station before entering." Nurse #1 was asked what that meant. She said not to go in the room if you are sick and to use the hand sanitizer located outside of the resident's room after exit. Resident # 46 was interviewed on 9/08/2015 at 4:59 PM. The resident was asked how he felt about the sign on the door and he responded that he did not like it. He said one of the head nurses said it had to be there. He could not remember her name. He concluded the interview saying, "That (the signage) is the only problem."<br><br>During a second interview on 9/9/15 at 3:45 PM the resident requested the signs regarding his care be removed. He said he did not like the signs on the door. "I want the signs down." A | F 241 | Submission of the response to The Statement of Deficiencies by The undersigned does not Constitute an admission that the deficiencies existed, that they were cited correctly, or that any correction is required.<br><br>F 241 DIGNITY AND RESPECT OF INDIVIDUALITY<br><br>Criteria #1 Signage was removed from resident #46's door to his room. 09/10/15<br><br>Resident #14 was served a meal tray and was fed by staff. 09/08/15<br><br>Criteria #2 All residents have the potential to be affected by this alleged deficient practice, therefore, an audit was conducted by Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator, Team Leader and RN Supervisors of all current resident rooms for inappropriate signage displaying private and confidential information. No further inappropriate signage was identified. 09/10/15<br><br>All residents were viewed by the Director of Nursing, Staff Development | |

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| F 241 | Continued From page 5<br>second sign within the room provided instructions to staff "Items to place in biohazard box. 1. Blue chemo gowns, 2. Gloves, 3. Incontinent briefs, 4. Bandages, gauzes, 5.any disposable items with waste on it, 6. No regular trash, 7. Keep closet locked."<br><br>Nurse #2 was interviewed on 9/9/15 at 3:55 PM about what the sign meant. He said staff are supposed to wash hands and wear gloves when working with him. If a staff member is sick, then they should not be assigned to him. We have a special barrel for his clothes.<br><br>Nurse Aide # 2 was interviewed on 9/10/15 at 5:48 AM about what the sign meant to her. NA #2 said there is a barrel for linen and a box for trash in the closet. She said she wears gowns and gloves for care. Nurse Aide # 3 was interviewed on 9/10/15 at 5:51 AM about what the sign meant to her. NA #3 said she should be cautious about what she does with his stuff in the room like linen and disposable briefs. There is a barrel for linen. Dirty briefs go in a locked closet. She said she wore gloves when providing care and used to wear gowns, but no longer.<br><br>The Staff Development Coordinator/Infection Control Nurse was interviewed on 9/10/15 at 9:11 AM. She said the signs were posted to alert staff. Soiled briefs went into the biohazard box in the closet. Clothes and linen went in the barrel so they could be washed separately. Biohazard boxes were locked in the closet and got picked up once per month. Body fluid precautions were to protect staff. Precautions were in the chart and she talked to oncology when he first started chemotherapy and these were the things they told her to do. It was not necessary to wear gowns | F 241 | Coordinator, and Social Worker on alternate shifts at alternating meals to include breakfast, lunch, and supper to ensure that meal trays were served and residents were fed in such a manner as to maintain the resident's dignity and respect. 09/10/15<br><br>Criteria #3 In-service was provided to all Nurses and Nursing Assistants by Director of Nursing, Assistant Director of Nursing, or Staff Development Coordinator regarding the display of signage, Resident Rights to be fed concurrently with all other residents, resident's right to privacy, confidentiality, dignity and respect of individuality. Staff that has not been in-serviced by the compliance date will be removed from the schedule until the required in-servicing is obtained. 09/28/15<br><br>Criteria #4 Audits of 50% of resident rooms for inappropriate signage will be completed twice weekly alternating with the opposite 50% of rooms to ensure that all resident rooms are viewed each week. Audits will be conducted by the Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator, or RN Supervisor. The auditor will record the results on the Privacy and Confidentiality audit tool.<br>Observation of 2 breakfasts, 2 lunches, and 2 suppers will be completed weekly to ensure that dignity is maintained. These observations will be conducted by the Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator, | |

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| F 241 | Continued From page 6<br>except for any standard precautions. Chemotherapy precautions was a collaborative. It would be like any sign we would put up. " I do not see the chemo therapy precaution as different as any other sign. I think I put up the sign. It has been up for quite some time. Oncology info was provided in January. He was on chemotherapy precautions before, it stopped and then it started back. I was not aware he did not like the signs. "<br><br>On 9/10/15 at ~ 9:30 AM, the Social Worker said, " I remembered the [Infection Control nurse] explaining the chemotherapy to him. No concerns were voiced. "<br><br>On 9/10/15 at ~ 10:00 AM, the administrator said he was surprised the resident had not told them before about not liking the sign because he does not hesitate to let them know about problems.<br><br>On 9/10/15 at 10:22 AM the Assistant Director of Nurses was in the room removing the sign from the door. She said they decided to put the signage inside the closet door. The resident smiled and said, "Thank you".<br><br>Interview with the Administrator on 9/10/15 at 1:43 PM revealed that some residents had a form in their admission packet that included consents, authorizations and releases. One of the items on the form was "Permission for Posting of Clinical and Personal Information. The administrator said resident #46 had not signed this form when he was originally admitted.<br>2. Resident #14 was readmitted to the facility on 1/12/15 with diagnosis which included Diabetes and hemiplegia. Her quarterly Minimum Data Set (MDS) dated 7/28/15 revealed she was severely cognitively impaired and required extensive | F 241 | or RN Supervisor. The auditor will record the results on the Dignity and Respect of Individuality Meal Observation audit tool. Both audits will be conducted for 4 weeks, then 2 weeks for one month, and monthly for 2 months. The Director of Nursing will incorporate the Plan of Correction into the facility's monthly QAA meeting to evaluate effectiveness and compliance. | |

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| F 241 | Continued From page 7 | F 241 | | |

assistance with eating.
The meal service in the 100 hall dining room began at 12:33 PM on 9/8/15 when the first tray was delivered to one of the residents. At 12:40 PM all residents except #14 had received a tray. Resident #14 was observed sitting reclined in her geri-chair and was not seated at a table. At 12:40 PM Staff member #6 was observed to place a clothing protector on Resident #14, then the staff member sat to feed another resident.
At 12:56 PM the Director of Nursing (DON) entered the dining room and spoke to resident #14. The DON spoke about the resident not having food.
At 12:57 PM NA# 6 moved resident #14 to the table and at 12:59 PM Resident #14's tray was delivered by NA #6 who was observed to begin feeding the resident.
On 9/8/15 at 3:04 PM NA #6 stated that sometimes Resident #14 will try to feed herself but recently she frequently missed her mouth so she had begun feeding her. She stated she fed another resident prior to feeding Resident #14. She stated if one of the other staff members got finished feeding their resident first then they would help feed Resident #14 but she usually fed Resident #14. NA #6 also stated on the days that Resident #14 does not want to get out of bed that the resident feeds herself in her room. She added that the staff on the 100 hall work together to feed the residents because there were so many that required assistance with eating.
On 9/11/15 at 4:10 PM the DON stated she saw that resident #14 did not have a tray so she went to get the Social Worker to go feed the resident. She stated Resident #14 had a long history of doing what she wanted which included staying in bed so she was happy to see Resident #14 up. The DON added she expected all the residents in

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| F 241 | Continued From page 8<br>the dining room to be fed at the same time. She stated Resident #14 did not normally eat in the dining room. | F 241 | | |
| F 312 SS=D | 483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS<br><br>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observations, record review and staff interviews the facility failed to provide nail care for 1 of 3 (Resident #110) residents reviewed for activities of daily living. The findings included:<br><br>Resident #110 was admitted to the facility on 4/22/13 with diagnoses which included Alzheimer's Dementia, abnormal posture, left leg contracture, muscle weakness and hearing loss.<br><br>The Minimum Data Set (MDS) dated 7/31/15, a significant change MDS, revealed Resident #110 was severely cognitively impaired and required extensive assistance with all activities of daily living (ADLs) including personal hygiene.<br><br>The care plan revealed a problem of impaired mobility related to a diagnosis of joint contracture and dementia. The interventions included, "Assist with ADLS to completion, encouraging increased independence."<br><br>An observation on 9/9/15 at 10:09 AM revealed | F 312 | Submission of the response to The Statement of Deficiencies by The undersigned does not Constitute an admission that the deficiencies existed, that they were cited correctly, or that any correction is required.<br><br>F 312 ADL CARE PROVIDED FOR DEPENDENT RESIDENTS<br><br>Criteria #1 Nail care was provided to resident #110 by nursing assistant #7. 9/11/15<br><br>Criteria #2 All dependent residents have the potential to be affected by this alleged deficient practice, therefore, an audit was conducted by the Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator, and Social | 9/28/15 |

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| F 312 | Continued From page 9<br>Resident #110 had dark brown and black debris under the fingernails of both hands.<br><br>A record review of the Personal Hygiene records for Resident #110 revealed the last documented nail care was provided on 7/27/15.<br><br>During an interview with NA #7 on 9/10/15, at 5:52 AM she stated she provided a bed bath this morning to Resident #110. During an additional interview at 6:28 am she stated that nail care was usually completed on Wednesdays by the day shift staff. She observed Resident #110's nails and stated they needed cleaning and cutting. She added that his nails were long and dirty. She observed both hands and confirmed there was black buildup under all of his nails. She reported the left hand was worse than the right except the right index finger nail was packed with black debris.<br><br>On 9/11/15 at 8:12 AM Resident #110 was observed sitting in the dining room. His nails were observed to be clean and clipped.<br><br>During an interview on 9/11/15 at 3:53 PM Nurse #6 stated weekly skin assessments were completed so the resident's hands were also checked for any skin concerns. She stated Resident #110 received his weekly skin checks on Mondays. She added that if the resident's nails were observed to be dirty the nurse would clean and trim the nails or make a referral to the podiatrist if needed. She stated the nursing assistants preformed nail care but the nurses would help when needed. She stated she had not noticed Resident #110's nails.<br><br>On 9/11/15 at 4:02 PM the Assistant Director of | F 312 | Worker to ensure that all dependent residents had nail care provided. No residents were identified as needing nail care. 9/11/18<br><br>Criteria #3 All Nursing staff will be re-educated regarding nail care to be included<br>as part of the dependent residents grooming/<br>hygiene by the Director of Nursing, Assistant<br>Director of Nursing, Staff Development Coordinator, or RN Supervisor. Staff that has not been in-serviced by the compliance date will be removed from the schedule until the required in-servicing is obtained. 09/28/15<br><br>Criteria #4 Director of Nursing, Assistant Director of Nursing, Staff Develop Coordinator<br>will conduct a minimum of 2 audits weekly on all residents on the selected halls. Halls will be alternated to ensure that all residents are observed to verify that nail care is completed x 4 weeks, a minimum of 3 audits every 2 weeks x 1 month and a minimum of 3 audits monthly x 1 month. Results will be recorded on the Nail Care Audit Tool and will be kept in the Director of Nursing's office. The Director of Nursing will incorporate the POC into the facility's monthly Quality Assurance and Assessment meeting. The Director of Nursing will report any occurrences of inappropriate care from the follow-up to the Quality Assurance Committee for 3 | |

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| F 312 | Continued From page 10<br>Nursing reported nail care should be a part of the daily hygiene and that nail care was not performed on a particular day. She stated if the nursing assistants did not have time to preform nail care she would expect them to ask for assistance.<br><br>On 9/11/15 at 4:16 PM the Director of Nursing stated the nursing assistants were expected to complete nail care as part of daily ADL care and if the resident would not allow nail care to be completed then the NA should reattempt a few minutes later. Then, if the resident continued to refuse nail care the NA should tell the next shift to ensure nail care is provided. | F 312 | months or as deemed necessary.<br>09/28/15 | |
| F 325 SS=D | 483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE<br><br>Based on a resident's comprehensive assessment, the facility must ensure that a resident -<br>(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<br>(2) Receives a therapeutic diet when there is a nutritional problem.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record review, observation and staff interview, the facility failed to provide foods on the tray that were consistent with the resident's therapeutic diet for 3 of 3 sampled residents with therapeutic diets (#6, #66, #38) Findings | F 325 | Submission of the response to The Statement of Deficiencies by The undersigned does not Constitute an admission that the deficiencies existed, that | 9/28/15 |

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| F 325 | Continued From page 11<br>included:<br><br>1. According to nutrition notes for Resident #6 dated 6/6/2013 a nutritional recommendation was made for large portions of meat at lunch and dinner to aid with protein needs. The notes indicated a previous recommendation was approved for a protein supplement, but the resident did not like it. On 10/3/13 nutrition notes indicated a history of low albumin of 2.2. The Minimum Data Set assessment dated 10/16/14 for Resident #6 indicated the resident was on a therapeutic diet and had diagnoses including cerebrovascular accident, renal failure, diabetes mellitus type II and hypertension, among others. The September 2015 physician order sheet indicated the diet order was 2 gram sodium, carbohydrate controlled diabetic, regular texture. Double meats at lunch and dinner. The care plan dated 10/17/14 included a problem for "Potential for skin breakdown related to incontinence and impaired mobility as evidenced by hemiplegia. An intervention in the care plan included, "offer supplemental nutrition to the resident as ordered" and "provide diet as ordered."<br><br>The last wound assessment dated 6/22/15 revealed a healed right toe blister. A 7/3/15 lab result indicated that the albumin level for Resident # 6 was 2.1. The normal range is 3.4 - 5.0.<br><br>During dining observations on 9/8/15 at 12:11 PM Resident #6 received one beef patty, rice, mixed vegetables, garlic bread, sweet & low, cranberry juice and unsweetened tea. Review of his tray card revealed he was supposed to get double meats. The tray was shown to Restorative Aide #1 and the Assistant Director of Nurses. They | F 325 | they were cited correctly, or that any correction is required.<br><br>F 325 Maintain Nutrition Status Unless Unavoidable<br><br>Criteria #1 All of the affected residents had their trays returned and corrected and Resident #66's tray card was corrected in the Meal Tracker System.<br>9/8-9/11/15<br><br>Criteria #2 All residents have the potential to be affected by this alleged deficient practice, therefore, an audit was conducted on all residents to update the Meal Tracker System. The Dietitian reviewed and clarified the diets of all residents on therapeutic diets. All charts were cross checked with the Meal Tracking system to ensure they match.<br>9/11/15<br><br>Criteria #3 All dietary staff were in-serviced by the Dietary Manager on tray card accuracy and the importance of following the diets/portions. One dietary aide will read off the menu items to the cook making sure the correct texture is on the tray. A second aide will read the tray ticket to make sure all beverages, supplements, condiments, and extra items are placed on the tray and preferences are being honored. The Dietary Manager or Assistant Cook will then check the tray before it is placed on the cart to ensure it is in compliance.<br>9/11/15 | |

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| F 325 | Continued From page 12<br>acknowledged the missing double meats and returned the plate to the kitchen.<br><br>Interview with the Dietary Manager (DM) on 9/11/15 at 12:37 PM revealed she did not know why Resident #6 had an order for double portions of meat. A subsequent interview with the Registered Dietitian on 9/11/15 at 1:02 PM revealed he had a history of low albumin and did not like the high protein supplement.<br><br>Interview with the DM on 9/11/15 at 12:37 PM about how the facility monitors therapeutic diet accuracy revealed, " I try to monitor the tray line twice a week. The Diet Aide calls out the items on the card to cook. Another aide puts the beverages or desserts on the tray. I would look at the final tray. She said she visualizes the tray, but does not record anything.<br><br>2. The Minimum Data Set assessment dated 2/5/15 for Resident #66 indicated he received dialysis and a therapeutic diet. His diagnoses included, in part, end stage renal dialysis, hypertension, diabetes mellitus type II, atrial fibrillation, esophageal reflux and anemia. Lab results dated 7/9/15 indicated potassium results were within normal limits.<br><br>The diet order on the September physician order sheet indicated Regular, No added salt, Low K (Potassium) rich foods, discourage high carb snack.<br><br>Resident #66's breakfast meal and tray card were observed on 9/11/15 at 9:02 AM. The tray card read Regular, No added salt, limit potassium rich foods. The preprinted tray card included 1/2 cup orange juice. The resident received a scrambled | F 325 | Criteria #4 Tray line audits will be conducted by the Dietary Manager or Assistant Cook for tray accuracy on 6 days and 2 meals for the first month, 5 days and 2 meals for the second month, 4 days and 2 meals for the third month, 3 days and 2 meals for the fourth month, 3 days and 2 meals for the fifth month, and 2 days and 2 meals for the sixth month. 5-8 trays will be randomly selected per hall. Audits will be rotated between breakfast/lunch and lunch/supper to ensure all meals are being evaluated. An audit tracking form will be completed and maintained by the Dietary Manager or Assistant Cook. All residents with weight issues are reviewed weekly by the Director of Nursing, Assistant Director of Nursing, Treatment Nurse, and Registered Dietitian. The POC will be incorporated into the facility's monthly QAA meeting. The Dietary Manager will report any significant findings from the audits to the Quality Assurance Committee for 3 months or as deemed necessary. 9/28/15 | |

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| F 325 | Continued From page 13<br>egg, oatmeal, 1 slice of bacon, 1 piece of toast, margarine, orange juice, coffee and sugar.<br><br>Interview with the Assist Dietary Manager on 9/11/15 at 9:07 AM revealed two instructional lists for dietary staff to refer to for foods to avoid on a limited potassium diet. Orange juice was on the list of foods labeled do not give for low potassium and renal diets. At 9:08 AM, the Dietary Manager, checked the computer for the tray card and changed orange juice to apple or cranberry, 3. Resident #38 was admitted on 9/5/14 and readmitted on 1/20/15 with diagnoses of cardiac dysrhythmia, diabetes, dementia, generalized muscle weakness and hypertension.<br>Review of the resident's weight record revealed on 5/11/15, Resident #38 weighed 146 pounds and on 8/4/15, he weighed 151 pounds.<br>The 7/31/15 Quarterly Minimum Data Set indicated Resident #38 had short term and long term memory impairment and required limited assistance with eating. There was no weight loss or gain documented for the resident.<br>The care plan last reviewed on 8/19/15 indicated Resident #38 was at risk for weight loss due to leaving 25% or more of his meal. An intervention to prevent weight loss was his diet would be served as ordered.<br>Review of the September 2015 physician's orders included a diet order of double meat on the lunch tray, honey thickened liquids, and fortified foods with every tray.<br>An observation was made on 9/8/15 at 12:22 PM. Resident #38's tray card indicated he was to receive one slice of lasagna, one slice of garlic toast, ½ cup of mixed vegetables and fortified foods. At the bottom of the tray card, the word double portion of meat was typed. An observation of the resident's tray revealed he had | F 325 | | |

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not received the double portion of meat, had not received the slice of garlic toast and had not received fortified foods.
The Nursing Assistant (NA #1) that served the resident was interviewed at 12:34 AM on 9/8/15. She confirmed Resident #38 had received a regular portion of lasagna. As a comparison, the NA pointed toward another resident's tray and added that resident had gotten a double portion. The double portion covered ½ of the plate, while Resident #38's portion had covered approximately ¼ of the plate.
On 9/9/15 at 7:55 AM an observation was made of Resident #38's breakfast tray. Resident #38 received cereal, thickened milk, a slice of toast, eggs, sausage, juice and coffee. Review of the resident's tray card revealed he was to also received a magic cup (a high calorie nutritional supplement) and gravy on his sausage.
NA #1 was interviewed at 8:06 AM on 9/9/15. The NA stated the food items listed on tray card represented what Resident #38 was supposed to receive for the meal. NA #1 added if a food items was missing, she was to notify the dietary staff. The NA reviewed the tray card and compared it to the food items Resident #38 received and stated she had not noticed Resident #38 had not received his magic cup or the gravy. NA #1 stated the previous day at lunch, Resident #38 received a regular portion of lasagna and not a double portion. She added she was unaware Resident #38 received double portions of meat at lunch.
On 9/11/15 at 12:30 PM, the Assistant Director of Nursing reported Resident #38's weight on 9/4/15 was 149 pounds.
The Dietary Manager (DM) was interviewed on 9/11/15 at 12:37 PM. The DM stated she tried to monitor the tray line for accuracy at least twice a

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| F 325 | Continued From page 15<br>week. She stated the process for assuring accuracy included one dietary aide calling the tray card out to the cook who places the food on the plate. She added another dietary aide added the beverages and desserts at the end of the tray line. She stated this dietary aide also added nutritional interventions such as ice cream or magic cups. The DM stated prior to placing the tray on the cart, she compared the card to the tray. The DM added the accuracy audits were visual and no documentation had been completed. She stated the district dietary manager had not audited tray line accuracy. The DM stated she was not sure why Resident #38 had been placed on double portions, fortified foods or the magic cup since he was not a current weight loss concern. The DM identified the fortified foods for the lunch meal on Tuesday as potatoes or soup. She stated a hot cereal on Wednesday would have been the fortified food. The DM added nutritional assessments were completed quarterly or as needed for changes in condition. She reviewed the notes for Resident #38 and acknowledged she had written no dietary notes and had completed no assessments.<br>On 9/11/15 at 12:57 PM, the Registered Dietician (RD) was interviewed. She stated Resident #38 received fortified foods, double meat portions and the magic cup to prevent weight loss. The RD added Resident #38's weight had stabilized since starting double portions and fortified foods. She added the impact of not receiving the fortified foods, double portions or the magic cup could be possible weight loss. | F 325 | | |