

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

PRINTED: 05/24/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345077	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/26/2018
NAME OF PROVIDER OR SUPPLIER SUNNYBROOK REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 25 SUNNYBROOK ROAD RALEIGH, NC 27610	
(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 000	INITIAL COMMENTS	F 000		
F 805 SS=D	<p>No deficiencies were cited as a result of the complaint investigation survey. Event ID KIGA11.</p> <p>Food in Form to Meet Individual Needs CFR(s): 483.60(d)(3)</p> <p>§483.60(d) Food and drink Each resident receives and the facility provides-</p> <p>§483.60(d)(3) Food prepared in a form designed to meet individual needs. This REQUIREMENT is not met as evidenced by: Based on dining observations, resident interview, staff interviews, and record review, the facility failed to provide a mechanical soft diet for 1 of 4 sampled residents (Resident #36) reviewed for nutrition.</p> <p>The findings included:</p> <p>Resident #36 was admitted to the facility on 02/17/17 with diagnoses that included dysphagia, chronic obstructive pulmonary disease, and anemia.</p> <p>Resident #36 had a physician's order dated 03/25/18 for a regular, mechanical soft diet. Facility staff provided a copy of the Diet Communication slip completed 3/26/18, which informed the Dietary staff that Resident #36 required a regular, mechanical soft diet.</p> <p>A comprehensive Minimum Data Set (MDS) dated 04/08/18, indicated Resident #36 was cognitively intact, had a mechanically altered diet and had no teeth. The Dental Care Area Assessment for the 04/08/18 MDS included the</p>	F 805	<p>F 805</p> <p>Resident #36 diet was changed to a mechanical soft diet with pureed meats on 4/26/2018 and was picked up by speech therapy on 4/26/18 for further assessment of his chewing capabilities. Resident #36 diet was changed to a regular mechanical soft on 5/1/2018 at the resident's request.</p> <p>A root cause analysis was conducted and it was determined to be due to human error, the cook plated the wrong consistency of meat on the plate for resident #36. It was also determined that the dietary aide failed to check the tray against the tray ticket to ensure it was accurate due to rushing to complete the tray line timely.</p> <p>All residents have the potential to be affected by this practice. All resident meal trays will be audited by the Dietary Manager for accuracy during all meal times by 5/4/2018. It was noted that all</p>	5/14/18

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

TITLE

(X6) DATE

Electronically Signed

05/04/2018

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 805	<p>Continued From page 1 resident "used to have dentures."</p> <p>The Care Plan, dated 04/15/18, indicated Resident #36 was at risk for weight loss and the goal was for him to consume adequate energy to maintain good nutritional status.</p> <p>During an interview on 04/23/18 at 10:58 AM, Resident #36 stated he came to live at the facility in February 2017. He indicated he had dentures when he first came but they were lost approximately five months later and the food was sometimes served in a form he could not eat. Resident #36 also stated on Saturday he received something he could not chew. Staff offered a cheeseburger substitute but he declined that also.</p> <p>Observation on 04/24/18 at 12:56 PM, revealed Resident #36's noon meal included ground chicken, stuffing and carrots, with a roll, pudding, tea and water. Resident #36 said it tasted okay, but often that was not the case.</p> <p>Resident #36 was interviewed again on 04/25/18 at 1:21 PM, as he finished his noon meal. The resident indicated he had been served a slice of turkey, some mixed vegetables and mashed potatoes. Resident #36 had finished the vegetable, potatoes and dessert but said he had not eaten the turkey because he could not chew it. When asked, he reported that staff had not offered to get him something easier to chew.</p> <p>On 04/25/18 at 2:00 PM, the Dietary Manager (DM) observed the resident's tray that had not yet been removed from his room. The DM reviewed the meal ticket on Resident #36's tray which specified he was to receive a regular, mechanical soft diet. The DM stated the resident's tray should</p>	F 805	<p>residents received their meals according to their physicians orders during that audit.</p> <p>All dietary personnel were in-serviced on Meal Tray Accuracy on 5/2/2018 by the Dietary Manager.</p> <p>As a systemic change, all meal trays will be plated by the cook who verifies the diet order and then re-verified by the dietary aide before they are placed on the carts for delivery to ensure meal tray accuracy.</p> <p>On-going monitoring will be performed by the Dietary Manager or Assistant Manager utilizing the Meal Tray Accuracy Audit tool to ensure continued compliance. The auditing will occur daily for all meals for one week, then daily for one meal for three weeks and then monthly thereafter. All results will be brought to the Quality Assurance Committee for review and recommendations. The Dietary Manager is responsible for implementing the plan of correction and will be in compliance by 5/14/2018.</p>		

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F 805	<p>Continued From page 2</p> <p>have included ground or chopped meat. The DM said she was unable to explain how it got missed when dished up on the tray line.</p> <p>During an interview on 04/26/18 at 10:00 AM, the Registered Dietician (RD) said she had reviewed the resident for the comprehensive MDS the first week of April. She said, "It was never presented to me that he had a chewing problem. He has a diagnosis of dysphagia which is a swallowing problem." When asked if she had spoken to the resident about his ability to chew meat, the RD said, "Well I spoke to the Speech Therapist this morning and he has now requested pureed meat so he will be getting a mechanical soft [diet] with pureed meat."</p> <p>On 04/26/18 at 12:06 PM, the Administrator said it was her expectation that the resident would receive his diet as ordered.</p>	F 805			