

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055206	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Plaza Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1209 Hemlock Way Santa Ana, CA 92707	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0806</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46787</p> <p>Based on observation, interview, medical record review, and facility P&P review, the facility failed to ensure the food preference was honored for one to two sampled residents (Resident 1).</p> <p>* Resident 1 was served Brussel sprouts and squash; however, the resident's dietary profile assessment showed Resident 1 disliked green vegetables. This failure had the potential to negatively impact the resident's well-being.</p> <p>Findings:</p> <p>Review of the facility's P&P titled Dietary Profile and Resident Preference Interview revised 4/21/22, showed the Dietary Manager will complete a Dietary Profile for residents to reflect current nutritional needs and Food Preferences. The Dietary Manager will complete a Dietary Profile for residents within 72 hours of admission to capture and update information regarding nutritional needs and preferences. Resident preferences will be reflected in their medical records and their tray cards were updated in a timely manner. The Dietary Department staff will provide residents with the meals consistent with their preferences and physician's orders as indicated on the tray card.</p> <p>On 6/25/24 at 1320 hours, during a dining observation, Resident 1 was observed with Brussel sprouts, turkey with gravy, stuffing, and a bread roll on her tray. Resident 1 stated she disliked green vegetables.</p> <p>Medical record review for Resident 1 was initiated on 6/25/24. Resident 1 was admitted to the facility on [DATE].</p> <p>Review of Resident 1's Dietary Profile dated 6/20/24, showed Resident 1 disliked cheese, rice, beef patty, diced chicken, and green vegetables.</p> <p>On 6/25/24 at 1340 hours, the Dietary Manager verified Resident 1 was served green vegetables. The DM acknowledged she did not update Resident 1's meal tray-card to reflect her current food preferences. The DM stated Resident 1 should not have been served the green vegetables.</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 055206
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