

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/23/2024
NAME OF PROVIDER OR SUPPLIER  LA Sierra Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2424 M Street Merced, CA 95340	

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 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>49769</p> <p>Based on observation, interview, and record review, the facility failed to assess dietary preferences for seven of ten (Resident 1, 3, 6, 7, 8, 9, 10) sampled residents when they were not assessed for food preferences within 48 hours of admission.</p> <p>This failure resulted in Resident 1, 3, 6, 7, 8, 9 and 10's food preferences to not be considered when the facility provided meals.</p> <p>Findings:</p> <p>During an interview on 10/23/24 at 9:57 a.m. with Resident 1, Resident 1 stated she told staff multiple times she doesn't drink milk. Resident 1 stated even though she told multiple staff members, they keep bringing her milk. Resident 1 stated no one has asked her preference regarding any dietary foods.</p> <p>During a concurrent interview and record review on 10/23/24 at 11:30 a.m. with the Registered Dietitian (RD), Resident 1's, 3's, 6's, 7's, 8's, 9's, 10's Electronic Medical Record (EMR-digital version of the paper charts which contains the medical and treatment history of the patient/resident), dated 10/23/24 were reviewed. The EMR's indicated, Resident 1, 9, and 10 Dietary Profile/Preference was not completed. The EMR's indicated Resident 1, 9, and 10 had been admitted to the facility more than 48 hours ago. The EMR's indicated, Resident 3, 6, 7, 8 Dietary Profile/Preference was completed on 10/23/24, over 48 hours past admission. The RD stated the expectation was for the dietary preference to be completed within 48 hours of admission. The RD stated the delay in completing the dietary preferences could have negative side effects including delay in wound healing, slower recovery, increased stay at facility, and losing weight.</p> <p>During a concurrent interview and record review on 10/23/24 at 12:00 p.m. with the Dietary Manager (DM), Resident 1's, 9's, 10's EMR's, dated 10/23/24 was reviewed. The EMR's indicated, Resident 1, 9, 10 had no Dietary Preference completed. The DM stated he was off for a few days and when he got back, he was very busy and had not gotten to doing it yet. The DM stated the expectation was for the dietary preference to be completed within 48 hours of admission. The DM stated he should have completed the dietary preference within 48 hours of admission. The DM stated the delay in completed the dietary preference could result in delayed wound healing, weight loss, and other negative side effects. The DM stated since Resident 1 had a recent surgery, eating the proper food is important for her healing process.</p> <p>(continued on next page)</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
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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/23/2024 at 2:25 p.m. the Director of Nursing (DON), the DON stated the expectation is for all residents to have dietary preferences to be completed by 48 hours of admission. The DON stated the delay in completing the dietary preference could slow down the healing process for wounds, could increase stay at facility, could lose weight, and other negative side effects.</p> <p>During a review of Registered Dietitian Job Description (RDJD), undated, the RDJD indicated, . ESSENTIAL DUTIES AND RESPONSABILITIES . Observes and assesses residents to monitor food acceptance and nutritional status . Adhering to all dietary policies and procedures of the facility . Assess the nutritional needs, nutritional diagnosis, intervention and evaluation of patient and document in the medical record . Concentrates on foundational elements of standards of practice and professional performance, code(s) of ethics accreditation standards, state and federal regulations, national guidelines .</p> <p>During a review of Dietary Manager Job Description (DMJD), undated, the DMJD indicated, . ESSENTIAL DUTIES AND RESPONSIBILITIES . Ensuring charted dietary progress notes are informative and descriptive of meals provided . Adhering to all dietary policies and procedures of the facility .</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Food and Nutrition Services, dated October 2017, the P&amp;P indicated, Policy Statement: Each resident is provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident. Policy Interpretation and Implementation: 1. The multidisciplinary staff, including nursing staff, the attending physician and the dietitian will assess each resident's nutritional needs, food likes, dislikes and eating habits, as well as physical, functional, and psychosocial factors that affect eating and nutritional intake and utilization. 2. A resident-centered diet and nutritional plan will be based on this assessment .</p>		