

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055518	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/05/2024
NAME OF PROVIDER OR SUPPLIER Newport Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1555 Superior Avenue Newport Beach, CA 92663	

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>50003</p> <p>Based on interview, medical record review, and P&P review, the facility failed to ensure the resident's food preferences and allergies were followed for one of five sampled residents (Resident 1).</p> <p>* Resident 1 had an allergy to dairy products but was served milk. 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 Food Allergies and Intolerances revised 8/2017 showed the residents with food allergies and intolerances are identified upon admission and offered food substitutions of similar appeal and nutritional values. Resident are assessed for a history of food allergies and intolerances upon admission and as part of the comprehensive assessment, and the residents with food intolerances and allergies are offered appropriate substitutions for foods that they cannot eat.</p> <p>Closed medical record review was initiated for Resident 1 on 7/3/24. Resident 1 was admitted to facility on 6/14/24.</p> <p>Review of Resident 1's acute care hospital H&P examination dated 6/8/24, showed Resident 1's allergies included the dairy products. The H&P evaluation further showed Resident 1 would have diarrhea for hours after consuming the dairy products including yogurt.</p> <p>Review of Resident 1' Order Summary Report showed Resident 1's allergies included dairy foods.</p> <p>Review of Resident 1's Plan of Care initiated on 6/14/24, showed a care plan problem addressing Resident 1's risk for altered nutritional status related to new colostomy placement. The care plan intervention showed Resident 1's food allergies/intolerance included the dairy products.</p> <p>Review of Resident 1's Discharge Progress Note dated 6/15/24 at 1002 hours, showed Resident 1 left the facility with her family member. Resident 1's family member was upset because Resident 1 received dairy milk despite being allergic to the dairy products. The progress notes further showed the nurse clarified with the kitchen staff and confirmed Resident 1 was provided whole milk (containing dairy) on her breakfast tray.</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 0806</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>On 7/5/24 at 1107 hours, an interview was conducted with the Dietary Supervisor. The Dietary Supervisor verified Resident 1 was served with milk for dinner and breakfast due to the kitchen staff failing to verify the resident's food allergies when prepping the meal tray as the ring hook was covering the allergy section of the dietary communication card. The Dietary Supervisor verified Resident 1 was allergic to the dairy products and stated Resident 1 should not have been served with milk as it could result in severe allergic reactions.</p> <p>On 7/5/24 at 1447 hours, an interview was conducted with the DON. The DON verified Resident 1 had allergy to dairy products as indicated in Resident 1's H&P examination and Order Summary Report. The DON was informed of the findings and acknowledged Resident 1 should not have been served the milk or any dairy products.</p>		