

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  075144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Apple Rehab Guilford		STREET ADDRESS, CITY, STATE, ZIP CODE  10 Boston Post Rd Guilford, CT 06437	

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 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47826</b></p> <p>Based on clinical record reviews, facility documentation, facility policies and interviews for one (1) of three (3) sampled residents (Resident #1) who was on a modified diet consistency due to missing teeth causing increased difficulty with chewing, the facility failed to ensure the resident was not served the wrong diet consistency of fruit to prevent the resident from choking. The findings include:</p> <p>Resident #1's diagnoses included schizoaffective disorder.</p> <p>The admission Minimum Data Set assessment dated [DATE] identified Resident #1 required set up assistance for eating.</p> <p>The hospital discharge summary dated 8/5/24 identified Resident #1 was discharged to the facility on a regular diet. The hospital occupational therapy evaluation dated 8/2/24 identified Resident #1 was alert and oriented to person, time, and situation but disoriented to place. The evaluation indicated Resident #1 was completely independent with eating.</p> <p>The diet slip presented to the kitchen dated 8/5/224 identified Resident #1 was on a regular diet with mechanical soft texture and thin liquids.</p> <p>A physician's order dated 8/6/24 directed regular diet with mechanical soft texture and thin liquids.</p> <p>The Speech Therapy evaluation dated 8/6/24 identified Resident #1 preferred soft foods due to missing dentition and a regular diet trial demonstrated minimal to moderate prolonged mastication and bolus formation with moderate diffuse oral residue remaining after swallowing. The evaluation indicated a mechanical soft diet demonstrated reduced chewing time and decreased oral residue after swallowing, there were no signs of aspiration noted during the evaluation, and the recommendation was to continue with a diet of mechanical soft solids and thin liquids.</p> <p>Review if the weekly menu identified the supper meal for 8/6/24 was summer chili, mixed vegetables, cornbread, and fruit salad was the dessert for a regular consistency diet and peaches was the therapeutic substitute for a soft diet.</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 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The nurse's note dated 8/6/24 at 6:32 PM identified Resident #1 approached the nurse's station with a mouthful of fruit salad and verbalized I can't breathe. The note indicated staff assisted Resident #1 to spit out the remaining food, but Resident #1 was unable to fully clear the airway. The note identified Resident #1's oxygen saturation level decreased to 80% on room air which stabilized to 90% on four (4) liters of oxygen via nasal canula, the heart rate was in the 140-150s, an audible stridor was present on inspiration, and Resident #1 was unable to cough independently. The note identified the Advanced Practice Registered Nurse was notified and gave order to send Resident #1 to the Emergency Department.</p> <p>Interview with the 3-11PM charge nurse, Licensed Practical Nurse (LPN) #1, on 8/15/24 at 12:05 PM identified on 8/6/24 Resident #1 had chili and a cup of fruit for dinner. LPN #1 indicated after dinner Resident #1 approached her at the nurse's station stating, I can't breathe and pointed to his/her throat. LPN #1 explained she assisted Resident #1 to spit out the unchewed fruit, they walked back to the room, and Resident #1 continued to express there was more food in his/her throat, so she and a nurse aide attempted to assist Resident #1 to spit the food out. LPN #1 identified Resident #1's voice became raspy, the nurse aide summoned the Nursing Supervisor, the Heimlich was attempted without success, Resident #1 was unable to cough and became weaker, 911 was called, another nurse responded to assist. LPN #1 stated the two (2) Registered Nurses and she continued to attempt the Heimlich until the Emergency Medical Services arrived and took over care. LPN #1 indicated Resident #1 never lost consciousness. LPN #1 described the food that Resident #1 spit out was ground up chili, orange cantaloupe and green melon and she was not certain of the size of the pieces.</p> <p>Interview with the dietary manager on 8/15/24 at 12:30 PM identified the mixed fruit that was served on 8/6/24 for dinner was honeydew melon and pineapple mix, the size of the pieces was typically one (1) inch, and those items are prohibited on a mechanical soft diet.</p> <p>Interview with the Speech Language Pathologist on 8/15/24 at 12:50 PM identified honeydew melon and pineapple are considered regular texture, they should not be given to someone on a mechanical soft diet, and the peaches would have been an appropriate substitute.</p> <p>Interview with the Director of Nursing on 8/15/24 at 2:15 PM identified the facility staff did not follow the prescribed diet consistency for Resident #1 based on the description LPN #1 gave of the fruit.</p> <p>Although attempted, interviews with the 3-11PM Nursing Supervisor, the 3-11PM nurse aide, and the 3-11PM dietary aide were not obtained.</p>		