

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2025
NAME OF PROVIDER OR SUPPLIER Twin Maples Healthcare, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 809 New Haven Road #r Durham, CT 06422	

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 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews, facility documentation, facility policy, and interviews for one (1) of three (3) sampled residents (Resident #2) who had difficulty swallowing, the facility failed to follow the physician's recommended therapeutic diet which resulted in the resident choking. The findings include:</p> <p>Resident #2's diagnoses included cerebral vascular accident and dysphasia (difficulty swallowing).</p> <p>The Speech Therapy Treatment Encounter note dated 2/25/25 identified Resident #2's diet was downgraded to a Level 5 minced and moist diet after Resident #2 was observed coughing on a Level 6 diet.</p> <p>The barium swallow results dated 3/10/25 identified diet recommendations for the International Dysphagia Diet Standardisation Initiative (IDDSI) Level 5, minced and moist, regular dry bread and mixed consistency not allowed, alternate solids and liquids, and supervised feeding.</p> <p>The quarterly Minimum Data Set assessment dated [DATE] identified Resident #2 had some slight memory recall deficits, required staff assistance with activities of daily living, and supervision when eating.</p> <p>The Resident Care Plan revision dated 5/22/25 identified Resident #2 was at risk for a swallowing problem related to the cerebral vascular accident.</p> <p>Interventions directed a Level 5 minced and moist diet, to maintain an upright position, eat slowly, and chew each bite, monitor for signs and symptoms of aspiration, and supervision with eating.</p> <p>A physician's order dated 6/1/25 directed a regular Level 5 minced and moist texture diet, thin liquid consistency, no bread and mixed consistency, and may use straws.</p> <p>The nurse's progress note dated 6/14/25 at 1:35 PM identified the charge nurse notified the Nursing Supervisor that Resident #2 had choked on the food and required the implementation of the Heimlich maneuver. The charge nurse reported Resident #2 coughed up a piece of chicken tender. The note indicated that the Advanced Practice Registered Nurse was notified and directed for a STAT chest x-ray to be obtained.</p> <p>The nurse's note dated 6/14/25 at 6:18 PM identified the chest x-ray results indicated there was no pneumonia or congestive heart failure.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2025
NAME OF PROVIDER OR SUPPLIER Twin Maples Healthcare, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 809 New Haven Road #r Durham, CT 06422	
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 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with the Dietary Director on 7/3/25 at 9:30 AM identified it was her responsibility to ensure kitchen staff are educated on therapeutic diet recommendations, and that meals are served as ordered. The Dietary Director stated Resident #2 was on a minced moist diet, and on 6/14/25, Resident #2 was served a minced chicken nugget, the sauce was on the side, and not applied directly on the meat as it should have been. The Dietary Director identified all kitchen staff, nurses, and aides have been re-educated to double-check the trays before serving.</p> <p>Interview with the dietary aide/evening cook on 7/3/25 at 11:47 AM identified she worked on 6/14/25, the day Resident choked, the meals were to be minced and moist and she could not explain why Resident #2's meal had not been prepared as ordered.</p> <p>Interview with the Director of Nursing (DON) on 7/3/25 at 2:00 PM identified the cook was responsible for ensuring all meals are prepared and served to the residents as ordered.</p> <p>Although attempted an interview with RN #1 was unsuccessful.</p> <p>Facility policy The Implementation of the IDDSI, dated 8/1/24, identified the purpose was to provide consistency and standardization of all diets under IDDSI guidelines to increase safety at mealtime.</p> <p>The facility identified the deficient practice and developed an immediate plan of correction for past noncompliance as of May 21, 2025.</p> <p>Resident #2 was assessed and had no ill effects from the deficient practice.</p> <p>Any resident on a modified consistency diet has the potential to be affected by the same deficient practice. An audit of resident records identified seventeen (17) residents were prescribed a modified consistency diet.</p> <p>The dietary department has received re-training, the signage in the kitchen has been updated, and policies and procedures have been reviewed.</p> <p>Random audits will be conducted to evaluate the distribution of the modified diets, these audits were initiated on 6/23/25 and are ongoing. The results of the audits will be reported at the facility Quality Assurance/Performance Improvement Committee meeting beginning in July 2025.</p> <p>The Dietary Manager and Dietician have been designated the responsibility to monitor the plan of correction.</p> <p>Compliance date 7/3/25.</p>		