STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105827	A. Building B. Wing	03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Finnish-American Village	1800 South Drive Lake Worth, FL 33461

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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38893 Based on observations, interviews and record reviews, the facility failed to provide dining in a dignified manner for 2 of 13 sampled residents (Resident #6 and #12). The findings included: Record review revealed the facility's policy titled, 'Promoting/Maintaining Resident Dignity During Mealtimes', with a review/revision date of 01/06/25, documented: Policy: It is the practice of this facility to treat each resident with respect and dignity and care for each resident in a manner and in an environment that maintains or enhances his or her quality of life, recognizing each resident's individuality and protecting the rights of each resident. Policy Explanation and Guidelines: 1. All staff members involved in providing feeding assistance to residents promote and maintain resident dignity during mealtimes. 4. Focus on the resident while talking to him/her and addressing him/her individually. The facility's policy titled, 'Personal Cell Phones' with a review/revision date of 01/02/25, documented: Policy: It is the policy of this facility to provide quality care to our residents without interruption. Policy Explanation and Compliance Guidelines: 1. This facility prohibits employees from using personal cell phones for any reason, on the nursing units or in the working areas of the facility. 2. This includes calls, texts, social media or any other use of cell phones. 4. Cell phones may be used by employees while on a scheduled break in break areas only. (continued on next page)

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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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review revealed Resident #6 was admitted to the facility on [DATE]. According to the resident's most recent, Quarterly Minimum Data Set (MDS) assessment, with a reference date of 01/24/25, revealed Resident #6 was not assessed for cognition due to 'Resident is rarely/never understood'. The assessment documented that the resident required 'supervision or touching assistance' for eating. Resident #6's diagnoses at the time of the assessment included: Coronary Artery Disease (CAD), Heart Failure, Hypertension, Non-Alzheimer's Dementia, Malnutrition, Depression, Chronic Lung Disease, Paroxysmal Atrial Fibrillation, Hypothyroidism, and Gastrointestinal Esophageal Reflux Disease (GERD). Review of Resident #6's care plan for activities of daily living (ADLs), with a reference date of 04/28/16, documented: Resident has an ADL Self Care Performance Deficit .Self-care deficit in: eating - Supervision to extensive assistance of 1 at mealtimes and may vary over the course of the day related to fatigue and cognition. An intervention to the care plan was documented as: Eating: Resident requires setup for meals, cueing and feeding at times. Record review revealed Resident #12 was admitted to the facility on [DATE] and admitted to Hospice on 11/30/23. According to the resident's most recent complete Annual MDS assessment with a reference date of 12/02/24, revealed Resident #12 had a Brief Interview for Mental Status (BIMS) score of 10, indicating a moderate cognitive impairment. The assessment documented Resident #12 required 'Partial/moderate' assistance for eating. Resident #12's diagnoses at the time of the assessment included: Parkinson's Disease, Malnutrition, Anxiety Disorder, Depression, Bipolar Disorder, Altered Mental Status, and Dysphagia. Resident #12's care plan for ADLs, with a reference date of 02/28/22, documented, Resident is ADL self-care performance deficit related to disease process: Meal - substantial assistance. During an observation of lunch being served in the Main Dining Room, on 03/03/25 beginning at 12:16 PM, Staff A, CNA (Certified Nursing Assistant), was seated with Resident #6, while Staff B, CNA, was seated with Resident #12. During the observation, neither of the CNAs interacted with the residents, until the meal arrived to the table at approximately 12:30 PM, when the CNAs began feeding the residents. During further observation of lunch being served in the Main Dining Room, on 03/03/25 beginning at 12:16 PM, Staff A, CNA, was seated next to Resident #6. Once the meal arrived to the residents, at approximately 12:30 PM, Staff A fed Resident #6 a bite from the plate and then diverted her attention to a personal cellular device under the table. Staff A then looked up from the device at the Surveyor and quickly placed the device into the pocket of the shirt that she was wearing and then provided another bite to Resident #6. During an interview, on 03/06/25 at 9:55 AM with Staff B, CNA, when asked about the policy's policy or providing feeding assistance to residents, Staff B replied, we talk to her, sometimes she is not a talkative lady, sometimes she will just wave. When you are feeding them you greet them and tell them your name and I am going to help feed you today. Sometimes I have to tell her that her daughter is coming, and she is happy. (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview, on 03/06/25 at 9:30 AM with the Director of Nursing (DON) and the Assistant Director of Nursing (ADON) when the concerns were brought to their attention, the DON and ADON acknowledged the concern and confirmed that staff should be interacting with and talking with the residents (when assisting with dining). During an interview, on 03/06/25 at 9:55 AM with Staff B, CNA, when asked about the facility's policy for personal cell phone use, Staff B replied, Don't use cell phone unless you have an emergency - extreme emergency. I keep it in my pocket. Staff B further stated that staff can go to an area away from the residents if there is an emergency that they need to use their personal cellular devices. During an interview, on 03/06/25 at 9:18 AM with the Registered Dietitian (RD), when the concern was brought to her attention, the RD stated, that is not acceptable, when I see something like that, I intervene. During an interview, on 03/06/25 at 9:30 AM with the DON and the ADON, when asked about the facility's policy for the use of personal cellular devices, the ADON replied, they are not supposed to be using the cell phone when they are with a resident.

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50895 Based on observation, interview, record review, and a policy review, the facility failed to prepare food in a form to meet the individual needs of 4 of 5 sampled residents (Resident #4, Resident #11, Resident #12, Resident #143) observed for pureed textured diets. In addition, the facility failed to prepare fluids in a form to meet the needs of 1of 4 sampled residents (Resident #4) requiring nectar consistency fluids. The findings included: A review of the facility's policy for Puree Food Preparation (reviewed/revised on 01/15/25), described the desired consistency of the puree diet. Puree foods should be prepared in such a manner to prevent lumps or chunks. The goal is smooth, soft, homogenous consistency, similar to soft mashed potatoes. 1). During an observation of the lunch meal in the main dining room on 03/04/25 at 1:00 PM, Resident #12, was being fed by her family member. The meal ticket listed a pureed texture diet with nectar thickened liquids. Resident #12 was served pureed pork, pureed vegetables, and mashed potatoes. Further observations revealed the pork was lumpy with small pieces clumped together and stringy fibers in the meat were observed. (Photographic evidence of the plate was obtained). During an observation of the breakfast meal on 03/05/25 at 8:44 AM, Resident #12, received assistance from staff with feeding in the dining room. The meal ticket listed a pureed texture diet with nectar thickened liquids. The meal plate contained pureed eggs, and pureed pancakes. The pureed eggs were not smooth and contained small lumps. Photographic evidence of the plate was obtained. Record review revealed Resident #12 was admitted to the facility on [DATE]. Hospice services started on 11/30/23. Her diagnoses included Parkinson's Disease, and Oropharyngeal Dysphagia (difficulty swallowing). The physician prescribed diet order since 11/15/23 was a consistent carbohydrates (CCHO) diet, with pureed texture, and nectar consistency fluids. According to the Minimum Data Set annual assessment dated [DATE], Resident #12's BIMS score was 10, this indicated the resident had moderately impaired cognition. 2). During an observation of the lunch meal on 03/04/25 at 1:15 PM the surveyor observed the meal plate of Resident #11, after she had left the dining room. Her meal plate and the corresponding meal ticket were still on the table at the resident's assigned seat. The meal ticket listed her name and the puree texture diet. The meal plate contained pureed pork, pureed vegetables, mashed potatoes, and pureed corn bread. The pureed pork, covered with barbeque sauce, was lumpy. The pureed corn bread was lumpy, with patches of yellow and brown colors. Resident #11 consumed approximately 25% of the mashed potatoes, and approximately 5% of the pureed vegetables. The scoop of lumpy pork with barbeque sauce and the scoop of lumpy pureed corn bread remained intact in the small round form of a scoop. The pork and the corn bread were not consumed at all. (Photographic evidence of the meal plate was obtained). (continued on next page)

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with the ADON (Assistant Nursing Director) on 03/04/25 at 3:00 PM, the ADON stated that Resident #11's private Home Health Aide provided the resident assistance with feeding during the lunch meal in the dining room on 03/04/25. During a breakfast observation in the dining room on 03/05/35 at 8:43 am, Resident #11, received assistance from staff with feeding. Her meal ticket indicated that she was on a pureed texture diet. She was served pureed pancakes, pureed eggs, and regular texture oatmeal, which should have been pureed. Record review revealed that Resident #11 was admitted to the facility on [DATE]. She received Hospice services since 07/25/24. Her diagnoses included Cerebral Atherosclerosis, Unspecified Dementia, and Unspecified Protein Calorie Malnutrition. The discharge from therapy documentation on 04/08/2024 showed a recommendation by the Speech Language Pathologist to continue the pureed diet as a treatment for oropharyngeal dysphagia. Resident #11's diet texture was liberalized to a regular texture on 01/02/25. A progress note dated 03/03/2025 revealed that the hospice Advance Registered Nurse Practitioner (ARNP) recommended the puree diet for Resident #11. The Minimum Data Set quarterly assessment for Resident #11, dated 01/30/25 revealed a Brief Interview of Mental Status score of 3, indicating Resident #11 had severe cognitive impairment. The prescribed diet in the electronic medical records for Resident #11 was consistent carbohydrates (CCHO), no added salt (NAS) diet, with Pureed texture, and thin consistency (fluids), Fortified foods at breakfast. During an interview with the Certified Dietary Manager (CDM) on 03/04/25 at 1:10 PM in the kitchen, the surveyor expressed concern that the observed pureed foods that were served were lumpy. A test plate with pureed food was requested. The CDM provided the surveyor with a plate of food, and she identified the pureed pork and the pureed corn bread. The CDM used a fork and mashed up the pureed corn bread on the plate. A taste test was conducted by the surveyor and the CDM. The pureed corn bread had distinguishable pieces of corn product, which was not smooth, and the mixture was not homogenous. The CDM agreed with this finding. The CDM then poured barbeque sauce on top of the pureed pork, and she mixed the pork together with the sauce. A taste test was conducted by the surveyor and the CDM. The pureed pork contained short stands of meat. The CDM stated that the cooks should have pureed the pork together with the sauce for a little bit more to make the consistency of the meat a smoother texture. 3). During an observation of the breakfast meal in the dining room on 03/05/35 at 8:41 AM, Resident #143 received assistance with feeding. Her meal ticket indicated that she was on a pureed texture diet with nectar thick consistency fluids. She was served pureed pancakes, pureed eggs, and regular texture oatmeal, which should have been pureed. Record review revealed that Resident #143 was admitted to the facility on [DATE]. Her diagnoses included Metabolic Encephalopathy and Dementia. An assessment by the Speech Language Pathologist performed on 02/26/25 revealed that Resident #143 had signs and symptoms of pharyngeal phase dysphagia (difficulty swallowing). The recommendation was to downgrade Resident #143's diet from mechanical soft to a pureed texture. The diet order dated 02/26/25 documented no added salt, pureed texture diet, with nectar consistency fluids. (continued on next page)

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	4). During an observation of the breakfast meal, accompanied by the Registered Dietitian (RD), on 03/05/25 at 9:26 AM, it was noted that Resident #4 was sitting up in her bed receiving assistance from staff with feeding. The meal ticket showed that she was on a pureed texture diet with nectar thick liquids. The plate contained pureed eggs that were lumpy, pureed pancakes, and regular texture oatmeal, which should have been pureed. The coffee served to this resident was not thickened to nectar consistency, as specified on her meal ticket. The RD agreed with these findings. The RD asked the Certified Nursing Assistant (CNA) who was assisting the resident, to add thickener to the coffee. The RD also asked the CNA not to feed the oatmeal to this resident. (Photographic evidence of the meal tray was obtained). Record review revealed Resident #4 was admitted to the facility on [DATE]. Hospice services started on 02/06/25. Her diagnoses included Cerebral Atherosclerosis, Muscle Weakness (Generalized), and Oropharyngeal Dysphagia. A Minimum Data Set significant change assessment dated [DATE] revealed a Brief Interview of Mental Status score of 3. This indicated that Resident #4 had severe cognitive impairment. The prescribed diet order since11/05/24 was for a pureed texture diet, with nectar consistency fluids, and fortified foods at breakfast and lunch. During an interview with the CDM on 03/05/25 at 9:30 AM in the kitchen, accompanied by the RD, the CDM was made aware that the 4 residents on the pureed diet received regular textured oatmeal with their breakfast, and 2 residents on the pureed diet received pureed scrambled eggs that had lumps in it, and 1 resident was not served nectar consistency fluids. When the RD asked the CDM for some pureed oatmeal, it was revealed there was no pureed oatmeal on the steam table. The CDM said she will follow up on the pureed scrambled eggs and pureed oatmeal when preparing breakfast in the future.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50895 Based on observations and interviews, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety, sanitary conditions, and the prevention of foodborne illnesses. This had the potential to affect 41of 41 residents (the resident census), who all eat orally. The findings included: During the initial tour of the Main Kitchen on [DATE] at 9:30 AM, accompanied by the Certified Dietary Manager (CDM) and the Registered Dietitian (RD), the following was observed: 1. Expired paprika and curry powder were on the shelves near the entrance to the main kitchen. The paprika was dated best by [DATE]. The curry powder was dated best by [DATE]. The CDM agreed with the findings. 2. The Arctic Air refrigerator #1 contained the following: -The Dairy whipped topping had a best by date of [DATE]. -A 2-lb container of potato salad had a use by date of [DATE]. -The 46 oz. Grove cranberry juice cocktail had a use by date of [DATE]. The CDM was in agreement with these findings and threw the items in the garbage. 3. The walk-in refrigerator contained the following: -A white plastic container of Herring (pickled fish) with no date. -A 32 oz opened package of sliced Hormel turkey breast. There was no date to indicate when it was opened. The RD and the CDM agreed with these findings. 4. Inside the Daeco Refrigerator, the fan/motor unit had a thick build-up of ice (approximately ,d+[DATE] thick) on the bottom side of the unit. Two metal drip pans were catching the water drippings. One pan was situated directly underneath the unit and another pan was located to the left side of the fan/motor unit. The temperature inside the refrigerator was 46 degrees Fahrenheit (F). The requirement is 41 degrees Fahrenheit. The CDM agreed with the findings. 5. The Daeco refrigerator contained bread, shelf stable juice, and 1 box of one-pound bars of butter. The surveyor requested the temperature of the butter. The CDM measured the temperature of the butter, and it was 45.5' F. The requirement of 41 degrees F. was not met. The RD instructed the kitchen staff to throw out the butter. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	6. The surveyor observed the refrigerator in the baking room. The temperature inside the [NAME] refrigerator was 60' F. This did not meet the requirement of 41 degrees F. The CDM agreed with the finding. 7. Two quart containers of heavy whipping cream was observed in the [NAME] refrigerator. The CDM measured the temperature. The heavy whipping cream was 46.2 ' F. The CDM discarded the whipping cream. 8. One bottle of orange food coloring and one green bottle of food coloring were observed on a shelf in the baking room of the kitchen. There was no open date on the food coloring bottles. The orange food coloring had a shipping date of [DATE]. The green food coloring had a shipping label that was too faded to read. The RD agreed with the finding.