| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 165175 | A. Building<br>B. Wing | 07/12/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Greater Southside Health and Rehabilitation | 5608 SW 9th Street<br>Des Moines, IA 50315 |

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 0644<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48886<br><br>Based on clinical record review, staff interview and policy review, the facility failed to refer two residents (Residents #29 and #36) with a Level I Preadmission Screening and Resident Review (PASRR) with a previously unknown serious mental disorder for evaluation of a Level II PASRR at the time the diagnosis was known to the facility for 2 of 4 residents reviewed for PASRR. The facility reported a census of 60.<br><br>Findings include:<br><br>1. The Quarterly Minimum Data Set (MDS), dated [DATE], documented Resident #29 had a Brief Interview for Mental Status (BIMS) of 11, which indicated moderate cognitive impairment. The MDS further documented the resident to have diagnoses to include traumatic brain dysfunction, non Alzheimer's dementia, anxiety disorder, depression, paranoid personality disorder and psychotic disorder.<br><br>A Preadmission Screening and Resident Review (PASRR) for Level I dated 11/30/22, documented the primary diagnoses as anxiety disorder and depression. The PASRR documented the resident was on Lexapro. The PASRR further documented there were no known mental health behaviors which affect interpersonal interactions, there were no known mental health symptoms affecting the individual's ability to think through or complete tasks which she should have been physically capable of completing, and there were no known recent or current mental health symptoms. The PASRR also noted, if changes occurred or new information refuted these findings, a new screen must be submitted.<br><br>The Care Plan, with a revision date of 3/19/24, under the focus section, documented Resident #29 had a potential for elopement risk/wanderer risk, impaired safety awareness, resident wandered aimlessly, significantly intruded on privacy or activities. The Care Plan further documented the resident had impaired cognitive function/dementia or impaired thought processes and the resident used antidepressant medication related to depression.<br><br>The Diagnoses Report dated documented that the resident was diagnosed on [DATE] with the following; delusional disorders, disorientation, major depressive disorder, recurrent, mild, and paranoid personality disorder.<br><br>The Order Summary Report documented that resident was prescribed Escitalopram for major depressive disorder, with a start date of 11/22/23.<br><br>(continued on next page) |



| 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: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 165175 | A. Building<br>B. Wing | 07/12/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Greater Southside Health and Rehabilitation | 5608 SW 9th Street<br>Des Moines, IA 50315 |

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 0644<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 7/10/24 at 3:45 PM, the Social Services Director (SSD) reported another PASRR screening had not been completed for Resident #29 since the last Level I screening in November of 2022, a Level II screening had not been submitted. The SSD acknowledged a Level II PASRR should be submitted when a resident had a change in medication or change in mental health diagnoses. The SSD acknowledged the resident had changes that required a Level II screening be submitted and stated an expectation this be completed.<br><br>2. The Significant Change MDS dated [DATE] documented Resident #36's BIMS should not be conducted as the resident is rarely/never understood. The MDS further documented diagnoses to include medically complex conditions, non-Alzheimer's dementia, anxiety disorder and Schizophrenia.<br><br>A Preadmission Screening and Resident Review (PASRR) for Level I dated 12/9/19, with no additional PASRR screenings since that date. The screening documented no mental health diagnoses for the resident at that time. The 12/9/19 PASRR documented the resident at that time was on Seroquel. The outcome was a negative Level 1 screening, and documented no further screening is required unless there is a known or suspected major mental illness and a significant change in treatment needs.<br><br>The Care Plan for Resident #36, with a revision date of 7/13/23, documented under the focus area the resident had a potential for elopement risk/wanderer risk, was disoriented to place, resident wandered aimlessly, and significantly intruded on privacy or activities. The Care Plan further documented the resident had a history/potential for behavior problem, resident had been observed reaching into soiled brief and spreading feces on walls, clothes, bedding. The resident used antipsychotic medications related to behavior management, disease process (specify: Schizophrenia). The resident used anti-anxiety medications related to anxiety disorder.<br><br>The Diagnosis Report documented that Resident #36 had diagnoses which included the following; anxiety disorder, Schizoaffective disorder, and cognitive communication deficit diagnoses on 9/13/22.<br><br>The Order Summary Report for Resident #36 revealed the resident was prescribed Hydroxyzine for anxiety disorder, with a start date of 11/22/23, and Quetiapine Fumarate for Schizoaffective disorder, with a start date of 10/12/2023.<br><br>During an interview 7/10/24 at 3:45 PM, the Social Services Director (SSD) stated another PASRR screening has not been completed for Resident #36 since the last Level I screening in December of 2019, a Level II screening has not been submitted. The SSD acknowledged a Level II PASRR should be submitted when a resident has a change in medication or change in mental health diagnoses. The SSD acknowledged the resident had changes that required a Level II screening be submitted and stated an expectation this be completed.<br><br>The facility Administrator provided a fact sheet from the Iowa Department of Health and Human Services for PASRR for the facility policy, undated. The fact sheet documented 100% of applicants to Medicaid-certified nursing facilities must have a Level I PASRR screen, to determine whether they may be a person with serious mental illness (SMI), intellectual/developmental disability (IDD), or related condition (RC). Those individuals who appear to have SMI, IDD, or RC are then evaluated in depth, during a Level II PASRR assessment. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 165175 | A. Building<br>B. Wing | 07/12/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Greater Southside Health and Rehabilitation | 5608 SW 9th Street<br>Des Moines, IA 50315 |

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 0655<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48886<br><br>Based on family interview, staff interview, and facility training material the facility failed to include the resident representative in the care plan participation conference for one (Resident #33) of fourteen residents reviewed. The facility reported a census of 60 residents.<br><br>Findings include:<br><br>1. A Admission Minimum Data Set (MDS) assessment dated [DATE] for Resident #33, documented resident admitted on [DATE] and a Brief Interview for Mental Status (BIMS) score of 7 which indicated severe cognitive impairment.<br><br>The Clinical Resident Profile for Resident #33 revealed a family member as Power of Attorney (POA) for care, financial and healthcare for the resident, as well as the care conference person and responsible party.<br><br>During an interview 7/8/24 at 2:13 PM, the family member who is POA, responsible party and care conference person reported never being invited to or attending a care conference for Resident #33 to discuss plan of care.<br><br>Review of the Electronic Health Record (EHR) for the Resident #33 lacked documentation of a care plan conference for the resident.<br><br>During an interview 7/10/24 at 3:40 PM, the MDS Coordinator stated the facility did not complete a 72 hour care conference for Resident #33 and did not invite the resident or family member to the care conference. A care conference was not held for this resident and not scheduled. The MDS coordinator stated an expectation that a care conference be held within 72 hours after a resident's placement in the facility, and that the resident and family members, especially a family member who has POA, be invited and participate.<br><br>A power point training provided by the facility titled Baseline Care Plan Comprehensive Care Plan without a date directed staff as follows:<br><br>The admission nurse will need to review the baseline care plan with the resident or Responsible Person (RP). A progress note will need to be written by the nurse stating who they reviewed the baseline with. This process needs to be completed within 48 hours of admit. OR MDS will need to print a copy of the care plan after it is complete with signature line. Print the Order Summary report. Review both items with resident or RP and document in Point Click Care (PCC type of EHR program) that this was completed<br><br>The facility did not provide a policy on care conference, however provided a power point training on development of the comprehensive care plan, a sample care plan meeting invitation and a care plan development tool. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 165175 | A. Building<br>B. Wing | 07/12/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Greater Southside Health and Rehabilitation | 5608 SW 9th Street<br>Des Moines, IA 50315 |

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 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide care and assistance to perform activities of daily living for any resident who is unable.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48886<br><br>Based on observation, resident interview, family interview, staff interview, record review and policy review, the facility failed to provide necessary services to maintain grooming for nail care for 2 of 2 residents (Residents #33 and #57) reviewed for Activities of Daily Living (ADL). The facility reported a census of 60 residents.<br><br>Findings include:<br><br>1. A Admission Minimum Data Set (MDS) assessment dated [DATE] for Resident #33, documented a Brief Interview for Mental Status (BIMS) score of 7, which indicated severe cognitive impairment. The MDS further documented the resident had diagnoses to include progressive neurological conditions, osteoporosis, Alzheimer's disease and non-Alzheimer's dementia.<br><br>The Care Plan for Resident #33, with a revision date of 6/11/24, documented under the focus area an ADL self-care performance deficit related to dementia and limited mobility. The intervention and task section instructed staff to offer bathing/showering twice weekly, and as necessary, check nail length and trim and clean on bath day and as necessary.<br><br>During an observation on 7/8/24 at 2:05 PM, Resident #33's toenails were long and jagged, a few toenails were beginning to grow under into the resident's skin.<br><br>During an interview 7/8/24 at 2:05 PM, a family member of Resident #33 advised they asked staff at the facility to trim the resident's toenails since the 15th of June and the toenails had not been trimmed.<br><br>During an interview 7/10/24 at 1:38 PM, the Assistant Director of Nursing (ADON) advised staff document on shower sheets, which are kept in hard charting. The shower sheets had a section for toenails and documenting they were observed and if trimmed. The ADON stated it is an expectation that staff observe toenails and trim them during showers. ADON stated if a resident refused a shower, staff ask them 3 more times that day and encourage them to shower, and then ask daily until the resident is in agreement to shower<br><br>During a review of the shower sheets for Resident #33, resident refused a shower on 6/5/24, 6/6/24, 6/14/24, 6/19/24, 6/23/24 and 6/24/24. Resident showered on 6/12/24, 6/22/24, 7/1/24 and 7/4/24; the shower sheets on these dates documented the toenails do not need trimmed.<br><br>During an interview 7/10/24 at 3:30 PM, the ADON stated an expectation of the Certified Nursing Assistants (CNA's) are to observe the toenails of a resident when a shower is given and trim the nails regularly. The ADON stated Resident #33's toenails should not have gotten this long and should have been trimmed.<br><br>Review of facility policy titled Nail Care, with a review date of 7/21/22, documented the purpose of nail care is to clean the nail bed, trim nails, and prevent infection. Nails may be cleaned during bathing and nail care includes daily cleaning and regular trimming.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 165175 | A. Building<br>B. Wing | 07/12/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Greater Southside Health and Rehabilitation | 5608 SW 9th Street<br>Des Moines, IA 50315 |

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 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 40905<br><br>2. A MDS assessment for Resident #57, dated 6/13/24, included diagnoses of paraplegia (paralysis of lower body/legs)and legal blindness and documented the resident was dependent on staff for lower body dressing and personal hygiene. The MDS documented a Brief Interview for Mental Status score of 15, indicating no cognitive impairment for decision making.<br><br>Observation and interview on 7/09/24 at 8:27 AM, Resident #57 lying in bed and toes nails very long with jagged edges. Resident #57 stated his toe nails have only been trimmed once since he was admitted 4 months ago and he has no feeling from his knees down.<br><br>Observation and interview on 7/10/24 at 3:25 PM, Resident #57's toe nails remain very long with jagged edges and Resident #57 stated he would like them trimmed, does not like them long, but has no feeling in lower legs/feet and is blind so not aware of length.<br><br>Resident #57's care plan documented intervention of bathing/showering twice weekly and check nail length and trim and clean on bath day and as necessary. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 165175 | A. Building<br>B. Wing | 07/12/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Greater Southside Health and Rehabilitation | 5608 SW 9th Street<br>Des Moines, IA 50315 |

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 0805<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.<br><br>49990<br><br>Based on observations, interviews and clinical record review, the facility failed to safely serve the recommended therapeutic meals according to physician orders and speech therapy recommendations for 2 of 2 residents reviewed (Res #4, and Res #26). The facility contains 16 residents on a mechanically altered diet. The facility reported a census of 60.<br><br>The State Agency informed the facility of the Immediate Jeopardy (IJ) on 07/09/24 at 03:26 PM. The IJ began on 07/08/24. Facility staff removed the Immediate Jeopardy on 07/11/24. The facility staff removed the Immediate Jeopardy by implementing the following actions:<br><br>1. 100% Audit of Resident diet orders on 07/09/24<br><br>2. 100% Audit of resident diet cards on 07/09/24<br><br>3. 100% Care plan audit for all residents to verify diet and texture are accurate on 07/09/24<br><br>4. 100% Audit completed of diet type and texture, with any additional diet texture restrictions to follow a triple check process on 07/09/24<br><br>5. All staff educated on the signs and symptoms of choking or swallowing issues on 07/09/24<br><br>6. All staff were educated on 07/09/24 for competency of providing correct textures in regard to modified diets<br><br>7. An in-service was completed in person by the dietician and verbally communicated by nurse management to staff members regarding diet textures on 07/11/24<br><br>8. A Quality Assurance and Performance Improvement (QAPI) meeting was held on 07/09/24 to address the IJ.<br><br>The scope was lowered from a K to an E at the time of the survey after ensuring the facility implemented education.<br><br>Findings Include:<br><br>1. The Quarterly Minimum Data Set (MDS) for Resident #26, dated 06/13/24, documented a Brief interview for mental status (BIMS) score of 04, which indicated severely impaired cognition. It failed to document her relevant diagnoses of dysphagia, oropharyngeal phase, and documented that she did not have trouble swallowing.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 165175 | A. Building<br>B. Wing | 07/12/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Greater Southside Health and Rehabilitation | 5608 SW 9th Street<br>Des Moines, IA 50315 |

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 0805<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Resident #26's Care Plan documented her diagnosis of dysphagia, oropharyngeal phase. The Care Plan directed staff to observe the resident for the signs and symptoms of dysphagia, including choking, pocketing, coughing, drooling, holding food in mouth, several attempts at swallowing, refusing to eat, and appearing concerned during meals with initiated date of 9/14/18. It documented her diet as mechanical soft texture.<br><br>Review of Resident #26's doctor's order summary revealed her diet was noted as mechanical soft texture, thin consistency, no bread, no watermelon.<br><br>In an interview on 07/08/24 at 12:46 PM with Staff A, Speech Language Pathologist, reported that she made the recommendation on 07/01/24 to remove breads from Resident #26's diet, citing coughing while consuming bread products. She made the recommendation to move the resident to one-on-one eating assistance on 05/02/24 due to the resident's risk of aspiration and choking.<br><br>A direct observation of the lunch service on 07/08/24 at 12:30 PM revealed Resident #26 was served a mechanically soft diet with an unmodified garlic breadstick and slice of unmoistened pound cake. Resident #26 was unobserved by staff members when she was originally served. Resident #26 began to immediately consume the pound cake, coughing heavily while she did so. Shortly after consuming the pound cake, Resident #26 picked up and took a bite of the garlic breadstick. She began to cough again. The Speech Language pathologist intervened after her initial bite of the garlic breadstick, removing it from her and reminding the resident that she couldn't have bread anymore. The Speech Language Pathologist sat with Resident #26 to ensure she was observed during her meal, and provided education to three different staff members about Resident #26's diet. The Speech Language Pathologist summoned Staff B, Licensed Practical Nurse (LPN) to assess Resident #26 by listening to her lungs and checking her pulse oxygen levels due to her strong coughing.<br><br>In an interview on 07/08/24 at 12:37 PM with Staff C, Registered Nurse (RN), she stated that Resident #26 was supposed to stop getting bread with meals a week ago, but the kitchen has sent her bread on more than one occasion since then. She noted Resident #26 was also supposed to be encouraged to take drinks between bites of food.<br><br>In an interview on 07/08/24 at 12:46 PM with Staff A, she noted that if she had not intervened she believed the resident would have consumed the entire garlic breadstick. She further noted that bread products, such as pound cake in the format it was served to Resident #26, was also not to be served to the resident due to the risk of choking and aspiration it poses to her. She noted this is not the first issue she has had with the kitchen serving improper diets to the residents. She recalls having to send food back to the kitchen on several occasions. The most recent was when the resident was served large whole chunks of chicken, instead of her prescribed mechanically softened diet. She noted she is often the one to catch these issues and correct them. She noted the facility has often not been assisting the resident one-on-one as recommended. She revealed that she had brought this to the attention of previous facility leadership and nothing had been done about it. She was hopeful that the new facility leadership would take these issues more seriously.<br><br>A direct observation on 07/09/24 at 12:13 PM of the lunch meal revealed Resident #26 was served her appropriate diet. She was observed coughing only briefly on three occasions during her meal.<br><br>A direct observation on 07/10/24 at 08:18 AM showed that Resident #26 was again served the appropriate diet. She was observed lighting coughing just twice during this meal.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 165175 | A. Building<br>B. Wing | 07/12/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Greater Southside Health and Rehabilitation | 5608 SW 9th Street<br>Des Moines, IA 50315 |

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 0805<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | In an interview on 07/10/24 at 11:01 AM with The Regional Director of Nutritional services she noted the facility uses the International Dysphagia Diet Standardization Initiative (IDDSI) to inform dietary choices for residents, but further noted they use a more generic diet order system with only three diet levels. Regular, Mechanically Soft, and Puree.<br><br>In an interview on 07/11/24 at 11:46 AM with Staff D, Dietary Cook, she revealed that on Monday the kitchen did not have enough blushing pears for everyone and substituted Pound Cake for the residents. She indicated she did not document this in the substitutions log and this change was not approved by the dietician. She indicated she did not know how to conduct the fork test, and indicated there was no pound cake remaining to perform a fork test.<br><br>Review of IDDSI documentation showed the organization currently recommends items like pound cake undergo the Fork Test if being served unmodified to a resident on a level 5 (Mechanically soft) diet, or a level 4 (Puree) diet. The fork test involves using a fork to gently crush a food item, if the item deforms easily and does not return to its previous shape it can be considered on a case-by-case basis for individuals at risk of aspiration and choking. IDDSI framework further noted crumbly textures, like cake, are a choking risk because they need good tongue control to bring crumbly pieces together and mix with enough saliva to hold together to be moist and safe to swallow.<br><br>A direct observation on 07/10/24 at 12:02 PM revealed a chaotic kitchen service. Staff D, Dietary Cook, was preparing resident plates before locating their diet slip. After plating the resident's food, Staff D then located their diet slip in her stack of slips and immediately passed it on to the next staff member. During this service she plated an incorrect diet for Resident #24, plating a regular diet instead of a mechanically soft diet. This required the intervention of the Region Director of Nutritional Services to correct.<br><br>Review of Speech Therapy Encounter Notes dated 07/08/24 documented the resident was served and ate a bite of the garlic breadstick, as well as the need for one-on-one assistance at all times during meal service. It further details the education was provided to three separate Certified Nursing Assistants (CNAs).<br><br>Review of a facility led interview with the Speech Language pathologist dated 07/08/24 at an unknown time documented the observation above and continued to describe Resident #26's coughing as large/strong coughs. It further details that nursing staff was required to assess the resident for possible aspiration. It continued to detail the Speech Language Pathologist spoke with kitchen staff after the incident and asked if they required a second recommendation to be made regarding bread. The kitchen staff are reported to have indicated to her they did not require an additional recommendation and they would fix the issue for the next meal.<br><br>Review of a facility document titled Principles and Guidelines Used in Meal Planning from the Long-Term Care Diet Manual with an edition date of 2017 documents under the Pureed Diet section, subsection's D and E, bread and plain-cake product are considered to be of similar texture and require a similar treatment to be included in pureed diets, or diets where bread has been excluded due to risk of aspiration or choking.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 165175 | A. Building<br>B. Wing | 07/12/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Greater Southside Health and Rehabilitation | 5608 SW 9th Street<br>Des Moines, IA 50315 |

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 0805<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | 2. The Minimum Data Set (MDS) for Resident #4, dated 10/01/23, documented a Brief interview for mental status (BIMS) score of 04, indicating severely impaired cognition. It documented relevant diagnoses of Non-Alzheimer's dementia, dysphagia - unspecified, dysphagia - oropharyngeal phase, cognitive communication deficit. It further documented her ability to eat as requiring supervision or touching assistance.<br><br>Resident #4's care plan documented the resident's dysphagia, as well as a need to observe the resident during meal service for the signs and symptoms of dysphagia, including pocketing, choking, coughing, drooling, holding food in mouth, several attempts at swallowing, refusing to eat, and appearing concerned during meals. It revealed her diet to be regular diet with pureed texture with a start date if 07/08/24.<br><br>Review of Resident #4's Doctor's order summary documented the resident's diet as pureed texture with thin liquids as of 07/08/24.<br><br>A direct observation on 07/09/24 at 12:16 PM revealed Resident #4 had been served a pureed diet with the addition of Cheeto Puffs and a lettuce salad for lunch. The lettuce salad was turned away at the table, but resident #4 was observed consuming approximately 5 full-sized Cheese Puffs before Staff A observed the resident and intervened. The Cheeto Puffs were removed from Resident #4 by Staff A.<br><br>In an interview on 07/09/24 at 12:51 PM with Staff A, she noted Resident #4 had been moved to a pureed diet on 07/08/24 and was transitioned during the evening meal. She noted that the resident should not have Cheeto Puffs on a pureed diet, and intervened as soon as she saw to prevent possible choking or aspiration.<br><br>In an interview on 07/09/24 at 02:54 PM with Staff E, Dietary Cook, she revealed the diet slips had been printed on Sunday for the entire week. She indicated she knew of recent changes to Resident #4's diet, but when she showed me the diet slip for Resident #4 it showed she was still on mechanically soft diet. She indicated the dietary manager is in charge of updating new diet orders, and stated she knows they should not be printing diet slips in advance. She noted it is the dietary cook's job to follow the diet slips, not to change them in the system.<br><br>In an interview on 07/09/24 at 03:00 PM with Staff F, Dietary Aide, she noted there had been a significant turnover in the kitchen, and indicated staff should be screening to ensure residents are not given items they cannot have.<br><br>In an interview on 07/09/24 at 03:09 PM with Staff G, Certified Medication Aide (CMA), she revealed it is everyone's job to watch during meal times for signs and symptoms of choking and aspiration, as well as to verify residents are being served the appropriate diets. She noted there is no formal system to notify CMAs and CNAs about what the diets are and if there are only diet changes. They only notice a diet has changed when they see a resident served a new diet, at which time they often verify the change to ensure the resident had been given the correct diet. She acknowledged that based on her understanding of safe diets, she does not believe Cheeto Puffs are acceptable on a pureed diet. She indicated the kitchen has had issues service the appropriate diet, and revealed that on several occasions in the last few months the kitchen has served another resident, Resident #1, graham crackers despite her being on a pureed diet.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 165175 | A. Building<br>B. Wing | 07/12/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Greater Southside Health and Rehabilitation | 5608 SW 9th Street<br>Des Moines, IA 50315 |

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 0805<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | In an interview on 07/09/24 at 04:36 PM with the Regional Director of Operations, she noted she believed IDDSI classifies Cheeto Puffs as transitional foods. She stated her understanding is that because biting and chewing are not required because they can break down with saliva they could be used on a pureed diet.<br><br>Review of IDDSI catalogue reveals that Cheeto puffs are classified as transitional foods and can be safe for residents up to dysphagia level 5 diets, which are also known as mechanically soft diets. Resident #4 was on a pureed diet at the time of the incident. It further indicated transitional foods should be broken into smaller pieces of approximately 1.5 x 1.5 cm across if used on any diet lower than level 7, which under IDDSI guideline is a regular, unmodified diet.<br><br>In an interview on 07/10/24 at 11:01 AM with The Regional Director of Nutritional services she noted residents can have Cheeto Puffs at higher diet levels, and in some cases puree, under IDDSI guidelines. She also noted the expectation is for diet slips to be printed the evening before dining service, not in advance for the entire week.<br><br>In an interview on 07/10/24 at 02:39 PM with Staff A, she indicated she does not follow IDDSI guidelines. She recommends a more generic three phase diet that includes regular, mechanically soft, and pureed diets. Under the guidelines she believes the facility uses and based on her education as a Speech Language Pathologist she does not believe Cheeto Puffs are an acceptable food on a pureed diet. She further indicated she is not aware of any pureed diet in which whole Cheeto Puffs would be acceptable.<br><br>Review of facility document titled Therapeutic Diets with a last reviewed date of 08/16/23 documented diet tray cards will be updated to reflect diet and nutritional interventions to unclude but not limited to Low Concentrated Sweets, No Added Salt, Fortified Foods, Double Portions, Double Protein, and Supplements.<br><br>Review of a facility document titled Menus and Recipes with a last reviewed date of 11/27/23 documented meals should be prepared according to the facility approved menu. The menu shall be approved by the Registered Dietician in the state of practice. It further documented Therapeutic and mechanically altered diets shall be available on a spreadsheet as ordered by a physician, and all changes to a menu or recipe shall be approved by the registered dietician.<br><br>Review of a facility document titled Nutritional Services Menus with a last reviewed date of 11/27/23 documented changes which must be made following the start-up of the menus shall be provided to the Registered Dietician in a timely manner for approval. Changes which must occur due to shortage of stock, ect. Shall be reviewed for approval with the Registered Dietician. These changes shall be recorded on the menu substitution log and signed off by the Registered Dietician.<br><br>Review of the Menu Substitution log lacked documentation of the changes to the menu on 07/08/24. |