

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235514	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Imperial, A Villa Center		STREET ADDRESS, CITY, STATE, ZIP CODE 26505 Powers Ave Dearborn Heights, MI 48125	

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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38207</p> <p>This citation pertains to Intake MI00144627.</p> <p>Based on observation, interview, and record review, the facility failed to serve food at the preferred temperature for one resident (R703) of two residents review for food palatability, resulting in dissatisfaction during meals. Findings include:</p> <p>A review of resident council meeting minutes for the months of March through May 2024 revealed the following, 3/22/24: Residents .stated the food that comes to the floor is cold when they receive it. (Food) cart sits for awhile trays not passed in a timely manner. 4/19/24: Residents stated food from dietary carts, the trays are lukewarm, food not hot .</p> <p>On 5/30/24 at 12:10 PM, R703 was interviewed and asked about food palatability at the facility. R703 indicated the food was frequently cold and stated, I don't eat it. R703 expressed dissatisfaction with the temperature of the food served to them and stated, My kids bring me food.</p> <p>On 5/30/24 at 12:20 PM, an observation was made of multiple staff passing out food trays to resident rooms while leaving the food cart doors open as they went back and forth to rooms.</p> <p>On 5/30/24 at 12:23 PM, Dietary Manager (DM) C temperature tested a random food tray from the food cart and the results were the following: Chicken Alfredo: 112 Degrees Fahrenheit; Broccoli/Carrot mix: 100.4 Degrees Fahrenheit. DM C was interviewed regarding the temperature for the food items on the tray and stated, (The food should be) at least 125-130 Degrees Fahrenheit. DM C was asked to sample the tray and stated, I already tasted it in the kitchen, it was good.</p> <p>On 5/30/24 at 12:29 PM, the food was taste tested by the surveyor and was found to be lukewarm which negatively impacted its palatability.</p> <p>A review of R703's electronic medical record (EMR) revealed that R703 was originally admitted to the facility on [DATE] with diagnoses that included Chronic obstructive pulmonary disease (COPD) (Lung disease) and Malignant neoplasm of rectum (Rectal cancer). R703's most recent quarterly minimum data set assessment (MDS) dated [DATE] revealed that R703 had an intact cognition.</p> <p>A facility policy titled Food Palatability Issued: 9-1-2021 was reviewed and stated, Standard: .Food will be palatable .served at a safe and appetizing temperature. Guidelines: Food should be at the appropriate temperature .to ensure resident's satisfaction .</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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