STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315060	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Mary's Center for Rehabilitation & Healthcare	220 St Mary's Drive Cherry Hill, NJ 08003

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 0806

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Some

Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.

50267

Complaint #: NJ183456

Based on observation, interview, and record review, it was determined that the facility failed to accommodate resident preferences with specific food items that were documented on the resident's meal tickets. This deficient practice was identified for 4 out of 6 sampled residents, Resident #1, #2, #4, and #5 and was evidenced by the following:

According to the Admission Record (an admission summary), Resident #2 was admitted with diagnoses that included but were not limited to Hypertension (high blood pressure) and Abnormalities of Gait and Mobility (changes in walk pattern).

According to the Minimum Data Set (MDS), an assessment tool dated 2/4/25, Resident #2 had a Brief Interview for Mental Status (BIMS) score of 15 indicating cognitively intact.

The Order Summary Report (OSR), received on 2/26/25, revealed Resident #2 was on a NAS (No Added Salt) thin consistency, Regular texture, Lactose intolerance with a start date on 2/12/25.

Review of the Care Plan (CP) for Resident #2, initiated on 1/29/25, revealed a focus that Resident #2 was at risk for malnutrition related to (r/t) recent acute illness, variable intake. The Goal included maintain adequate nutritional status as evidenced by maintaining weight within 180-190 pounds (#) . Interventions included but was not limited to provide, serve diet as ordered.

During the interview with the surveyor on 2/26/25 at 10:37 a.m., Resident #2 stated, No, I am not getting my food preference .

During an interview with the surveyor on 2/26/25 at 11:29 a.m., Resident #1 stated, Most of the time I ordered something, I do not get it. I usually request coffee for breakfast, and I would check for creamer and sugar, and sometimes I do not get it. I usually requested tea for lunch and dinner, and sometimes I do not get it. Residents have been complaining about the food in the Resident Council Meetings.

(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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview with the surveyor on 2/26/25 at 12:29 p.m., the Dietician revealed that she was made aware that Resident #2 had complaints about incorrect and missing items on her tray. The Dietician stated that she observed Resident #2's lunch tray delivered and she confirmed that Resident #2 did not receive what was ordered. The Dietician stated that she sent an email to the Diet Aide, Food Service Director (FSD), Unit Manager (UM #1), and Social Worker (SW). During an interview with the Surveyor on 2/26/25 at 12:54 p.m., the Food Service Director (FSD) stated that he was made aware via telephone from Resident #2 that he/she did not receive eight sugar packets as requested. The FSD stated that he personally brought the additional sugars to Resident #2. FSD stated that when he delivered the extra sugars, he looked on Resident #2's menu slip and acknowledged that he/she did request eight sugars and only received six sugars. When surveyor asked what he did, the FSD stated that he went back to the kitchen and made all the staff aware to check the menu slips. When surveyor asked if he documented the education of all staff, he stated, I need to work on that. FSD stated that he should have documented it for paper trail. FSD stated that he did not remember the date it happened. During interview with the surveyor on 2/26/25 at 1:45 p.m., the Licensed Nursing Home Administrator (LNHA) stated that she was aware that Resident #2's tray was delivered to his/her previous room. The LNHA further stated that it should not have been delivered to Resident #2's previous unit, it should have been delivered at his/her current unit. During meal tray observation on 2/27/25 at 9:07 a.m., Resident #5's meal ticket indicated that the resident should have received two juices, but the resident received one juice with his/her breakfast tray. Resident #5 stated, I ordered two juices, and I got one. I get the Select Menus. Everyday there was always something I am not getting. Resident #5 stated that he/she told the Certified Nursing Assistant (CNA) about the juice. The surveyor interviewed the CNA, and she stated that she told Resident #5 that she would see what she could do when breakfast was over. The CNA stated that she was done giving out the trays and had not brought the juice to Resident #5 yet. The CNA stated that she got sidetracked because another resident had requested care. The surveyor asked the CNA what she should have done, and she acknowledged that she should have given Resident #5 the juice because he/she had asked for it. The surveyor interviewed UM #2, and she stated that Resident #5 should have received the two juices as stated on the meal ticket. UM #2 further stated that the CNA should have brought the second juice to Resident #5 or asked someone else if she was unable to get it, because that was the resident's preference. On 2/27/25 at 9:57 a.m., the Dietician stated that she mis-spoke and that she observed Resident #2's lunch tray on 2/5/25 and sent an email on 2/6/25 to LNHA, Director of Social Services (DSS), FSD, and UM. During interview with the surveyor on 2/27/25 at 10:23 a.m., the LNHA stated that Resident #5 should have gotten his/her preference because it was the resident's rights. During interview with the surveyor on 2/27/25 at 10:32 a.m., the DSS stated that she was aware of Resident #2's food concerns and his/her preferences shortly after Resident #2 was admitted . The DSS stated that she sent email to the FSD, Dietician, and UM, copied the LNHA, and discussed in morning meeting. (continued on next page)

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During interview with the surveyor on 2/27/25 at 11:04 a.m., the DSS stated that what should have happened was that the Dietitian should have addressed the concerns directly with the resident and then collaborated with the FSD and ensured that the requests were fulfilled. She stated, It was important that Dietician takes these measures because nutrition played a vital role, the overall performance and rehabilitation treatment, patient experience and recognize resident's rights regarding his/her dietary needs and preferences. During interview with the surveyor on 2/27/25 at 11:57 a.m., the LNHA stated, The Dietician should have notified the dietary department regarding the inaccuracy, and she should have ensured that Resident #2 received the items requested if available. It is important that these steps are taken because it is the resident's rights and preference. On 02/27/25 at 12:30 a.m., the surveyor entered the Main Dining Room on the first floor along with UM #2 and observed the following: 1. Resident #1 had a select menu on his/her tray and Resident #1 did not receive the tomato juice as ordered. This item was circled on the select menu. 2. Resident #5 had a select menu on his/her tray and did not receive one out of two juices and garlic spinach as ordered. These items were circled on the select menu. Review of the Dietary Department policy dated 03/2020, on Resident Trays revealed that Resident will be provided with meal trays as ordered. The Food Services Manager or supervisor will check trays routinely. Nursing staff shall check each food trays routinely before serving residents. Review of the Department of the Dietary Department policy dated 03/2020, on Menu Standards revealed, Tray tickets print specific to the physician order and patient preferences. NJAC 8:39-17.4 (a)1