

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365936	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/06/2024
NAME OF PROVIDER OR SUPPLIER Liberty Retirement Community of Lima Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 2440 Baton Rouge Avenue Lima, OH 45805	

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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37451</p> <p>Based on observation, medical record review, resident interview, staff interview, and review of facility policy, the facility failed to ensure residents were provided meals according to their preferences. This affected two residents (#20 and #21) of three residents reviewed for meal service. The facility census was 42.</p> <p>Findings include:</p> <p>1. Review of Resident #20's medical record revealed an admitted [DATE]. Diagnoses included cerebral infarction, dysphagia, type II diabetes, gout and convulsions.</p> <p>Review of Resident #20's Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of nine indicating Resident #20 was moderately cognitively impaired. Resident #20 displayed no behaviors during the review period. Resident #20 had no weight changes at the time of the review.</p> <p>Review of Resident #20's care plan revised 10/21/24 revealed supports and interventions for self-care deficit, limited physical mobility, resistant to care, potential for verbal aggression, impaired cognitive function, seizures, and potential for nutritional problem. Supports and interventions for nutrition included monitor intakes, weights as ordered, and provide diet as ordered.</p> <p>Review of Resident #20's dietary order dated 07/15/24 revealed Resident #20 was to receive a regular diet, regular texture and thin consistency liquids. Resident #20 was to receive a liberal amount of sauces/gravies to moisten meal.</p> <p>Review of Resident #20's Meal Tickets dated 12/06/24 revealed for breakfast Resident #20 Allergies/Dislikes included no eggs, no French toast, and no oatmeal. Her lunch Allergies/Dislikes included no bologna, no eggs, and no French toast and her Dinner Allergies/Dislikes included no bologna, no eggs, and no French toast.</p> <p>Observation on 12/06/24 at 8:09 A.M. of Resident #20 found her being provided her breakfast tray by Certified Nursing Assistant (CNA) #110. Resident #20 stated she was unhappy with her meal as there were scrambled eggs on her plate and she had told them over and over again she did not want eggs.</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
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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 12/06/24 at 8:12 A.M. with Resident #20 found her to be alert and aware. Resident #20 stated her food was warm, but she was not provided what she wanted. Resident #20 reported she did not eat any eggs and it was a waste of time and food because the kitchen kept giving her eggs. Resident #20 stated she was not sure why because it was on her ticket she did not want eggs. Coinciding observation of Resident #20's meal ticket on her tray revealed Resident #20 dislikes included eggs.</p> <p>Interview on 12/06/24 at 8:15 A.M. with CNA #110 verified Resident #20 had no eggs listed on her meal ticket and verified she had been provided scrambled eggs on her breakfast tray. CNA #110 also verified it did happen often where Resident #20 was provided eggs she did not want.</p> <p>2. Review of Resident #21's medical record revealed an admitted [DATE]. Diagnoses included diabetes, cerebral infarction, peripheral vascular disease, major depressive disorder, insomnia, chronic pain, and morbid obesity.</p> <p>Review of Resident #21's Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of nine indicating Resident #21 was moderately cognitively impaired. Resident #21 displayed no behaviors at the time of the review. Resident #21 had no weight gain or weight loss at the time of the review.</p> <p>Review of Resident #21's care plan revised 10/22/24 revealed supports and interventions for self-care deficit, limited physical mobility, risk for delirium, depression, hemiplegia and hemiparesis and nutritional risk. Interventions for nutritional risk included provide and serve diet as ordered, monitor intakes and weight as directed.</p> <p>Review of Resident #21's physician orders revealed an order dated 06/28/21 for Resident #21 to have a regular diet, regular texture, thin consistency for liquids.</p> <p>Review of Resident #21's Meal Tickets dated 12/06/24 revealed for breakfast Resident #21 Allergies/Dislikes included no sausage or pork. Her lunch Allergies/Dislikes included no pork (ham ok), no liver, no beets, coleslaw, fish, Spanish rice or tomato soup and her Dinner Allergies/Dislikes included the same.</p> <p>Interview on 12/06/24 at 8:20 A.M. with Resident #21 found her to be alert and aware. Resident #21 reported the food was warm enough but she often did not get her meals according to her requests. Resident #21 reported she did not like any pork or sausage. She reported it was on her ticket, but she continued to get pork on her plate especially for breakfast. Coinciding observation of Resident #21's breakfast plate revealed one sausage link, toast, and scrambled eggs. Review of Resident #21's meal ticket on her tray found it did indicate under dislikes sausage and pork.</p> <p>Interview on 12/06/24 at 8:23 A.M. with CNA #324 verified Resident #21's breakfast ticket indicated Resident #21 did not want sausage or pork and Resident #21 had been provided sausage on her breakfast tray.</p> <p>Review of the facility's undated policy titled, Resident's Choice Meals, revealed the facility was encouraged to develop menus that met guidelines providing food from all five food groups but exceptions were allowed for the resident's alternative choice menu.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00159174.</p>		