

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425102	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2026
NAME OF PROVIDER OR SUPPLIER West Village Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 8 North Texas Avenue Greenville, SC 29611	

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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to provide Resident (R)45 with an ordered oral nutritional supplement and failed to serve the correct portion size to the resident during the lunch meal on 01/13/26. This deficient practice affected 1 of 5 sampled residents reviewed for nutrition. Findings include: Review of a facility policy titled Food and Nutrition Services, revised 10/2017, indicated, Each resident is provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident. The policy specified, . 7. Food and nutrition services staff will inspect food trays to ensure that the correct meal is provided to each resident. Reivew of R45's admission Record indicated the facility admitted R45 on 05/17/16. According to the admission Record, the resident had a medical history to include diagnoses of, but not limited to: dysphagia, speech and language deficits following cerebral infarction, and dementia. Review of R45's Annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 10/19/25, revealed R45 had a Staff Assessment for Mental Status (SAMS) that indicated the resident had severely impaired cognitive skills for daily decision. The MDS indicated R45 had no significant weight loss and received a mechanically altered diet. Review of R45's Care Plan included a focus area initiated 09/14/22, that indicated the R45 required a mechanically altered diet texture related to swallowing concerns. Interventions directed the staff to provide supplement as ordered (initiated 03/20/2023). Review of R45's Order Summary Report with active orders as of 01/12/26, revealed an order dated 06/07/24, for a regular diet with pureed texture and thin liquids; an order dated 10/06/23, for ice cream daily with dinner for weight stability; an order dated 10/08/25, for an eight-ounce high protein oral nutritional supplement with lunch for weight stability; and an order dated 10/08/25, for an oral nutritional supplement two times daily with breakfast and dinner for weight stability. During an observation of the lunch meal on 01/12/26 beginning at 12:48 PM, R45 was served a pureed meal with an oral nutritional supplement. The resident was not served an eight-ounce high protein oral nutritional supplement for weight stability as ordered. During an observation of the dinner meal on 01/12/26 at 5:37 PM, R45 received a pureed diet with ice cream; however, there was no oral nutritional supplement on the resident's meal tray. During an observation of the lunch meal on 01/13/26 at 11:22 AM, [NAME] 4 plated the lunch meal and used a green #12 (2.67 oz) scoop to serve the pureed salmon and the pureed collard greens and a 2-oz serving spoon to serve the pureed chicken. During an interview on 01/13/26 at 12:06 PM, [NAME] 4 stated she knew what portions to serve from looking at the production sheet. [NAME] 4 reviewed the scoops that were used for the meal service. [NAME] 4 confirmed she used a 2 oz serving spoon to serve the pureed chicken. [NAME] 4 stated she could not find the size on the green scoops in the pureed salmon and pureed collard greens but based on the color of the scoop, they were #12 scoops. [NAME] 4 then reviewed the production sheet and confirmed that she should have served 4 oz of pureed chicken, 4 oz of pureed salmon, and 1/2 cup of pureed collard greens. [NAME] 4 stated the scoops that she used were not the</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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>correct portion sizes. The Dietary Director (DD), who was present during the interview, confirmed the #12 scoop was slightly over a 2 oz portion. During an interview on 01/14/26 at 3:04 PM, Registered Nurse 6 stated dietary was supposed to place the supplement on the resident's tray. During an interview on 01/14/26 at 3:27 PM, the Dietitian stated she expected the kitchen staff to follow the menu and serve the correct portions so that residents received nutritionally sound meals that met their nutritional needs. The Dietitian further stated if eight-ounce high protein oral nutritional supplement was ordered, dietary should purchase it and place it on the resident's tray. During an interview on 01/15/26 at 1:46 PM, the DD stated they should follow the menu and the portion sizes to make sure that residents received the correct nutrition daily. The DD stated that when a resident had an oral nutritional supplement ordered, they needed to receive it so they got the extra protein and nutrition they needed if their appetite was poor. During an interview on 01/16/26 at 10:21 AM, the Director of Nursing (DON) stated staff should follow the portion sizes on the menu. The DON stated it was important to serve the correct portion sizes for nutrition and weight management. The DON stated if the Dietitian recommended an oral nutritional supplement it should be given as ordered for the health and well-being of the resident, whether that was wound healing or weight management. During an interview on 01/16/26 at 11:37 AM, the Administrator stated the staff should follow the menu and serve the correct portion sizes so that residents received the right amount of calories to maintain their health. The Administrator stated he expected any ordered nutrition supplement to be given to the resident so the resident received the right amount of calories to maintain their health.</p>		