

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/07/2025
NAME OF PROVIDER OR SUPPLIER  Aiken Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3525 Augustus Road Aiken, SC 29801	

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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>20005</p> <p>Based on observation and interview, it was determined the facility failed to ensure the menus were followed for correct portions and components of the pureed diets. This failed practice had the potential to affect all 104 residents who ate meals out of the kitchen.</p> <p>The findings include:</p> <p>Review of the facility policy, Standardized Menus, undated, documented under Policy: The facility shall provide nourishing, palatable meals to meet the nutritional needs of the residents based on the Recommended Daily Allowance (RDA) of the Food and Nutrition Board of the National Research Council, of the National Academy of Sciences, standardized cycle menus are planned in advance and utilized. Listed under Compliance Guidelines . 4. Menus should have portions stated in ounces, and/or measurements . 8. Menus will be planned to include 100% of RDA's.</p> <p>Review of the lunch menu, dated 3/5/25, revealed residents with pureed and general diets were supposed to receive 3 oz. (ounces) of fried chicken, 4 oz. of sweet potatoes, 4 oz. of winter blend vegetables, 1 dinner roll, 4 oz. of peaches, and 8 oz. of a beverage. The residents who received pureed diets were to receive 3 oz. pureed chicken, 4 oz. of pureed sweet potatoes, 4 oz. of pureed winter blend vegetables, 2 oz. of pureed dinner roll, 4 oz. of pureed peaches and 8 oz. of a beverage.</p> <p>Observation of the preparation of the lunch meal at 9:30 a.m., on 3/5/25 revealed the [NAME] prepared the meat, sweet potatoes and winter blend vegetables for the pureed diets in the blender. The [NAME] added chicken broth to the food to help blend it. The [NAME] was not observed to puree bread.</p> <p>During the tray line meal service, which started at approximately 11:42 a.m. on 3/5/25, it was observed that the regular diets consisted of 3 oz. of chicken, 3 oz. of vegetables and 3 oz. of sweet potatoes; the menu revealed they were to receive 4 oz. of vegetables and sweet potatoes. The pureed diets consisted of 3 oz. of chicken and 3 oz. of sweet potatoes, 4 oz. of vegetables, no bread. The menu revealed the pureed diets were to consist of 4 oz. of sweet potatoes and 2 oz. of pureed bread. The first cart, with approximately 16 trays on it, had already left the kitchen. When brought to the Certified Dietary Manager's (CDM) attention, she then brought the correct utensils to the tray line. The CDM asked the [NAME] where the pureed bread was, she/he said that they didn't have any.</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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 3/5/25 at 12:05 p.m., in an interview with the CDM, she/he acknowledged that the correct scoops and portions should have been used. She stated that they were in- servicing the staff on portion sizes to serve and following the menus. She/he stated that when they first arrived to the position, the kitchen didn't have the correct scoop sizes and she ordered some recently.</p>		