

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455618	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Eden Home		STREET ADDRESS, CITY, STATE, ZIP CODE 631 Lakeview Blvd New Braunfels, TX 78130	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41937</p> <p>Based on observations, interviews, and record reviews the facility failed to ensure each resident the residents environment remained as free of accident hazards as was for 1 of 14 Residents (#16) reviewed for mechanical soft diet needs and supervision.</p> <p>1. The facility failed to follow the Speech Language Pathologist's (SLP) recommendations to grind meat for Resident #16's mechanical soft diet, served Resident #16 a ham sandwich, with 2 slices of ham lunch meat, each doubled in half; Resident was found shortly after unresponsive, received Cardio Pulmonary Resuscitation (CPR), was sent to the hospital via Emergency Medical Services (EMS) where she died due to a Difficult airway with lots of debris as quoted by the physician.</p> <p>An Immediate Jeopardy (IJ) was identified on [DATE]. While the IJ was removed on [DATE], the facility remained out of compliance at a scope of isolated with risk for harm that is not immediate jeopardy due to the facility's need to evaluate the effectiveness of their corrective actions.</p> <p>These failures could place residents at risk for harm, up to and including death, by not providing residents with their correct diet textures.</p> <p>The findings include:</p> <p>1. A record review of Resident #16's admission record dated [DATE], revealed an admitted [DATE] with diagnoses which included muscular dystrophy (a group of diseases that cause progressive weakness and loss of muscle mass), dysphasia (difficulty swallowing), dementia (a group of symptoms that affects memory, thinking and interferes with daily life).</p> <p>A record review of Resident #16's significant change MDS assessment dated [DATE] revealed Resident #16 was a [AGE] year-old female admitted for long term care, assessed with a BIMS score of 13 out of a possible 15 which indicated intact cognition. Resident #16 could be understood with clear speech and could understand others. Resident #16 had adequate hearing and had a need for corrective glasses. Resident #16 used a wheelchair. A review of the Functional Abilities and Goals section revealed Resident #16 was assessed for eating, Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as Resident completes activity. Assistance may be provided throughout the activity or intermittently .</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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A record review of Resident #16's care plan dated [DATE] revealed, NUTRITION (Resident #16) is at risk for malnutrition DT (due to) DX (diagnosis) Muscular Dystrophy, Dysphagia, .vascular Dementia, decreased independence, age, wc (wheelchair) bound, requires assist, mechanical soft diet, .Provide diet as ordered: . Mechanical Soft Texture, Thin Liquids .Monitor for signs/symptoms of dysphagia (swallowing problems) and report to nurse/MD .(Resident #16) has GERD (gastro esophageal reflux disease) r/t (related to) hyperacidity .Monitor / document / report PRN (as needed) s/sx (signs and symptoms) of GERD: Belching, coughing/choking when lying down, heartburn, dyspepsia, N/V (nausea vomiting), Indigestion, Regurgitation, increased salivation, swallowing problems, bitter taste in mouth, Dysphagia, substernal chest pain, increased gag response</p> <p>A record review of Resident #16's Speech Therapy Plan of Care (Evaluation Only) dated [DATE], revealed, Reason for referral: this [AGE] year-old female presents for speech language pathology evaluation of cognitive communication and swallow status following hospitalization for syncope (fainting) episodes. Patient has (a) history of dysphagia (swallowing difficulties) due to C P Bar (the failure of the muscle at the top of the throat which closes and prevents food from coming back up) and complicated by myotonic muscular dystrophy (a group of diseases that cause progressive weakness and loss of muscle mass) .will continue on mechanical soft solids at this time due to narrowing (throat) .Precautions: fall risk, full code (staff perform CPR), cardiac / mechanical soft (grind meats) / thin liquids, aspiration precautions. Discharge Plans: patient will remain at this facility with full time caregiver support</p> <p>A record review of Resident #16's physicians orders dated [DATE], revealed on [DATE] the physician ordered for Resident #16 to be served a mechanical soft diet texture.</p> <p>A record review of Resident #16's PT - Therapist Progress & Updated Plan of Care dated [DATE], was reviewed and signed by the physician on [DATE] which read, precautions: fall risk, full code, cardiac / mechanical soft (grind meat) / thin liquids, aspiration precautions. Able to self monitor and correct.</p> <p>A record review of Resident #16's meal ticket, Thursday - [DATE] .please select menu choices .ham and cheese sand .mechanical soft .eats in room.</p> <p>During an interview and observation on [DATE] at 01:07 PM the Assistant Food Service Manager (AFSM) stated the kitchen prepares and serves residents with a need for mechanical soft diet textures ham and cheese sandwiches. The AFSM provided a recipe for the ham and cheese sandwich, and the Alternate Menu Spreads document. The AFSM stated the Alternate Menu was reviewed and approved by the facility's registered dietician. The AFSM stated the alternate menu specified a Resident with a need for a mechanical soft diet could be served a ham sandwich. The AFSM demonstrated a ham sandwich which was prepared and available to be served to a Resident with a mechanical soft diet. The sandwich was wrapped in a clear plastic wrap. The AFSM unwrapped the sandwich and demonstrated the sandwich on a plate by removing the top slice of bread which revealed 2 slices of ham doubled in half and laid side by side on the bottom half of the sandwich.</p> <p>A record review of the undated alternative menu spreads revealed a ham sandwich was listed as yes / thin slices under the column for mechanical.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A record review of the facility's Ham and Cheese Sandwich recipe dated [DATE] revealed, .Smoked boneless pork ham, sliced thin, 2 oz., cheese, American, sliced, 0.5 oz., bread, white, slice .layer 2 oz. of ham and ,d+[DATE] oz. cheese on 1 slice of bread. Top with other slice</p> <p>During an interview on [DATE] at 02:28 PM the Food Service Manager FSM stated the kitchen used an alternative menu spread which listed a ham and cheese sandwich has compatible with mechanical soft diet textures and could be served to residents who have a need for mechanical soft diet textures. The FSM stated the alternative menu spread was reviewed and approved by the RD on [DATE].</p> <p>A record review of the facility's nursing schedule dated [DATE] revealed CNA A, RN B, and Medication Aide C (MA C) worked Resident #16's hall from 07:00 AM to 07:00 PM.</p> <p>During an interview on [DATE] at 11:00 AM with CNA A stated he has worked at the facility since [DATE]. CNA A stated Resident #16 was cool - she was calm, nice, and she liked coffee and hot tea .she could not walk, she was bed bound, she was recovering from a fractured leg, and she lived on the second floor. CNA A stated he worked Thursday [DATE] from 07:00 AM to 07:00 PM, it was a normal day . at dinner time, around 06:00 PM, MA C and I helped serve residents their meals .I did not serve Resident #16 . I was in the room across from Resident #16 .I heard a call light and came out and saw (Resident #16's) call light, I went in, and I saw Resident #16 seated in her wheelchair with a distressed look on her face, gasping for air. I called and yelled for RN B, I swept Resident #16's mouth and discovered some food, it looked like bread. RN B arrived; we repositioned Resident #16 on the floor. RN B called out for help, and we continued to sweep Resident #16's mouth, we were finding pieces of food, bread .MA C came in the room and RN B told her to bring the crash cart (a cart supplied with CPR supplies) and call 911, we began CPR with RN B performing chest compressions. MA C returned with the crash cart, and we began using the AED (automatic external defibrillator) and the suction machine to suck out food from Resident #16's mouth / throat; we continued CPR with RN B doing chest compressions and I provided rescue breathing with the bag, we took turns about 2x each when EMS arrived and took over.</p> <p>During an interview on [DATE] at 11:15 AM MA C stated she has worked at the facility [AGE] years. MA C stated Resident #16 was nice and sweet .she took her pills whole .she had a wheelchair. MA C stated she served residents their meals. MA C stated the kitchen prepared and delivered the residents' meals to the unit in a meal cart. MA C stated on [DATE], she retrieved Resident #16's dinner from the cart and served Resident #16 her dinner, which consisted of a ham sandwich and then proceeded to serve other residents. MA C stated Resident #16 ate in her room. MA C stated she was alerted to Resident #16's room where she saw RN B and CNA A providing CPR to Resident #16 on the floor. MA C stated RN B called for MA C to bring the crash cart and call 911. MA C stated she returned with the crash cart. MA C stated she called 911 on her cell phone at 06:37 PM, and then made the path clear for EMS. MA C stated she went to the front door to guide EMS to Resident #16 once they arrived.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on [DATE] at 01:27 PM RN B stated Resident #16 would prefer to eat in her room. RN B stated Resident #16 had a need for a mechanical soft diet but would often refuse her diet texture, for example she would eat bacon for breakfast. RN B stated on [DATE] at dinner time, around 06:00 PM, she was assisting and providing care for another Resident. RN B stated she had not reviewed residents' dinner meal trays for safety and CNA A and MA C were serving residents their dinner meals. RN B stated had she reviewed Resident #16's sandwich she may not have seen the ham was sliced and not ground per mechanical soft diet texture protocol due to the sandwiches are wrapped and she did not routinely unwrap sandwiches. RN B stated she believed the kitchen prepared sandwiches for mechanical soft diet textures with ground lunch meats, like ham salad. RN B stated she was assisting another Resident in their room when she heard CNA A calling for her in Resident #16's room. RN B stated she immediately went to the room and discovered CNA A and Resident #16 in her wheelchair. Resident #16 was not breathing and was distressed. RN B stated she and CNA A began sweeping Resident #16's mouth and removed food debris. RN B stated she called out for help and MA C arrived, I told her to bring the crash cart and call 911. RN B stated MA C returned with the crash cart and she and CNA A used the suction machine and continued to remove food debris. RN B stated Resident #16 became unresponsive without a pulse and breath. RN B stated she and CNA A repositioned Resident #16 to the floor and began CPR with the use of the AED. RN B stated she and CNA A took turns and turned over CPR to the EMS paramedics when they arrived.</p> <p>A record review of Resident #16's hospital history and physical record, dated [DATE] revealed Resident #16 was admitted to the emergency room at the local hospital at 09:11 PM, Patient admitted : [DATE] at 21:11 (09:11 PM) BIBEMS (brought in by EMS), from nursing home after choking episode and cardiopulmonary arrest. EMS obtained ROSC (return of spontaneous circulation) after 20 minutes of CPR / ACLS (cardiopulmonary resuscitation / advanced cardiac life support). Difficult airway with lots of debris thus LMA (Laryngeal Mask Airway, a tube inserted down the throat to facilitate the airway) used until definitive airway obtained at (hospital) emergency room by emergency room physician using [NAME] ([NAME], a guide for an airway tube to be inserted). Patient hypotensive (very low blood pressure) .Reportedly mental status notable for repetitive twitching motion. During my exam flaccid after RSI (rapid sequence induction) drugs with pupils 4mm appeared fixed. Significantly hypoxic (severe low blood oxygen) with bilateral multifocal infiltrates (both the left and the right have widespread debris) on x-ray. Requiring aggressive pulmonary toilet by respiratory therapist (suctioning the airway to remove debris and mucus) irrigation and suction frequently currently requiring 100% oxygen)</p> <p>A record review of Resident #16's hospital Discharge Summary record, dated [DATE] revealed Resident #16's physician pronounced Resident #16's death at 11:06 PM, During nursing care assessment (of) patient rhythm converted to asystole (also known as flatline, a state of standstill for the heart) and patient noted pulseless. CPR per ACLS initiated and code blue called .discussion initiated with (family representative) in waiting room current status and plan for proceeding. Informed suspicion for anoxic brain injury (severe brain cell death resulting in permanent cognition loss) given information that patient (was) found down arrested (unresponsive) and ROSC after 20 minutes (brain injury can begin after 4 minutes) .(family member) was offered and requested to witness active resuscitation efforts and at that time surrogate decision was made by (family member) to terminate efforts .time of death called at 23:06 (11:06 PM) . preliminary cause of death: choking / severe aspiration (when food and or drink are sucked into the airway and lungs).</p> <p>During an interview on [DATE] at 11:38 AM the DON stated she believed the ham sandwich with thinly sliced ham was compatible for residents who required mechanical soft diets. The DON stated the plan was developed by the RD to support residents with the need for mechanical soft diets.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on [DATE] at 01:30 PM the RD stated she had reviewed and approved the facility's alternative menu spreads to include the compatibility of a ham sandwich with thinly sliced ham with the needs of residents who required mechanical soft diets. The RD stated her research and use of professional standard resources supported the compatibility of a ham sandwich with thinly sliced ham with the needs of residents who required mechanical soft diets. The RD stated the rationale was to improve residents' compliance with their diet textures and thereby improve nutritional intake and over all mitigate weight loss and malnutrition.</p> <p>During an interview on [DATE] at 05:00 PM the SLP stated Resident #16 had a difficult swallow response due to the muscle atop of her throat was not functioning well. The muscle referred to as the CP was weak and would allow food to come back up reflux and could enter the airway. The SLP referred to the situation as a CP bar and was complicated by Resident #16's muscular dystrophy and history of strokes. The SLP stated she had evaluated Resident #16 and had recommended Resident #16 to be served a mechanical soft diet specific for ground meats. The SLP stated her definition of mechanical soft would be like the International Dysphagia Diet Standardization Initiative's level 5. The SLP stated her expectation for mechanical soft would include foods which were soft and moist, with no liquid leaking / dripping from the food, where biting is not required, minimal chewing was required, lumps of 4mm in size, lumps can be mashed with the tongue, food could be easily mashed with just a little pressure from a fork, food should be able to be scooped onto a fork, with no liquid dripping and no crumbs falling off the fork. The SLP stated she did not believe a ham sandwich met those requirements. The SLP stated she believed the meats should be ground for a mechanical soft diet and stated a ham sandwich could be served as a ham salad sandwich for residents who required a mechanical soft diet. The SLP stated Resident #16's risk for not receiving mechanical soft foods was choking and aspiration.</p> <p>During an interview on [DATE] at 05:50 PM the Administrator stated she believed the ham sandwich with thinly sliced ham was appropriate for residents who required mechanical soft diets. The Administrator stated she stated she had confidence in the professional guidance from the RD was to support residents with a mechanical soft diet with the lunchmeat sandwiches made with thinly sliced meat.</p> <p>During an interview on [DATE] at 06:10 PM NP L stated she had conferenced with the Medical Director and at this time could not offer opinions on the compatibility for a ham sandwich as prepared and served by the facility for the remaining residents at the facility who were ordered a mechanical soft diet.</p> <p>During an interview on [DATE] at 07:04 PM NP L stated she was the NP for Resident #16. NP L stated she and the Medical Director reviewed Resident #16's medical record and believed a ham sandwich with thinly shaved ham could have been safe for Resident #16 to consume per her mechanical soft diet.</p> <p>Record review of policies for Resident Food Services with the subject Diet Orders and Other Resident Information (policy #C203, date issued- ,d+[DATE]; revised date ,d+[DATE]) on [DATE] at 4:26PM revealed the policy stated: Diet orders should be determined with the resident or responsible party and in accordance with his/her informed choices, goals, and preferences. The responsible physician or designee or qualified dietician/other clinically qualified nutrition professional per state regulations, must order the diet in writing. The community may delegate the task of writing diet orders to a Registered Dietician who is acting within the scope of practice as defined by state law and is under the supervision of a physician. Nursing is responsible for communicating all nutrition related information to the Food and Nutrition department per community protocol.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A record review of the International Dysphagia Diet Standardization Initiative's website, https://iddsi.org/IDDSI/media/images/ConsumerHandoutsAdult/5_Minced_Moist_Adults_consumer_handout_30Jan2019.pdf</p> <p>Accessed [DATE], Revealed, Minced and Moist, level 5, minced and moist food for adults; what is this food texture level? Level 5 - minced and moist foods:</p> <p>Soft and moist, but with no liquid leaking / dripping from the food.</p> <p>Biting is not required.</p> <p>minimal chewing required.</p> <p>lumps of 4mm in size.</p> <p>food can be easily managed with just a little pressure from a fork.</p> <p>should be able to scoop food onto a fork, with no liquid dripping and no crumbles falling off the fork.</p> <p>Why is this food texture level used for adults? Level 5 minced and moist food may be used if you are not able to bite off pieces of food safely but have some basic chewing ability. Some people may be able to bite off a large piece of food but are not able to chew it down into little pieces that are safe to swallow. Minced and moist foods only need a small amount of chewing and for the tongue to collect the food into a ball and bring it to the back of the mouth for swallowing. It is important that minced and moist foods are not too sticky because this can cause the food to stick to the cheeks, teeth, roof of the mouth or in the throat. These foods are eaten using a spoon or fork . Examples of level 5 minced and moist foods for adults, meat served finely minced or chopped to 4mm lump size served in a thick smooth, non-pouring sauce or gravy .no regular dry bread due to high choking risk!</p> <p>Missing</p> <p>The facility's Administrator was notified and presented with a IJ template on [DATE] at 07:00 PM, a Plan of Removal was requested from the facility. The following Plan of Removal submitted by the facility was accepted on [DATE].</p> <p>Plan of Removal</p> <p>IJ Immediacy Removal Plan F 805 Facility failed to ensure residents received and the facility provided food prepared in a form designed to meet individual needs [DATE].</p> <p>1. All thin sliced meat options designated for mechanical soft diets were removed from all SNF units, (Unit 1), (unit 2), and (memory care). [DATE]</p> <p>2. Dietary Policy, Dietary Spread Sheets, and Dietary Menus were revised to show that all thin sliced meat options designated for Mechanical Soft Diets were removed and appropriate alternates noted. [DATE]</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>3. All Staff working in facility were in-serviced by noon on [DATE] on Policy #C203 and #C219 , Titled Diet Orders and Other Resident Information and Snacks. The changes removed sandwiches with thinly sliced meats from all documents. In addition, Nursing Unit Stock Item List was updated, Seasonal Menu and Spreadsheets were updated to also reflect removal of thinly sliced meat as an option for mechanical soft diets. These policies will be available for reference by staff located in the Food Service Office, the Facility shared drive and presented as a visual for in-services.</p> <p>4. Dietary Manager or Dietary Designees will monitor kitchen and all unit refrigerators routinely to ensure that appropriate sandwich options are available. [DATE] The Dietary Manager or Designee will be assigned to monitor tray line and sign off as to compliance of correct texture as ordered each meal for 14 days, then each meal twice a week for two weeks then three meal services once a week for 3 months. Administrator or Designee will follow up with meal tray monitor/audit twice a week for 3 months, at random meals to ensure tray line accuracy. Results to be reported to QAPI.</p> <p>5. Nurse Practitioner and Medical Director were advised by Administrator and in agreement with plan. [DATE].</p> <p>Diet modifications orders will continue to be reviewed by nurse and translated to MD for approval. Diet modifications will be followed per SLP recommendations as approved by the MD. RD is notified via diet communication forms initiated by nursing staff once orders are confirmed. As with any orders or change in condition or treatment, will be further addressed in IDT mtg with DON, RD, Rehab Manager and other disciplines as appropriate.</p> <p>Diet spreadsheets [DATE] will be changed to ensure next available meal is accurately identified with up-to-date texture modifications for staff to follow. Care Plans will be updated per regulations. DON or designee will audit diet orders and associated care plans once every two weeks for three months to ensure compliance. Results will be reported to QAPI.</p> <p>An audit was conducted [DATE] by Dietary Manager and nursing for all residents with mechanical diet orders and no other residents were found to have been affected by this deficient practice. All thin sliced meat options previously designated for mechanical soft diets were removed from all SNF units.</p> <p>Diet modifications orders will continue to be reviewed by nurse and translated to MD for approval. Diet modifications will be followed per SLP recommendations as approved by the MD. RD is notified via diet communication forms initiated by nursing staff once orders are confirmed. DON or designee will audit diet orders and associated care plans once every two weeks for three months to ensure communication between RD and SLP is appropriate and timely. Results will be reported to QAPI</p> <p>Plan of Removal Verification</p> <p>IJ Immediacy Removal Plan F 805 Facility failed to ensure residents received and the facility provided food prepared in a form designed to meet individual needs [DATE].</p> <p>1.All thin sliced meat options designated for mechanical soft diets were removed from all SNF units, (unit 1), (unit 2), and (memory care). [DATE]</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During observation of SNF Units- (1), (secured unit), (2), on [DATE] at 04:40 PM, revealed all deli meat sandwiches, peanut butter and jelly sandwiches and peanut butter and jelly on crackers were removed from the refrigerators and replaced with egg salad sandwiches as a sandwich alternative for residents on mechanical soft diets. A list of approved alternative foods was also posted on the units.</p> <p>2. Dietary Policy, Dietary Spread Sheets, and Dietary Menus were revised to show that all thin sliced meat options designated for Mechanical Soft Diets were removed and appropriate alternates noted. [DATE]</p> <p>During observation [DATE] at 4:25 PM, a cork board had an Alternate Menu with deli meats, peanut butter and jelly sandwiches, and peanut butter and jelly crackers removed as an alternate for residents on mechanical soft diets and was approved by the RD. Review of the Alternate Menu Spreads revealed modified foods for all diets with mechanical soft foods with what foods were approved and what foods that were not approved. Seasonal Menus and Spreadsheet Review and Approval was also approved by the RD.</p> <p>3. All Staff working in facility were in-serviced by noon on [DATE] on Policy #C203 and #C219, Titled Diet Orders and Other Resident Information and Snacks. The changes removed sandwiches with thinly sliced meats from all documents. In addition, Nursing Unit Stock Item List was updated, Seasonal Menu and Spreadsheets were updated to also reflect removal of thinly sliced meat as an option for mechanical soft diets. These policies will be available for reference by staff located in the Food Service Office, the Facility shared drive and presented as a visual for in-services.</p> <p>During an interview on [DATE] at 01:05 PM Med Aide F stated she was in-serviced on receiving the diets that were ordered for the residents. She stated if it was a new resident what are the orders for the resident for example with medications, she would find out if the resident would get pudding or applesauce if they receive medications that are crushed. She stated as far as she knew, all the sliced meats were removed off the units. She stated she received the in-service in the morning yesterday. She stated if she saw someone with an incorrect diet, she would ask the resident if she could remove the plate and take it to the nurse. She stated the diet would be on the meal slip that would identify their diets .</p> <p>During an interview on [DATE] at 01:15 PM CNA M (unit 1) stated he had been in-serviced on correct residents' diets yesterday [DATE]. He stated regular diets have no change to the texture and mechanical diets are ground meats. He stated if he saw someone with the incorrect diet, he would explain it to the resident about the diet not being safe and inform the nurse. He stated he would remove the tray from the table. He stated all sliced lunch meats have been removed from the unit. He stated an alternative would be soups, chicken salad, or baked potato/sweet potato. He stated the diet should be stated on the meal ticket. Sometimes with new residents, the ticket may not be printed, and he would ask the nurse what the diet order was for the newly admitted resident.</p> <p>During an interview on [DATE] at 01:23 PM CNA X (unit 1- 35years) stated she had the in-service about mechanical diets. She stated the sandwiches were removed from the unit. She stated she would look at the meal ticket or look at the resident's chart under dietary . She stated if someone had the wrong diet, she would not allow the resident to have the tray and explain why and then she would call the kitchen and notify the nurse. She stated other options would be egg salad, chicken, tuna, and ham salad- all soft and ground. She stated it was common sense to get something equal.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455618	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Eden Home		STREET ADDRESS, CITY, STATE, ZIP CODE 631 Lakeview Blvd New Braunfels, TX 78130	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on [DATE] at 01:52 PM LVN V (unit 2- 2 years) stated she had the in-service today before the start of her shift. She stated mechanical soft is moist ground meat, easy to chew. Egg salad, chicken salad, tuna salad had been brought to the unit and all other lunchmeats, peanut butter and jelly sandwiches and peanut butter and jelly crackers have been removed. She stated if someone received a wrong diet texture, she would immediately figure out what texture the resident should receive and switch out for the correct tray because they have extra pureed, mechanical soft and regular trays. If not, she would call the kitchen. She stated the process was, staff is notified that trays are delivered, and the nurses check the trays before they are handed to the aides that assist with passing out trays to the residents. She stated if someone stated they wanted to eat a regular sandwich she would not give it because of the dietary restriction. She stated she would educate them on the importance of why they are on a specific diet. If they say it was their right, she would offer them an alternative that is within their diet restriction. If that was not effective, she stated she would call the physician.</p> <p>During an interview on [DATE] at 02:37 PM CNA G (memory care PRN 1 year) stated the trays arrive, they look at tickets, check the food and check the diet and make sure they have what they are supposed to have, along with the nurse on the unit checking as well. She stated if she saw a tray with the wrong food or texture, she would inform the nurse. She stated she had an in-service yesterday about the sandwiches on the unit that they were no longer using lunchmeat only chicken, tuna, and egg salad as substitutes. She stated the sandwiches had been removed. She stated they had an in-service today about respect and dignity. She stated a mechanical soft meal, the meat would be ground to look like hamburger. She stated for some ground meat, they would add a gravy.</p> <p>During an interview on [DATE] at 02:42 PM CNA/MED AIDE Z (Unit 2 and Training) stated she gave the in-service on the mechanical soft foods. She stated the crackers with peanut butter and lunchmeat sandwiches were removed from the units. She stated the alternatives were egg salad, tuna, chicken, and ham salad. She stated she would inform the nurse if the resident refused to accept the meat texture recommended for safety. She stated mechanical is chopped up or soft foods. She stated if the meat is chopped but dry, gravy would be added to make the meat moist.</p> <p>During an interview on [DATE] at 03:07 PM CNA R (Unit 2- 6 months) stated she had the in-service for sandwiches yesterday and the other in-service was abuse and neglect . She stated the sandwiches were to be used for alternatives for residents with mechanical soft diets for residents . She stated she would check the meal against the ticket and alert the nurse if the tray was incorrect. She stated trays are passed out by looking at the ticket, making sure diet is correct for the resident and making sure all the food on the ticket matches. She stated the nurse checks as well. She stated the lunchmeat sandwiches had been removed from the unit and replaced with chicken and tuna salad sandwiches.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Eden Home		STREET ADDRESS, CITY, STATE, ZIP CODE 631 Lakeview Blvd New Braunfels, TX 78130	
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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on [DATE] at 03:12 PM CNA C (Unit 1- 16yrs) stated she had the in-service about no more peanut butter crackers, instead tuna salad sandwiches yesterday. Puree is like baby food consistency, and mechanical soft is ground with gravy. She stated when food trays are passed, they make sure the trays are accurate according to the resident's diet. She stated to make sure the resident's diet is accurate on the tray and meal ticket, she would look in the chart and ask the nurse if she was not sure. She stated she would let the nurse know immediately if a tray was incorrect and call the kitchen. She stated if she saw someone with the wrong tray in front of them, she would inform the resident that the tray was incorrect and switch it with the correct tray. She said she would allow the resident to keep what is soft to eat like a pudding and let the nurse know as well. She stated she was told the sandwiches were removed from the unit, but she had not checked yet.</p> <p>During an interview on [DATE] at 03:20 PM CNA Q (floats to other units) stated she had the in-service about peanut butter crackers and no deli meat sandwiches and they were substituting egg salad and tuna salad sandwiches yesterday. She stated mechanical soft includes ground meats, sometimes fruit is ground, and sometimes the residents would get gelatin instead of a salad. She stated the deli sandwiches had been removed and replaced with egg and tuna sandwiches. She stated if she saw someone with the wrong tray, she would not give it to the resident and inform the nurse. She stated the nurse would look at the trays as well. She stated the nurse checks the trays before they pass them to the residents. She stated she would tell the nurse if a resident insisted on having a diet outside of the order or recommenda [TRUNCATED]</p>		