STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455763	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Bend Rehabilitation and Healthcare Center	301 Huguley Blvd Burleson, TX 76028

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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 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow resident to participate in the development and implementation of his or her person-centered plan of care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33552 Based on observation, interview and record review, the facility failed to allow the MPOA the right to participate in the development and implementation of the resident's person-centered plan of care, including but not limited to: (i) The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care, (ii) The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care for one (Resident #1) of eight residents reviewed for resident rights. When Resident #1 began to experience significant weight loss, the facility failed to ensure the MPOA 1's request to upgrade Resident #1's diet from a pureed texture back to mechanical soft for all meals was implemented as a goal for eating to prevent further decline. This failure could place residents at risk for their identified/requested goals included in their plan of care Findings included: Record review of Resident #1's Face Sheet dated 08/09/24 reflected she was a [AGE] year old female who admitted to the facility on [DATE]. Resident #1's active diagnoses include Alzheimer's disease, major depressive disorder, adult failure to thrive, dysphagia/oropharyngeal phase (diagnosed [DATE]) (A type of dysphagia that manifests as difficulty initiating swallowing, coughing, choking, or aspiration), dentofacial anomaly (diagnosed [DATE]) (Teeth are misaligned) and anemia. Resident #1 had a medical power of attorney. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident #1's quarterly MDS assessment dated [DATE] reflected she had a BIMS score of 02, which indicated severe cognitive impairment. Resident #1 had no signs or symptoms of delirium, no negative mood symptoms, no indicators of psychosis, no rejection of care and no verbal or physical aggression towards others. Resident #1 required setup assistance by staff when eating. Resident #1's assessment reflected she had a loss of liquids/solids from mouth when eating or drinking and she held food in her mouth/cheeks or residual food in mouth after meals. At the time of the MDS assessment, Resident #1 weighed 140 pounds and was five foot four inches tall and did not trigger for significant or severe weight loss. While a resident at the facility, the MDS assessment reflected Resident #1 was on a mechanically altered and therapeutic diet. Resident #1 also received hospice services and received zero minutes of speech therapy during the assessment look back period. Record review of Resident #1's care plan dated 05/30/24 reflected the following care areas: -ADLS:[Resident #1]as an ADL self-care performance deficit r/t her Alzheimer's dementia, muscle weakness, anxiety, depression, and delusion disorders; Interventions- Eating: Level of Assistance: Supervision X 1 person. - [Resident #1] is on a Altered Consistency Diet; Interventions- [Resident #1] will have adequate nutrition, fluid intake and weight will stabilize through the next review, Dietary Manager to monitor & discuss for food preferences, Encourage dietary\fluids intake within dietary limits, Offer snacks with in diet, Serve diet as ordered and offer subs if less than 75% is eaten, monitor intake. -NUTRITIONAL CONCERNS: [Resident #1] is at risk for nutritional concerns related to her impaired mobility and cognition, behaviors, dementia, anxiety, depression, and delusional disorders; Interventions- [Resident #1] will maintain current weight, Administer medications as ordered. Monitor/Document for side effects and effectiveness, Monitor/document/report PRN any s/sx of dysphagia: Pocketing, Choking, Coughing, Drooling, Holding food in mouth, Several attempts at swallowing, Refusing to eat, Appears concerned during meals, Monitor/record/report to MD PRN s/sx of malnutrition: Emaciation (Cachexia), muscle wasting, significant weight loss: 3lbs in 1 week, >5% in 1 month, >7.5% in 3 months, >10% in 6 months, Monthly weight CNA, Obtain and monitor lab/diagnostic work as ordered. Report results to MD and follow up as indicated, OT to screen and provide adaptive equipment for feeding as needed, Provide and serve diet as ordered, DIET: NAS, regular textures, regular/thin consistency, Provide, serve diet as ordered. Monitor intake and record q meal, RD to evaluate and make diet change recommendations PRN. Record review of Resident #1's current August 2024 physician's orders reflected she was prescribed a no added salt diet/puree, Regular/Thin consistency, patient able to tolerate mechanical soft pleasure feeds as desired. (Start date 02/27/24). Record review of Resident #1's Weight Summary Report (undated) reflected the following weight loss over the past 12 months: -07/10/24: 132 pounds -06/10/24: 137.6 pounds -05/10/24: 139.6 pounds (continued on next page)

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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 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-04/10/24: 144.8 pounds -03/10/24: 139.6 pounds -02/10/24: 148 pounds -01/02/24: 150 pounds -12/27/23: 150.4 pounds -11/10/23: 147.4 pounds -10/10/23: 159.6 pounds -09/10/23: 164.2 pounds -08/10/23: 162.2 pounds -07/10/23: 169.4 pounds Record review of Resident #1's most recent Nutrition/Dietary Note dated 07/11/24 reflected, Monthly Wt Variance: Res is 103YOF showing -4.1%/5.6lbs x 30 days, moderate undesirable, -10.8%/16lbs x 5 months, significant undesirable r/t reduced appetite and hospice status. Of note, res is on hospice, wt loss may be unavoidable as health/nutrition status declines .Current diet order is NAS, puree texture, thin liquids + health shake once per day with breakfast. Res is able to tolerate mech soft pleasure feeds. Res is able to feed self with supervision/set up assist at mealtime, typically consuming 51-75% most meals per nursing graphics. Record review of pertinent nursing progress notes reflected the following: 12/06/23 - MPOA gave consent for the use of Remeron. Consent placed on resident's chart. 12/14/23 - Family Member requested diet be changed from mechanical soft to pureed due to difficulty chewing/swallowing. Writer notified N.P. for attending physician and order received to change diet to pureed and for ST to eval and treat as indicated. 01/11/24 - Current wt 150 lbs., which shows a 10% in six months loss, dietary recommendation is to add fortified foods. 02/18/24 - Resident with dry red eyes with slight drainage, nasal congestion, new order per standing orders of [Physician E], loratadine 10mg QD x7 Mucinex 600 mg x7and natural tears x7. 02/21/24 - Resident was sent to hospital at request of [MPOA] 02/24/24 - Resident readmitted to SNF, diagnosed with pneumonia at hospital, decreased appetite and needs to be fed at times. On a NAS Moist mince diet with thin liquids. Family is considering hospice related to failure to thrive. (continued on next page)

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F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	02/25/24 - Resident admitted to hospice services 02/27/24 - MPOA requested Resident #1's diet be changed to Puree, educated that once the diet is downgraded the only way it can be upgraded is by speech therapy eval, MPOA verbalized understanding and verbalized wanting diet downgraded. There were no nursing progress notes or RD progress notes from December 2023 through August 08/08/24 that indicated Resident #1 had choked on food, pocketed food, aspirated or had any negative outcome through eating while at the facility. (continued on next page)

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F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of the MPOA's email to the facility's DON dated 04/12/24 reflected she had left messages for the past two weeks requesting a swallow study evaluation to determine if Resident #1's diet could be changed from puree back to soft mechanical. She referenced the DON had told her that the diet had been updated as of 04/10/24 but when she was visiting Resident #1 on 04/11/24, the diet remained as pureed. She asked the DON how long until Resident #1's diet would be converted back to mechanical soft. On 04/12/24, the DON responded via email that Resident #1's diet was upgraded by speech and she had the same diet with the following additions, Patient able to tolerate mechanical soft pleasure feeds as desired. On 07/14/24, the MPOA sent an email to the DON, Administrator, DOR and Dietary Manager asking to them to explain if Resident #1's diet was upgraded on 04/11/24, what changes were made and to explain what Patient able to tolerate mechanical soft pleasure feeds as desired meant. On 07/17/24, the DON responded via an email that the speech therapist on 04/11/24 kept Resident #1 at a pureed diet, but added that she could tolerate mechanical soft pleasure feeds and the speech therapist did that due to Resident #1's alternating status. The DON wrote, She [ST] noted in her evaluation that Resident #1 had mild-moderate oropharyngeal dysphagia. This means at times she had trouble initiating correct sequencing to swallow. This causes increased risk for choking and aspiration. With the order being written this way, it keeps her safe from choking and aspiration risks. On days she isn't able to correctly swallow, she is covered with the pureed diet and on days you feel she is alert enough to tolerate a mechanical soft plate you can request a mechanical soft tray. As far as the conversations you and I have had, you did not want to give a blanket 'waiver/consent' to increase her diet completely. Not without looking into other areas due to it being medically contraindicated and has the possibility to negatively impact your mother [choke, aspirate and even death). We discussed aspiration and silent aspiration that your [Resident #1] exhibits at times (eyes and nose watering, clearing of the throat after food or water, coughing, pocketing food or just some examples. Is this now something you would like to consent to or request (upgrading diet completely against medical advice)? On 07/23/24, the MPOA responded to the email thread stating that availability of a mechanical soft tray request was not made clear as the staff the MPOA had talked to never offer an alternate meal for puree and the family was continuing to bring food prepared at home without any difficulty and had noted that Resident #1 had told family visiting on several occasions she was hungry. On 07/21/24, the MPOA stated Resident #1 did not want the pureed tray and when the MPOA spoke to the weekend manager regarding an alternate mech soft tray, the weekend manager said she could be given that texture. The MPOA showed her the mail ticket which reflected mech soft pleasure feeds, and only then did the weekend manager agree and the kitchen provided a dry meat substance chopped and whole french fries. The MPOA also stated to the email thread she did not recall having any conversations about signing a blanket waiver/consent to upgrade her diet. The MPOA also expressed concern that Resident #1 had lost a tremendous amount of weight, too rapidly and her clothing size had decreased from a size 20 to a size 12 and she was not receiving the nourishment she needed I do not doubt in my mind that everyone expects to receive a level of care that is at least standard or above. We are all part of a Care Team and should be working in a positive direction so that any level of care that falls below standard will be recognized, acknowledged and corrected promptly. (continued on next page)

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F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with the DON on 08/08/24 at 10:30 AM, she was queried where in Resident #1's medical record did she get her information that upgrading to a mech soft diet was medically contraindicated as she told the MPOA in an email. She was unable to articulate why that statement was made to the MPOA by herself. The DON stated Resident #1 had two adult children and one of them (not the current MPOA) was concerned that she wasn't eating well and suggested the facility may need to downgrade her diet earlier in January or February 2024. Speech therapy evaluated her and agreed as she did not have any issues eating pureed textured. Then she was sent to the hospital and came back on hospice services after that change was made. When she returned to the facility, a new and updated MPOA document was provided to the facility which designated the other adult child as Resident #1's decision maker. The DON stated Resident #1 had declined as she had aged, but it was to be expected. She stated Resident #1 sometimes ate on her own, sometimes wanted to be fed, sometimes had to be prompted to eat, it just depended on her mental status that day. The DON stated, Sometimes she doesn't want to eat at all for a meal, we can't force her, that is her right. She is her own person. The DON stated the facility had a speech evaluation done on Resident #1 and it did not recommend that all meals be mechanical soft, the speech therapist recommended pleasure feeds, And that is what we do, pleasure feeds. So when the family is up here and they want to give her food that is not pureed, okay. If the resident asks for something, we can do mech soft, like the other day she had a piece of cake, but not every meal. The DON stated she had presented a facility dietary waiver the MPOA could sign if she wanted Resident #1's diet to be all mechanical soft texture, Because it went against the recommendation of speech, and she [MPOA] did not want to sign it, so right now, the resident is pureed with pleasure feeds of mechanical soft. (continued on next page)

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F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A follow-up interview with the DON on 08/08/24 at 2:42 PM revealed the facility nursing staff could downgrade a resident's diet if the nurse observing the meal was concerned about a resident's ability to swallow, or the family could request for a downgrade. However, in order to upgrade the diet back to where it was, the DON stated either the speech therapist or the physician would have to approve it. When asked why Resident #1's diet was downgraded in February 2024, the DON responded the other adult child (not the current MPOA) was visiting and noticed Resident #1 was coughing and had watery eyes and the family member felt like she was pocketing food and maybe choking. So that family member let the charge nurse know and the diet was downgraded at that moment to pureed, which she tolerated well. A few weeks later, the other adult child who was the current MPOA questioned why Resident #1's diet was downgraded and requested a swallow study be done to evaluate the resident's swallowing ability, but the DON said that was a problem due to the resident being on hospice and what was covered, so they came to the agreement that the speech therapist would complete an evaluation on her. After that, the DON stated the facility and the MPOA came to the agreement that they could meet on common ground and if she [Resident #1] is wanting a different textured food, that we can do a pleasure feed. The DON stated, Right now we are doing palliative care, comfort measures and that is what hospice is about. So speech therapy met with her [MPOA] in April [2024] and we agreed to the purred that is safe and if with family, and she [Resident #1] asks, or is more communicative, then she can have the mech soft. The DON also stated Resident #1 had been on Mirtazapine/Remeron but hospice stopped paying for it and it was explained to the MPOA. The DON stated, There is a fine line with that and this hospice company does not provide those types of services for those patients, things that stimulate the appetite. I tried to explain that to her. I told her the antidepressant can do things to you and it is not keeping her comfortable, but rather is stimulating her to prolong life. She said you are just going to let her die. No, we are trying to let her live her life with what time she has left. Finally hospice said we will pay for it because she would not stop, so now they are paying for that one medication. The DON stated hospice got a lump sum of money when a resident came onto their services and if they chose to not cover a medication, then the family could pay out of pocket but the MPOA did not want to do that, and she also did not want to liberalize Resident #1's diet and sign a waiver. The DON stated the facility could not do a swallow study on Resident #1 because she was receiving hospice services, that is a prolonging life issue, and we could have [company] come here and evaluate her but she would have to get off hospice and go a different route. An observation of Resident #1 on 08/08/24 at 12:15 PM occurred during the lunch meal in the dining room. She was sitting in her wheelchair at a table with another female resident, no staff at tableside, with a pureed meal in front of her. She was slowly eating on her own, holding a spoon in her right hand, dropping some food at times. She ate her dessert first, a scoop of ice cream. She ate 100% of her protein which was pureed chicken and 100% of her ice cream. She ate a very small bite of brussel sprouts, none of the mashed potatoes or bread. No alternate was provided and no mechanical soft food was provided. Resident #1's meal ticket on her lunch tray reflected pureed texture, able to tolerate mechanical soft pleasure feeds as desired. There were no assistance instructions on the meal ticket and no one sat down to assist or encourage the resident to eat. (continued on next page)

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F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview with CNA A on 08/09/24 at 10:39 AM revealed in the mornings, the restorative aide fed Resident #1 breakfast in bed, depending on how sleepy she was. For lunch, Resident #1 was usually taken to the dining room. If she only ate 2-3 bites for breakfast, CNA A stated she would usually eat lunch in the afternoon. CNA A stated sometimes staff fed her, sometimes they did not. She said Resident #1 was a feeder now because she is not even trying, not eating as much as she was. If we are late in getting her, we feed her here by the tv station [next to nurses station]. CNA A never saw Resident #1 struggle to swallow but said the aides were all told by nursing staff that she was on a pureed diet. She stated the MPOA did not want Resident #1 on a pureed diet and would bring her vegetables that were mechanical soft and the Resident #1 ate everything the family brought. CNA A stated she had never seen Resident #1 be offered anything that was mechanical soft to eat by staff. CNA A stated Resident #1 was losing weight and she could see that her eyes were starting to sink in and her collar bone was more pronounced. CNA A stated, The weight loss, I think is from not eating enough. To get her to eat more .She should be fed lunch and dinner. An interview with CNA B on 08/09/24 at 11:05 AM revealed when Resident #1 was sick with COVID last fall of 2023, she needed a lot of help at that time with being fed, but currently, she just needed some direction. CNA B stated Resident #1 was on a pureed diet and did not get any other type of food texture given to her from the facility, only through family when they brought her food to eat from outside the facility. CNA B stated, We cannot give her something other than pureed. We stick to the diet unless speech says otherwise. (continued on next page)

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F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview with the DOR on 08/09/24 at 11:41 AM revealed a swallow study was requested by the MPOA after Resident #1 was admitted for hospice services. The DOR contacted hospice to ask of they would pay for the swallow study and they stated it was not warranted or necessary so they would not cover it. The DOR stated, We never saw a need for it as well, she is subjective on the eating or not eating of the puree, it depends on the day and her mood. The DON stated Resident #1 had an order for pleasure feeds for mechanical soft which meant if she was in a cognitive state for eating, such as not tired and wanted to eat, then the family could request a mechanical soft tray to give her because she had been deemed safe by speech for mechanical soft food. The DOR stated the decision to upgrade a diet was subjective on what the speech therapist wanted; we just never noted any change in her condition for it to be warranted for every meal. The DOR stated she did not remember why the family had requested Resident #1's diet be downgraded, only that the facility nurse did not request it. In April 2024, the family wanted to look at upgrading her diet back to mech soft, so speech did the evaluation and determined Resident #1 could tolerate a mechanical soft diet if her cognitive state allowed it. The DOR was asked, then who determines when it was safe for pleasure feeds of mech soft and she responded if she is alert enough, she can eat it. The DOR stated the staff (including CNAs) would determine if she was alert enough by just talking to her. If the resident was not alert and oriented (Resident #1 had a BIMS of 02) and no family present, then she did not know who was asking her or assessing her cognition and desire for a mech soft food/meals versus a pureed meal. She stated pleasure feeds meant if the resident requested or the family requested it. To upgrade a diet, the DOR stated that had to come from the speech therapist. She stated the speech therapist that had completed the evaluations on Resident #1 was no longer employed with the facility. The DOR stated she did not know why the speech therapist chose to write diet orders which reflected both puree and mech soft textures versus making a full mechanical soft diet. The DOR stated the down-grading of a diet could relate to potential weight loss because if the resident did not like it, they would not eat it. The DOR stated she was not sure if a modified barium swallow study was covered when a resident was on hospice services and who had to pay for it, the facility or hospice. If it was just a speech evaluation, she was sure traditional Medicare would pay for it, but the facility had not asked her to complete an updated re-evaluation for speech on Resident #1. The DOR stated it was in talks and the MPOA had requested it, but we didn't see a change in the patient and I know they were working other routes with health shakes to work on the weight loss. The DOR stated if Resident #1 had an increase in cognition or a good reason to evaluate her, they would have, but she was not told of any changes that would necessitate it. The DOR stated she did not realize the facility staff were not offering Resident #1 mechanical soft pleasure feeds. Record review of the last speech therapy evaluation completed on Resident #1 dated 04/10/24 reflected the following diagnoses: Adult failure to thrive (onset 4/10/2024), Muscle weakness (onset 4/10/2024) and Dysphagia, oropharyngeal phase (onset 04/10/24). Recommendations were Intake Diet Recs - Solids = Puree Consistencies, Pleasure feeding (pleasure feeds of mechanical soft textures); Diet Recs - Liquids = Thin liquids; Supervision for Oral Intake = Occasional supervision, Distant supervision, Close supervision; Strategies Swallow Strategies/Positions: To facilitate safety and efficiency, it is recommended the patient use the following strategies and/or maneuvers during oral intake: alternation of liquid/solids and bolus size modifications upright posture during meals and upright posture for >30 mins after meals. (continued on next page)

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F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An observation of lunch on 08/09/24 at 12:10 PM revealed Resident #1 was brought her pureed tray of food and was served pureed tray of a lumpy orange pureed jello substance, a dark green puree and a small bowl of a yellowish brown puree, red juice and water at 12:10 PM. Her meal ticket listed she was served Regular Diet Puree Level 4 texture, NAS, a pork chop, macaroni and cheese, fresh zucchini, bread, margarine, red velvet cake, pudding and lemonade. None of those items were observed.[Resident #1] sat in her wheelchair looking around throughout the lunch service. She was observed to eat one bite. No staff sat with her for about 15 minutes while four were observed walking around serving trays in the dining room. Around 12:25 PM, a staff member sat with the resident but did not offer any other food to her, to include an alternate pureed meal or a mechanical soft meal. Resident #1 was offered the pureed meal in front of her and turned her head no. The CNA tried to pick her fork up and Resident #1 took it and sat it back down on the table. The CNA got up after about five minutes and ADON G told her if Resident #1 ate less than 50%, offer her a health shake and encourage. The CNA then went to another table with a different resident and took him out of the dining room in his wheel chair. ADON F was observed to bring Resident #1 a health shake, opened it, did not say anything to Resident #1 and sat it on the table in arm's reach and walked away. Resident #1 did not reach for it and did not drink it. Another staff member walked by and asked her if she was okay and Resident #1 motioned to her mouth and said her mouth was hurting. The staff member told her, Your teeth don't have nothing to do with drinking and brought her red juice with straw to her mouth to drink. That staff member then left the dining room to talk to another resident. During these observations, no one was consistently observed to sit with Resident #1 and encourage her to eat and offer alternate food, to include mech soft food. Around 12:35 PM, ADON F sat down and asked Resident #1 was there anything else she wanted to eat. Resident #1 said no, ADON F said okay. ADON F never specifically offered a name of the food or meal to the resident, nor did she present her with a visual option of a mech soft meal. Additionally, Resident #1 was observed to not be given pudding and ice cream which was on her meal diet and diet orders to help encourage weight gain. An observation of a weight taken by CNA B on 08/09/23 at 1:01 PM reflected Resident #'1 weight was 132 pounds. An interview with the Hospice MD who was also the facility's Medical Director on 08/09/24 at 1:30 PM revealed the MPOA did not want Resident #1 to have a swallow study, she just wanted Resident #1 back on her mechanical soft diet. The Hospice MD stated, I can write the order today, but the facility wants her to sign a release for aspiration, pneumonia and death. The Hospice MD stated that changing the diet order from puree with mech soft pleasure feeds to mechanical soft for all meals was not an issue, the issue was that the facility wanted the resident to have a swallow study completed or have the MPOA sign a waiver releasing them from liability. An interview with the DON on 08/09/24 at 3:00 PM revealed in the past when Resident #1's MPOA was asking for the resident to go back to her mechanical soft diet, the DON would educate her to know the side effects, the good, the bad and the potential harm. The DON stated when she would get to the part of the conversation with the MPOA about a waiver and dangers, she stated the MPOA would be concerned about upgrading her, That is how we got to pureed with mech soft as desired. When she starts to choke tonight because the doctor just changed it, we are in this whole conversation again when the nurse downgrades her. The DON stated, The [MPOA] wanted a swallowing evaluation, then the dentist and the teeth thing, so what we found that was a fix for her, was the pureed with mech soft. The DON stated Resident #1 could eat mechanical soft food as long as she was alert, and that would be determined by literally the difference in her slumped over and not responding and making eye contact and not talking to you, then she is not appropriate to eat mechanical soft. (continued on next page)

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F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview with LVN D on 08/09/24 at 3:48 PM revealed she had known Resident #1 for [AGE] years while she had been a resident at the facility and her dementia is way up there. LVN D stated Resident #1 had a pureed diet but the MPOA would bring her other food of mech soft texture. She stated for example, the MPOA the week prior had brought Resident #1 salmon, asparagus, potatoes, not pureed but mech soft and tender and the resident ate it when the family fed it to her. LVN D stated her meals were always pureed but when the family came to visit her, they wanted her to have different options with mechanical soft, But I don't bring it because I can't upgrade, I can only downgrade. So if they came and wanted the [resident] to eat mech soft pizza .no, you cannot mech soft that. If they come and ask for mech soft version of the pureed meal, I can't do that. LVN D stated she had not seen Resident #1 choke on food provided by the facility or on what the family brought to feed her. Review of the facility's policy titled, Nutritional Management revised February 2023 reflected, .Compliance Guidelines: .6. Resident/representative has the right to choose and decline interventions designed to improve or maintain nutritional or hydration status; b. The facility shall discuss the risks and benefits associated with the resident/representative decision and offer alternatives, as appropriate; c. The comprehensive care plan should describe any interventions offered, but declined by the resident or resident's representative.

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33552 Based on interview and record review, the facility failed to Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision for one (Resident #1) of eight residents reviewed for grievances. The facility did not have any grievance resolution or grievance documentation related to Resident #1's MPOA expressed concerns related to her well-being, weight loss and lack of assistance with eating in emails to the facility management team. This failure could place residents at risk with unresolved grievances and unmet care needs. Findings included: Record review of Resident #1's Face Sheet dated 08/09/24 reflected she was a [AGE] year-old female who admitted to the facility on [DATE]. Resident #1's active diagnoses include Alzheimer's disease, major depressive disorder, adult failure to thrive, dysphagia/oropharyngeal phase (diagnosed [DATE]) (A type of dysphagia that manifests as difficulty initiating swallowing, coughing, choking, or aspiration), dentofacial anomaly (diagnosed [DATE]) (teeth are misaligned) and anemia. Resident #1 had a medical power of attorney. Record review of Resident #1's quarterly MDS assessment dated [DATE] reflected she had a BIMS score of 02, which indicated severe cognitive impairment. Resident #1 had no signs or symptoms of delirium, no negative mood symptoms, no indicators of psychosis, no rejection of care and no verbal or physical aggression towards others. Resident #1 required setup assistance by staff when eating. Resident #1's assessment reflected she had a loss of liquids/solids from mouth when eating or drinking and she held food in her mouth/cheeks or residual food in mouth after meals. At the time of the MDS assessment, Resident #1 weighed 140 pounds and was five foot four inches tall and did not trigger for significant or severe weight loss. While a resident at the facility, the MDS assessment reflected Resident #1 was on a mechanically altered and therapeutic diet. Resident #1 also received hospice services and received zero minutes of speech therapy during the assessment look back period. Record review of Resident #1's care plan dated 05/30/24 reflected the following care areas: (continued on next page)

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-NUTRITIONAL CONCERNS: [Resident #1] is at risk for nutritional concerns related to her impaired mobility and cognition, behaviors, dementia, anxiety, depression, and delusional disorders; Interventions- [Resident #1] will maintain current weight, Administer medications as ordered. Monitor/Document for side effects and effectiveness, Monitor/document/report PRN any s/sx of dysphagia: Pocketing, Choking, Coughing, Drooling, Holding food in mouth, Several attempts at swallowing, Refusing to eat, Appears concerned during meals, Monitor/record/report to MD PRN s/sx of malnutrition: Emaciation (Cachexia), muscle wasting, significant weight loss: 3lbs in 1 week, >5% in 1 month, >7.5% in 3 months, >10% in 6 months, Monthly weight CNA, Obtain and monitor lab/diagnostic work as ordered. Report results to MD and follow up as indicated, OT to screen and provide adaptive equipment for feeding as needed, Provide and serve diet as ordered, DIET: NAS, regular textures, regular/thin consistency, Provide, serve diet as ordered. Monitor intake and record q meal, RD to evaluate and make diet change recommendations PRN. Record review of Resident #1's Weight Summary Report (undated) reflected the following weight loss over the past 12 months: -07/10/24: 132 pounds -06/10/24: 137.6 pounds -05/10/24: 139.6 pounds -04/10/24: 144.8 pounds -03/10/24: 139.6 pounds -02/10/24: 148 pounds -01/02/24: 150 pounds -12/27/23: 150.4 pounds -11/10/23: 147.4 pounds -10/10/23: 159.6 pounds -09/10/23: 164.2 pounds -08/10/23: 162.2 pounds -07/10/23: 169.4 pounds (continued on next page)

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of the MPOA's email to the facility's DON dated 04/12/24 reflected she had left messages for the past two weeks requesting a swallow study evaluation to determine if Resident #1's diet could be changed from puree back to soft mechanical. She referenced the DON had told her that the diet had been updated as of 04/10/24 but when she was visiting Resident #1 on 04/11/24, the diet remained as pureed. She asked the DON how long until Resident #1's diet would be converted back to mechanical soft. On 04/12/24, the DON responded via email that Resident #1's diet was upgraded by speech and she had the same diet with the following additions, Patient able to tolerate mechanical soft pleasure feeds as desired. On 07/14/24, the MPOA sent an email to the DON, Administrator, DOR and Dietary Manager asking to them to explain if Resident #1's diet was upgraded on 04/11/24, what changes were made and to explain what Patient able to tolerate mechanical soft pleasure feeds as desired meant. On 07/17/24, the DON responded via an email that the speech therapist on 04/11/24 kept Resident #1 at a pureed diet, but added that she could tolerate mechanical soft pleasure feeds and the speech therapist did that due to Resident #1's alternating status. The DON wrote, She [ST] noted in her evaluation that Resident #1 had mild-moderate oropharyngeal dysphagia. This means at times she had trouble initiating correct sequencing to swallow. This causes increased risk for choking and aspiration. With the order being written this way, it keeps her safe from choking and aspiration risks. On days she isn't able to correctly swallow, she is covered with the pureed diet and on days you feel she is alert enough to tolerate a mechanical soft plate you can request a mechanical soft tray. As far as the conversations you and I have had, you did not want to give a blanket 'waiver/consent' to increase her diet completely. Not without looking into other areas due to it being medically contraindicated and has the possibility to negatively impact your mother [choke, aspirate and even death). We discussed aspiration and silent aspiration that your mom exhibits at times (eyes and nose watering, clearing of the throat after food or water, coughing, pocketing food or just some examples. Is this now something you would like to consent to or request (upgrading diet completely against medical advice)? On 07/23/24, the MPOA responded to the email thread stating that availability of a mechanical soft tray request was not made clear as the staff the MPOA had talked to never offer an alternate meal for puree and the family was continuing to bring food prepared at home without any difficulty and had noted that Resident #1 had told family visiting on several occasions she was hungry. On 07/21/24, the MPOA stated Resident #1 did not want the pureed tray and when the MPOA spoke to the weekend manager regarding an alternate mech soft tray, the weekend manager said she could be given that texture. The MPOA showed her the mail ticket which reflected mech soft pleasure feeds, and only then did the weekend manager agree and the kitchen provided a dry meat substance chopped and whole french fries. The MPOA also stated to the email thread she did not recall having any conversations about signing a blanket waiver/consent to upgrade her diet. The MPOA also expressed concern that Resident #1 had lost a tremendous amount of weight, too rapidly and her clothing size had decreased from a size 20 to a size 12 and she was not receiving the nourishment she needed I do not doubt in my mind that everyone expects to receive a level of care that is at least standard or above. We are all part of a Care Team and should be working in a positive direction so that any level of care that falls below standard will be recognized, acknowledged and corrected promptly. Record review of a written e-mail correspondence provided by Resident #1's MPOA on 08/15/24 at 6:08 PM revealed an email thread between her and the facility DON. In the email thread, after Resident #1's release from the hospital in February 2024 and MPOA's concerns, the DON told the MPOA if there was a family concern that needed to be brought to her attention regarding the care of a resident she suggested the MPOA file a grievance using a form found at the nurse's station. The MPOA stated she filed several grievances, but never received a response on any filed, so she began to send emails to the DON and the Administrator. (continued on next page)

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview with the Administrator on 08/09/24 at 2:38 PM revealed there had been grievances filed for Resident #1 by the MPOA, but there was a problem, the facility's social worker just up and quit the week prior and when the Administrator went to look for the facility grievances on 08/09/24, she could not find the binder. The Administrator stated she had not called the social worker to ask her where it was located. The Administrator stated she signed off on the grievances when they were finished so she knew there had been some for Resident #1. The Administrator stated the policy/protocol when a family member had a concern about a resident was that a grievance was typically filed with the facility social worker, but any staff could write a grievance up for the family member. That form is given to the social worker who then gave it to whatever department supervisor the issue related to and then she would let the family know what she was doing to correct it. The Administrator stated they tried to have a turn-around time on addressing grievances to be within 72 hours. After that, it came to the Administrator to sign off on as completed and it was logged into the grievance book, which she could not find. An interview with the DON on 08/09/24 at 3:00 PM revealed she believe she or the Administrator wrote a grievance for the emails from Resident #1's MPOA about care concerns and weight loss. She said there was a care plan meeting with the MPOA in April 2024 and some grievance came out of that, but she was not sure where they were at. Review of the facility's policy, Resident and Family Grievances, revised February 2023, reflected, Policy Explanation and Compliance Guidelines .9. Procedure .b. b. The staff member receiving the grievance will record the nature and specifics of the grievance on the designated grievance form, or assist the resident or family member to complete the form; 1.Take any immediate actions needed to prevent further potential violations of any resident right; . c. Forward the grievance form to the Grievance Official as soon as practicable; d. The Grievance Official will take steps to resolve the grievance, and record information about the grievance, and those actions, on the grievance form; .i. Steps to resolve the grievance may involve forwarding the grievance to the appropriate department manager for follow up-1. All staff involved in the grievance investigation or resolution should make prompt efforts to resolve the grievance and return the grievance form to the Grievance Official. 'Prompt efforts' include acknowledgment of complaint/grievances and actively working toward a resolution of that complaint/grievance .e. The Grievance Official, or designee, will keep the resident appropriately apprised of progress towards resolution of the grievances; f. The facility will take appropriate action in accordance with State law if an alleged violation of resident's rights is confirmed by the facility or an outside entity, such as State Survey Agency, Quality Improvement Organization, or local law enforcement agency, g. In accordance with the resident's right to obtain a written decision regarding his or her grievance, the Grievance Official will issue a written decision on the grievance to the resident or representative at the conclusion of the investigation. The written decision will include at a minimum: i. The date the grievance was received, ii. The steps taken to investigate the grievance, iii. A summary of the pertinent findings or conclusions regarding the resident's concern(s), iv. A statement as to whether the grievance was confirmed or not confirmed, v. Any corrective action taken or to be taken by the facility as a result of the grievance, vi. The date the written decision was issued .10. Evidence demonstrating the results of all grievances will be maintained with the administrator or designee, 11. The facility will make prompt efforts to resolve grievances.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33552 Based on observation, interview and record review, the facility failed to maintain acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, and offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet for one (Resident #1) of four residents reviewed for weight loss. 1. The facility failed to provide Resident #1 with care planned nutritional interventions and failed to ensure they were providing the physician ordered appetite stimulant medication Mirtazapine/Remeron in the correct hospice ordered dose from 07/24/24 through 08/08/24. 2. The facility failed to ensure the dietary orders for Resident #1 were followed. Resident #1's diet orders were subjective and not clear as to when staff could provide her a mechanical soft diet versus a pureed diet. 3. The facility failed to provide Resident #1 with the correct meal on her meal ticket, did not offer ice cream or pudding which was an intervention to prevent weight loss. 4. The facility staff did not offer Resident #1 an alternate meal of mechanical soft texture and attempt to assist her when she did not eat her pureed meal for two meal observations. The facility failure could lead to continued weight loss, malnutrition, loss of energy, depression a decrease in the quality of life. Findings included: Record review of Resident #1's Face Sheet dated 08/09/24 reflected she was a [AGE] year-old female who admitted to the facility on [DATE]. Resident #1's active diagnoses include Alzheimer's disease, major depressive disorder, adult failure to thrive, dysphagia/oropharyngeal phase (diagnosed [DATE]) (a type of dysphagia that manifests as difficulty initiating swallowing, coughing, choking, or aspiration), dentofacial anomaly (diagnosed [DATE]) (teeth are misaligned) and anemia. Resident #1 had a medical power of attorney. Record review of Resident #1's quarterly MDS assessment dated [DATE] reflected she had a BIMS score of 02, which indicated severe cognitive impairment. Resident #1 had no signs or symptoms of delirium, no negative mood symptoms, no indicators of psychosis, no rejection of care and no verbal or physical aggression towards others. Resident #1 required setup assistance by staff when eating. Resident #1's assessment reflected she had a loss of liquids/solids from mouth when eating or drinking and she held food in her mouth/cheeks or residual food in mouth after meals. At the time of the MDS assessment, Resident #1 weighed 140 pounds and was five foot four inches tall and did not trigger for significant or severe weight loss. While a resident at the facility, the MDS assessment reflected Resident #1 was on a mechanically altered and therapeutic diet. Resident #1 also received hospice services and received zero minutes of speech therapy during the assessment look back period. Record review of Resident #1's care plan dated 05/30/24 reflected the following care areas: (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-ADLS: [Resident #1] has an ADL self-care performance deficit r/t her Alzheimer's dementia, muscle weakness, anxiety, depression, and delusion disorders; Interventions- Eating: Level of Assistance: Supervision X 1 person. - [Resident #1] is on a Altered Consistency Diet; Interventions- [Resident #1] will have adequate nutrition, fluid intake and weight will stabilize through the next review, Dietary Manager to monitor & discuss for food preferences, Encourage dietary\fluids intake within dietary limits, Offer snacks with in diet, Serve diet as ordered and offer subs if less than 75% is eaten, monitor intake. -NUTRITIONAL CONCERNS: [Resident #1] is at risk for nutritional concerns related to her impaired mobility and cognition, behaviors, dementia, anxiety, depression, and delusional disorders; Interventions- [Resident #1] will maintain current weight, Administer medications as ordered. Monitor/Document for side effects and effectiveness, Monitor/document/report PRN any s/sx of dysphagia: Pocketing, Choking, Coughing, Drooling, Holding food in mouth, Several attempts at swallowing, Refusing to eat, Appears concerned during meals, Monitor/record/report to MD PRN s/sx of malnutrition: Emaciation (Cachexia), muscle wasting, significant weight loss: 3lbs in 1 week, >5% in 1 month, >7.5% in 3 months, >10% in 6 months, Monthly weight CNA, Obtain and monitor lab/diagnostic work as ordered. Report results to MD and follow up as indicated, OT to screen and provide adaptive equipment for feeding as needed, Provide and serve diet as ordered, DIET: NAS, regular textures, regular/thin consistency, Provide, serve diet as ordered. Monitor intake and record q meal, RD to evaluate and make diet change recommendations PRN. Record review of Resident #1's current August 2024 physician's orders reflected she was prescribed a (NAS) No added salt diet/puree, Regular/Thin consistency, Patient able to tolerate mechanical soft pleasure feeds as desired, Add pudding or ice cream to lunch and supper (Start date 02/27/24); Admit to [Name] Hospice for Alzheimer's (start date 06/03/24), and Mirtazapine Tablet 7.5 mg once at bedtime Give 1 tablet by mouth at bedtime for appetite stimulation (Start date 07/24/24). Record review of Resident #1's order summary changes related to her nutritional needs reflected: -01/09/24- Regular diet mechanical soft/chopped meat texture, Regular/Thin/0 consistency -02/21/24- Hospice to eval and treat as indicated -02/23/24- (Discontinued due to resident being in hospital) Mirtazapine Oral Tablet 7.5 MG (Mirtazapine) Give 1 tablet by mouth at bedtime for Appetite stimulant -02/24/24- (Added) Remeron Oral Tablet 7.5 MG (Mirtazapine) Give 1 tablet by mouth at bedtime for Appetite -02/24/24- (Added) No added salt diet, mechanical soft/ground meat, regular/Thin/0 consistency, Minced Moist -02/24/24- Admit to hospice for palliative care -02/27/24-(Discontinued per family member) (NAS) No added salt diet mechanical soft/ground meat texture, Regular/Thin/0 consistency, Minced Moist (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-04/24/24-Late entry effective 04/10/24- ST to evaluate/screen and treat if indicated -06/08/24- (Discontinue per hospice RN and hospice physician) Remeron Oral Tablet 7.5 MG (Mirtazapine) Give 1 tablet by mouth at bedtime for Appetite Stimulation -07/24/24-Mirtazapine Tablet 7.5 MG Give 1 tablet by mouth at bedtime for appetite stimulation Record review of Resident #1's Weight Summary Report (undated) reflected the following weight loss over the past 12 months: -07/10/24: 132 pounds -06/10/24: 137.6 pounds -05/10/24: 139.6 pounds -04/10/24: 144.8 pounds -03/10/24: 139.6 pounds -02/10/24: 148 pounds -01/02/24: 150 pounds -12/27/23: 150.4 pounds -11/10/23: 147.4 pounds -10/10/23: 159.6 pounds -09/10/23: 164.2 pounds -08/10/23: 162.2 pounds -07/10/23: 169.4 pounds Record review of Resident #1's hospice admission documentation reflected an admitted to hospice on 02/24/24 for the diagnosis of Alzheimer's disease. Resident #1's eating ability reflected she needed moderate assistance. The medications covered by hospice through Medicare Part D at the time of admission did not include Mirtazapine (Remeron). The hospice medication orders reflected, Continue to order these medications from your current source: .Mirtazapine. Review of current hospice orders for August 2024 reflect Resident #1 was prescribed Remeron 15 mg once daily for anxiety (start date 07/24/24). (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident #1's MAR for April 2024 through June 2024 reflected she missed the following doses of the antidepressant/appetite stimulant Mirtazapine (Remeron) due to various reasons documented in the nursing progress notes such as Medication on order or Medication not available: April 7th, 14th, 20th, 22nd, 25th and 26th; May 1st, 16th, 18th, 19th, 20th, 21st, 25th-31st; June 1st, 3rd and 7th. The dose listed for Mirtazapine/Remeron on the MAR was 7.5 mg. Record review of Resident #1's MAR from 07/24/24 through 08/08/24 reflected she was administered 7.5 mg of Remeron daily, not the 15 mg ordered as documented in her hospice binder in the facility. Record review of Resident #1's most recent Nutrition/Dietary Note dated 07/11/24 reflected, Monthly Wt Variance: Res is 103YOF showing -4.1%/5.6lbs x 30 days, moderate undesirable, -10.8%/16lbs x 5 months, significant undesirable r/t reduced appetite and hospice status. Of note, res is on hospice, wt loss may be unavoidable as health/nutrition status declines .Current diet order is NAS, puree texture, thin liquids + health shake once per day with breakfast. Res is able to tolerate mech soft pleasure feeds. Res is able to feed self with supervision/set up assist at mealtime, typically consuming 51-75% most meals per nursing graphics. Current diet order and po intake should be adequate to meet estimated nutritional/hydration needs .RD Recommendations: 1. Dc health shake per res request. 2. Add nutrient dense between meals am, pm, and hs for additional nutrition. 3. Please offer ice creams, puddings, etc. with lunch and dinner for additional nutrition. Record review of pertinent nursing progress notes reflected the following: 12/06/23 - MPOA gave consent for the use of Remeron. Consent placed on resident's chart. 12/14/23 - Family Member requested diet be changed from mechanical soft to pureed due to difficulty chewing/swallowing. Writer notified N.P. for attending physician and order received to change diet to pureed and for ST to eval and treat as indicated. 01/11/24 - Current wt 150 lbs., which shows a 10% in six months loss, dietary recommendation is to add fortified foods. 02/18/24 - Resident with dry red eyes with slight drainage, nasal congestion, new order per standing orders of [Physician E], loratadine 10mg QD x7 Mucinex 600mg x7and natural tears x7. 02/21/24 - Resident was sent to hospital at request of [MPOA] 02/24/24 - Resident readmitted to SNF, diagnosed with pneumonia at hospital, decreased appetite and needs to be fed at times. On a NAS Moist mince diet with thin liquids. Family is considering hospice related to failure to thrive. 02/25/24 - Resident admitted to hospice services 02/27/24 - MPOA requested Resident #1's diet be changed to Puree, educated that once the diet is downgraded the only way it can be upgraded is by speech therapy eval, MPOA verbalized understanding and verbalized wanting diet downgraded. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	04/30/24 - Med aide stated that the Remeron still has not arrived yet and she had been asking and requesting for week for this medication to be refilled and sent out; And that there was some communication from hospice stating that they wouldn't be covering the Depakote that it wasn't covered, and that the facility needed to authorize this transaction. The PRIOR AUTH sheet was sent to the DON as a reminder to get these medications filled. So, pharmacy will send out. There were no nursing progress notes or RD progress notes from December 2023 through August 08/08/24 that indicated Resident #1 had choked on food, pocketed food, aspirated or had any negative outcome through eating while at the facility. (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of the MPOA's email to the facility's DON dated 04/12/24 reflected she had left messages for the past two weeks requesting a swallow study evaluation to determine if Resident #1's diet could be changed from puree back to soft mechanical. She referenced the DON had told her that the diet had been updated as of 04/10/24 but when she was visiting Resident #1 on 04/11/24, the diet remained as pureed. She asked the DON how long until Resident #1's diet would be converted back to mechanical soft. On 04/12/24, the DON responded via email that Resident #1's diet was upgraded by speech and she had the same diet with the following additions, Patient able to tolerate mechanical soft pleasure feeds as desired. On 07/14/24, the MPOA sent an email to the DON, ADM, DOR and Dietary Manager asking to them to explain if Resident #1's diet was upgraded on 04/11/24, what changes were made and to explain what Patient able to tolerate mechanical soft pleasure feeds as desired meant. On 07/17/24, the DON responded via an email that the speech therapist on 04/11/24 kept Resident #1 at a pureed diet, but added that she could tolerate mechanical soft pleasure feeds and the speech therapist did that due to Resident #1's alternating status. The DON wrote, She [ST] noted in her evaluation that Resident #1 had mild-moderate oropharyngeal dysphagia. This means at times she had trouble initiating correct sequencing to swallow. This causes increased risk for choking and aspiration. With the order being written this way, it keeps her safe from choking and aspiration risks. On days she isn't able to correctly swallow, she is covered with the pureed diet and on days you feel she is alert enough to tolerate a mechanical soft plate you can request a mechanical soft tray. As far as the conversations you and I have had, you did not want to give a blanket 'waiver/consent' to increase her diet completely. Not without looking into other areas due to it being medically contraindicated and has the possibility to negatively impact your mother [choke, aspirate and even death). We discussed aspiration and silent aspiration that your mom exhibits at times (eyes and nose watering, clearing of the throat after food or water, coughing, pocketing food or just some examples. Is this now something you would like to consent to or request (upgrading diet completely against medical advice)? On 07/23/24, the MPOA responded to the email thread stating that availability of a mechanical soft tray request was not made clear as the staff the MPOA had talked to never offer an alternate meal for puree and the family was continuing to bring food prepared at home without any difficulty and had noted that Resident #1 had told family visiting on several occasions she was hungry. On 07/21/24, the MPOA stated Resident #1 did not want the pureed tray and when the MPOA spoke to the weekend manager regarding an alternate mech soft tray, the weekend manager said she could be given that texture. The MPOA showed her the mail ticket which reflected mech soft pleasure feeds, and only then did the weekend manager agree and the kitchen provided a dry meat substance chopped and whole french fries. The MPOA also stated to the email thread she did not recall having any conversations about signing a blanket waiver/consent to upgrade her diet. The MPOA also expressed concern that Resident #1 had lost a tremendous amount of weight, too rapidly and her clothing size had decreased from a size 20 to a size 12 and she was not receiving the nourishment she needed. Regarding the medication Mirtazapine/Remeron, the MPOA stated during the recent care plan meeting, she was told that the medication Remeron was not being given because hospice could not justify paying for it. The MPOA expressed concern that the medication was prescribed for three reasons: 1) depression, 2) sleep, and 3) to stimulate her appetite. She stated, [Resident #1] has been more depressed since her two hospital stays and is known to stay up 3-4 nights of the week during the 6pm -6am shift. I have previously requested and am requesting again a restart of the medication. I have been informed that this is an option of the family pays for it. I am hoping that some or all of you can related to or understand the concerns aforementioned I do not doubt in my mind that everyone expects to receive a level of care that is at least standard or above. We are all part of a Care Team and should be working in a positive direction so that any level of care that falls below standard will be recognized, acknowledged and corrected promptly. (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with the DON on 08/08/24 at 10:30 AM, she was queried where in Resident #1's medical record did she get her information that upgrading to a mech soft diet was medically contraindicated as she told the MPOA in an email. She was unable to articulate why that statement was made to the MPOA by herself. The DON stated Resident #1 had two adult children and one of them (not the current MPOA) was concerned that she wasn't eating well and suggested the facility may need to downgrade her diet earlier in January or February 2024. Speech therapy evaluated her and agreed as she did not have any issues eating pureed textured. Then she was sent to the hospital and came back on hospice services after that change was made. When she returned to the facility, a new and updated MPOA document was provided to the facility which designated the other adult child as Resident #1's decision maker. The DON stated Resident #1 had declined as she had aged, but it was to be expected. She stated Resident #1 sometimes ate on her own, sometimes wanted to be fed, sometimes had to be prompted to eat, it just depended on her mental status that day. The DON stated, Sometimes she doesn't want to eat at all for a meal, we can't force her, that is her right. She is her own person. The DON stated the facility had a speech evaluation done on Resident #1 and it did not recommend that all meals be mechanical soft, the speech therapist recommended pleasure feeds, And that is what we do, pleasure feeds. So when the family is up here and they want to give her food that is not pureed, okay. If the resident asks for something, we can do mech soft, like the other day she had a piece of cake, but not every meal. The DON stated she had presented a facility dietary waiver the MPOA could sign if she wanted Resident #1's diet to be all mechanical soft texture, Because it went against the recommendation of speech, and she [MPOA] did not want to sign it, so right now, the resident is pureed with pleasure feeds of mechanical soft. (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A follow-up interview with the DON on 08/08/24 at 2:42 PM revealed the facility nursing staff could downgrade a resident's diet if the nurse observing the meal was concerned about a resident's ability to swallow, or the family could request for a downgrade. However, in order to upgrade the diet back to where it was, the DON stated either the speech therapist or the physician would have to approve it. When asked why Resident #1's diet was downgraded in February 2024, the DON responded the other adult child (not the current MPOA) was visiting and noticed Resident #1 was coughing and had watery eyes and the family member felt like she was pocketing food and maybe choking. So that family member let the charge nurse know and the diet was downgraded at that moment to pureed, which she tolerated well. A few weeks later, the other adult child who was the current MPOA questioned why Resident #1's diet was downgraded and requested a swallow study be done to evaluate the resident's swallowing ability, but the DON said that was a problem due to the resident being on hospice and what was covered, so they came to the agreement that the speech therapist would complete an evaluation on her. After that, the DON stated the facility and the MPOA came to the agreement that they could meet on common ground and if she [Resident #1] is wanting a different textured food, that we can do a pleasure feed. The DON stated, Right now we are doing palliative care, comfort measures and that is what hospice is about. So speech therapy met with her [MPOA] in April [2024] and we agreed to the purred that is safe and if with family, and she [Resident #1] asks, or is more communicative, then she can have the mech soft. The DON also stated Resident #1 had been on Mirtazapine/Remeron but hospice stopped paying for it and it was explained to the MPOA. The DON stated, There is a fine line with that and this hospice company does not provide those types of services for those patients, things that stimulate the appetite. I tried to explain that to her. I told her the antidepressant can do things to you and it is not keeping her comfortable, but rather is stimulating her to prolong life. She said you are just going to let her die. No, we are trying to let her live her life with what time she has left. Finally hospice said we will pay for it because she would not stop, so now they are paying for that one medication. The DON stated hospice got a lump sum of money when a resident came onto their services and if they chose to not cover a medication, then the family could pay out of pocket but the MPOA did not want to do that, and she also did not want to liberalize Resident #1's diet and sign a waiver. The DON stated the facility could not do a swallow study on Resident #1 because she was receiving hospice services, that is a prolonging life issue, and we could have [company] come here and evaluate her but she would have to get off hospice and go a different route. An observation of Resident #1 on 08/08/24 at 12:15 PM occurred during the lunch meal in the dining room. She was sitting in her wheelchair at a table with another female resident, no staff at tableside, with a pureed meal in front of her. She was slowly eating on her own, holding a spoon in her right hand, dropping some food at times. She ate her dessert first, a scoop of ice cream. She ate 100% of her protein which was pureed chicken and 100% of her ice cream. She ate a very small bite of brussel sprouts, none of the mashed potatoes or bread. No alternate was provided and no mechanical soft food was provided. Resident #1's meal ticket on her lunch tray reflected pureed texture, able to tolerate mechanical soft pleasure feeds as desired. There were no assistance instructions on the meal ticket and no one sat down to assist or encourage the resident to eat. (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview with CNA A on 08/09/24 at 10:39 AM revealed in the mornings, the restorative aide fed Resident #1 breakfast in bed, depending on how sleepy she was. For lunch, Resident #1 was usually taken to the dining room. If she only ate 2-3 bites for breakfast, CNA A stated she would usually eat lunch in the afternoon. CNA A stated sometimes staff fed her, sometimes they did not. She said Resident #1 was a feeder now because she is not even trying, not eating as much as she was. If we are late in getting her, we feed her here by the tv station (next to nurses station). CNA A never saw Resident #1 struggle to swallow but said the aides were all told by nursing staff that she was on a pureed diet. She stated the MPOA did not want Resident #1 on a pureed diet and would bring her vegetables that were mechanical soft and the Resident #1 ate everything family brought. CNA A stated she had never seen Resident #1 be offered anything that was mechanical soft to eat by staff. CNA A stated Resident #1 was losing weight and she could see that her eyes were starting to sink in and her collar bone was more pronounced. CNA A stated, The weight loss, I think is from not eating enough. To get her to eat more .She should be fed lunch and dinner. An interview with CNA B on 08/09/24 at 11:05 AM revealed when Resident #1 was sick with COVID last fall of 2023, she needed a lot of help at that time with being fed, but currently, she just needed some direction. CNA B stated Resident #1 was on a pureed diet and did not get any other type of food texture given to her from the facility, only through family when they brought her food to eat from outside the facility. CNA B stated, We cannot give her something other than pureed. We stick to the diet unless speech says otherwise. (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview with the DOR on 08/09/24 at 11:41 AM revealed a swallow study was requested by the MPOA after Resident #1 was admitted for hospice services. The DOR contacted hospice to ask of they would pay for the swallow study and they stated it was not warranted or necessary so they would not cover it. The DOR stated, We never saw a need for it as well, she is subjective on the eating or not eating of the puree, it depends on the day and her mood. The DON stated Resident #1 had an order for pleasure feeds for mechanical soft which meant if she was in a cognitive state for eating, such as not tired and wanted to eat, then the family could request a mechanical soft tray to give her because she had been deemed safe by speech for mechanical soft food. The DOR stated the decision to upgrade a diet was subjective on what the speech therapist wanted; we just never noted any change in her condition for it to be warranted for every meal. The DOR stated she did not remember why the family had requested Resident #1's diet be downgraded, only that the facility nurse did not request it. In April 2024, the family wanted to look at upgrading her diet back to mech soft, so speech did the evaluation and determined Resident #1 could tolerate a mechanical soft diet if her cognitive state allowed it. The DOR was asked, then who determines when it was safe for pleasure feeds of mech soft and she responded if she is alert enough, she can eat it. The DOR stated the staff (including CNAs) would determine if she was alert enough by just talking to her. If the resident was not alert and oriented (Resident #1 had a BIMS of 02) and no family present, then she did not know who was asking her or assessing her cognition and desire for a mech soft food/meals versus a pureed meal. She stated pleasure feeds meant if the resident requested or the family requested it. To upgrade a diet, the DOR stated that had to come from the speech therapist. She stated the speech therapist that had completed the evaluations on Resident #1 was no longer employed with the facility. The DOR stated she did not know why the speech therapist chose to write diet orders which reflected both puree and mech soft textures versus making a full mechanical soft diet. The DOR stated the down-grading of a diet could relate to potential weight loss because if the resident did not like it, they would not eat it. The DOR stated she was not sure if a modified barium swallow study was covered when a resident was on hospice services and who had to pay for it, the facility or hospice. If it was just a speech evaluation, she was sure traditional Medicare would pay for it, but the facility had not asked her to complete an updated re-evaluation for speech on Resident #1. The DOR stated it was in talks and the MPOA had requested it, but we didn't see a change in the patient and I know they were working other routes with health shakes to work on the weight loss. The DOR stated if Resident #1 had an increase in cognition or a good reason to evaluate her, they would have, but she was not told of any changes that would necessitate it. The DOR stated she did not realize the facility staff were not offering Resident #1 mechanical soft pleasure feeds. Record review of the last speech therapy evaluation completed on Resident #1 dated 04/10/24 reflected the following diagnoses: Adult failure to thrive (onset 4/10/2024), Muscle weakness (onset 4/10/2024) and Dysphagia, oropharyngeal phase (onset 04/10/24). Recommendations were Intake Diet Recs - Solids = Puree Consistencies, Pleasure feeding (pleasure feeds of mechanical soft textures); Diet Recs - Liquids = Thin liquids; Supervision for Oral Intake = Occasional supervision, Distant supervision, Close supervision; Strategies Swallow Strategies/Positions: To facilitate safety and efficiency, it is recommended the patient use the following strategies and/or maneuvers during oral intake: alternation of liquid/solids and bolus size modifications upright posture during meals and upright posture for >30 mins after meals. (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview with the Hospice DON on 08/09/24 at 11:55 AM reflected insurance coverage for a swallow study to be done could be an issue if a resident could not swallow and it was part of the disease process. She stated if the facility did a swallow evaluation and upgraded Resident #1 and insurance ended up not paying for it, the facility would have to eat the costs. However, the Hospice DON stated the hospice company could consider helping the facility if the cost was not covered as they have a speech therapist the hospice company contracted with that could be used. Regarding the appetite stimulant Mirtazapine/Remeron, the Hospice DON stated the hospice company was only reimbursed for medications that pertained to the resident's hospice admission diagnosis and the hospice physician and nursing judgement determined that as part of the initial assessment. Any medications not related to a resident's hospice admission diagnosis would have to come from another payor source. An observation of lunch on 08/09/24 at 12:10 PM revealed Resident #1 was brought her pureed tray of food and was served pureed tray of a lumpy orange pureed jello substance, a dark green puree and a small bowl of a yellowish brown puree, red juice and water at 12:10 PM. Her meal ticket listed she was served Regular Diet Puree Level 4 texture, NAS, a pork chop, macaroni and cheese, fresh zucchini, bread, margarine, red velvet cake, pudding and lemonade. None of those items were observed. Resident #1 sat in her wheelchair looking around throughout the lunch service. She was observed to eat one bite. No staff sat with her for about 15 minutes while four were observed walking around serving trays in the dining room. Around 12:25 PM, a staff member sat with the resident but did not offer any other food to her, to include an alternate pureed meal or a mechanical soft meal. Resident #1 was offered the pureed meal in front of her and turned her head no. The CNA tried to pick her fork up and Resident #1 took it and sat it back down on the table. The CNA got up after about five minutes and ADON G told her if Resident #1 ate less than 50%, offer her a health shake and encourage. The CNA then went to another table with a different resident and took him out of the dining room in his wheel chair. ADON F was observed to bring Resident #1 a health shake, opened it, did not say anything to Resident #1 and sat it on the table in arm's reach and walked away. Resident #1 did not reach for it and did not drink it. Another staff member walked by and asked her if she was okay and Resident #1 motioned to her mouth and said her mouth was hurting. The staff member told her, Your teeth don't have nothing to do with drinking and brought her red juice with straw to her mouth to drink. That staff member then left the dining room to talk to another resident. During these observations, no one was consistently observed to sit with Resident #1 and encourage her to eat and offer alternate food, to include mech soft food. Around 12:35 PM, ADON F sat down and asked Resident #1 was there anything else she wanted to eat. Resident #1 said no, ADON F said okay. ADON F never specifically offered a name of the food or meal to the resident, nor did she present her with a visual option of a mech soft meal. Additionally, Resident #1 was observed to not be given pudding and ice cream which was on her meal diet and diet orders to help encourage weight gain. An observation of a weight taken by CNA B on 08/09/23 at 1:01 PM reflected Resident #'1 weight was 132 pounds. (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview with the Hospice RN on 08/09/24 at 1:25 PM reflected Resident #1 came onto hospice services on 02/24/24 for palliative care. After a hospital stay in February 2024, Resident #1 came back to the facility on a pureed diet. Remeron was considered an appetite stimulant and hospice was end of life where they did not actively try to make a resident eat more. The hospice RN stated hospice had never provided Remeron to Resident #1 when she initially came onto hospice services and the facility told the MPOA if they wanted to continue on Remeron, it would be a cost incurred by the family and the family did not want to pay for it. Then there was a lapse in the prescription for a length of time and on 07/23/24, the Hospice RN stated she received a text and call from the MPOA who really wanted the Remeron to be given to Resident #1 because she felt it would save her life. The MPOA told her Resident #1's attending physician had written the order for depression and that should qualify the resident to continue receiving it. The Hospice RN stated she called the Hospice MD who said it was not worth the fight, the attending physician as on a cruise so they could nor talk with her, So we just assumed it (paying for it). An interview with the Hospice MD who was also the facility's Medical Director on 08/09/24 at 1:30 PM revealed the MPOA did no[TRUNCATED]