

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495420	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Albemarle Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1540 Founders Place Charlottesville, VA 22902	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21875</p> <p>Based on resident interview, staff interview, and clinical record review, the facility staff failed to accommodate a preference for showers twice each week for one of five residents in the survey sample (Resident #1).</p> <p>The findings include:</p> <p>Resident #1 (R1) was admitted to the facility with diagnoses that included congestive heart failure, hypertension, arthritis, and lymphedema. The minimum data set (MDS) dated [DATE] assessed R1 as cognitively intact and as requiring supervision and/or touch assistance with bathing.</p> <p>On 11/12/24 at 1:10 p.m., R1 was interviewed about his shower schedule and preference for bathing. R1 stated he wanted two showers each week. R1 stated at times he did not receive twice weekly showers according to his preference.</p> <p>R1's clinical record documented the resident did not receive showers twice per week during February 2024 and March 2024. R1's bath/shower records documented the resident had no showers during the week of 2/11/24 through 2/17/24; one shower (on 2/22/24) during the week of 2/18/24 to 2/24/24; one shower (on 2/28/24) during the week of 2/25/24 to 3/2/24; one shower (on 3/4/24) during week of 3/3/24 to 3/9/24; no showers during week of 3/10/24 to 3/16/24; one shower (on 3/20/24) during week of 3/17/24 to 3/23/24; and no showers from 3/24/24 to 3/31/24. The clinical record documented no mention of resident refusals or any explanation about why scheduled showers were not done.</p> <p>The certified nurses' aide routinely responsible for R1's showers during February 2024 and March 2024 was not available for interview, as she no longer worked at the facility.</p> <p>On 11/13/24 at 9:35 a.m., the licensed practical nurse unit manager (LPN #2) was interviewed about R1's showers. LPN #2 stated residents wanting showers were scheduled for showers twice per week. LPN #2 stated any shower refusals were supposed to be documented. LPN #2 stated she reviewed the clinical record and found no documented refusals or reasons the showers were not done.</p> <p>On 11/13/24 at 3:45 p.m., the director of nursing (DON) was interviewed about R1's missed showers in February and March (2024). The DON stated he was not working in the facility during the February/March 2024 time and could not speak to why the showers were not done.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>This finding was reviewed with the administrator, director of nursing, and regional director of clinical services during a meeting on 11/13/24 at 4:00 p.m. with no further information presented prior to the end of the survey.</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21875</p> <p>Based on staff interview, facility document review, and clinical record review, the facility staff failed to follow professional standards of care for one of five residents in the survey sample (Resident #1).</p> <p>The findings include:</p> <p>Nursing staff failed to document treatments provided to Resident #1 at the time the care was provided.</p> <p>Resident #1 (R1) was admitted to the facility with diagnoses that included congestive heart failure, hypertension, arthritis, and lymphedema. The minimum data set (MDS) dated [DATE] assessed R1 as cognitively intact.</p> <p>R1's clinical record documented physician orders for the following treatments listed with the date ordered:</p> <p>8/14/24 - Zeasorb-AF external powder 2%, apply to abdominal folds, gluteal cleft and behind left knee topically every day and evening shift for treatment of yeast.</p> <p>8/24/24 - Apply zinc barrier cream twice per day to intergluteal cleft discoloration and leave open to air.</p> <p>8/24/24 - Change bilateral Circaid wraps every day, inspect skin, wash/dry legs, apply lotion with new pair of liners each day shift.</p> <p>R1's treatment administration records (TARs) were reviewed from 9/1/24 through 11/13/24. The TARs had incomplete documentation regarding the physician ordered treatments.</p> <p>Zeasorb-AF external powder 2% was not signed off as completed during the evening shift on 9/9/24, 9/20/24, 9/27/24, 9/30/24, 10/9/24, and 11/9/24; not signed off on the day shift on 10/14/24.</p> <p>Zinc barrier cream was not signed off on the evening shift on 10/9/24, 10/20/24, 10/27/24, 10/30/24, 10/9/24, and 11/9/24; not signed off on the day shift on 10/14/24.</p> <p>Circaid wraps were not signed off as completed on 10/14/24 and 10/18/24.</p> <p>R1's clinical record including nursing notes, made no mention that treatments were not performed and there were no documented resident refusals of the treatments.</p> <p>On 11/12/24 at 3:40 p.m., R1's missing TAR documentation was reviewed with licensed practical nurse unit manager (LPN #2) and the director of nursing (DON). The DON stated at this time that nurses were expected to sign-off the TAR immediately after care was provided.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/13/24 at 11:00 a.m., LPN #2 stated that she had contacted the nurses caring for R1 on the dates with missing treatment documentation. LPN #2 presented statements from each nurse documenting the treatments were completed as ordered but that the nurses failed to document the care provided. Several statements documented the treatments/care were witnessed by an accompanying certified nurses' aide. LPN #2 stated nurses were expected to document all treatments at the time the care was provided.</p> <p>On 11/14/24 at 8:10 a.m., the DON stated the nurses providing R1's treatments did not document the care provided as required. The DON stated it was nursing 101 and a standard of practice for nurses to document care at the time performed.</p> <p>The facility's policy titled Administration Procedures for All Medications (revised 8/2020) documented, . Medications will be administered in a safe and effective manner. The guidelines in this policy apply to all medications . After administration, return to cart, replace medication container .and document administration in the MAR [medication administration record] or TAR .</p> <p>The Lippincott Manual of Nursing Practice 11th edition documented on page 15 concerning common departures from the standards of nursing care, .Legal claims most commonly made against professional nurses include the following departures from appropriate care: failure to .follow physician orders, follow appropriate nursing measures, communicate information about the patient, adhere to facility policy or procedure, document appropriate information in the medical record . Included in a list of common departures from standards of care on page 15 was, .Failure to make prompt, accurate entries in a patients' medical record . (1)</p> <p>This finding was reviewed with the administrator, director of nursing, and regional director of clinical services during a meeting on 11/13/24 at 4:00 p.m. with no further information presented prior to the end of the survey.</p> <p>(1) [NAME], [NAME] M. Lippincott Manual of Nursing Practice. Philadelphia: Wolters Kluwer Health/[NAME] & [NAME], 2019.</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21875</p> <p>Based on staff interview and clinical record review, the facility staff failed to follow physician orders for one of five residents in the survey sample (Resident #1).</p> <p>The findings include:</p> <p>Resident #1 did not have topical powder and zinc barrier cream applied or leg wraps changed as ordered by the physician.</p> <p>Resident #1 (R1) was admitted to the facility with diagnoses that included congestive heart failure, hypertension, arthritis, and lymphedema. The minimum data set (MDS) dated [DATE] assessed R1 as cognitively intact.</p> <p>R1's clinical record documented orders for the following treatments:</p> <p>8/14/24 - Zeasorb-AF external powder 2%, apply to abdominal folds, gluteal cleft and behind left knee topically every day and evening shift for treatment of yeast.</p> <p>8/24/24 - Apply zinc barrier cream twice per day to intergluteal cleft discoloration and leave open to air.</p> <p>8/24/24 - Change bilateral Circaid wraps every day, inspect skin, wash/dry legs, apply lotion with new pair of liners each day shift.</p> <p>R1's clinical record documented the orders for the Zeasorb powder, zinc cream, and Circaid wraps were not completed on 10/29/24. R1's treatment administration record on 10/29/24 was blank. R1's clinical record documented no resident refusal of the treatments and provided no explanation of why the treatments were not done.</p> <p>On 11/12/24 at 3:40 p.m., R1's missing TAR documentation was reviewed with licensed practical nurse unit manager (LPN #2) and the director of nursing (DON). The DON stated at this time that nurses were expected to sign-off the TAR immediately after care was provided.</p> <p>On 11/13/24 at 11:00 a.m., LPN #2 stated that she had contacted the nurse providing care for R1 on 10/29/24. LPN #2 stated that the nurse reported that she did not change R1's leg wraps, apply the zinc cream or the Zeasorb powder as ordered on 10/29/24. LPN #2 stated there was no explanation of why the care was not done as ordered.</p> <p>R1's plan of care (revised 10/30/24) documented the resident had skin impairments related to lymphedema and was at risk of skin breakdown due to fragile skin and chronic health conditions. Interventions to prevent/heal skin impairments included, .Leg wraps/care as ordered to bilateral lower extremities .Treatment as ordered .</p> <p>(continued on next page)</p>		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	This finding was reviewed with the administrator, director of nursing, and regional director of clinical services during a meeting on 11/13/24 at 4:00 p.m. with no further information presented prior to the end of the survey.		

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28106</p> <p>Based on observation, resident interview, staff interview, and clinical record review, the facility staff failed to ensure a therapeutic diet and provide foods correctly per meal ticket for four of five residents in the survey sample (Residents #1 through #4).</p> <p>The findings include:</p> <p>1. Resident #2 (R2) was not provided a diabetic diet for lunch and was not provided foods per meal ticket for breakfast.</p> <p>Resident #3 (R3) was not provided a diabetic diet for lunch.</p> <p>Resident #4 (R4) was not provided foods per meal ticket for breakfast.</p> <p>The R2's clinical record indicated that R2 had diagnoses that included Diabetes, anemia, and anorexia. MDS (minimal Data Set) dated 11/5/24 indicated R2 was severely cognitively impaired.</p> <p>The R3's clinical record indicated that R3 had diagnoses that included: Diabetes, gout, and obesity. MDS (minimal Data Set) dated 9/30/24 indicated R3 was severely cognitively impaired.</p> <p>The R4's clinical record indicated that R4 had diagnoses that included: neuropathy and dysphasia. MDS (minimal Data Set) dated 9/1/24 indicated R4 was moderately cognitively impaired.</p> <p>On 11/12/24 at 12:30 p.m., lunch service and dining observations were made on the 100 and 400 units. On the 100 unit, R2's meal ticket was verified against the meal served. The meal ticket indicated R2 was to receive a diabetic diet that included a half a chocolate cup cake, but R2 was served a whole cup cake. The serving line was also observed and did not indicate any cup cakes were pre-cut in half.</p> <p>The 400 unit was then observed, R3 was also to receive a diabetic diet per the meal ticket, but also received a whole cup cake, instead of the noted half cup cake. The serving line was observed and did not indicate any cup cakes were pre-cut in half.</p> <p>The diabetic meal ticket was then compared to a regular diet ticket, which indicated that the only difference of the tickets was the serving size of the cup cake (a half for a diabetic and a whole piece for a regular).</p> <p>On 11/12/24 at 2:45 p.m., the dietary manager (other staff, OS #8) was interviewed regarding the above finding. OS #8 reviewed the meal tickets and verbalized that the software program defaults to what is supposed to be served based on the diet ordered and that the residents are supposed to be receiving what is on the ticket.</p> <p>(continued on next page)</p>		

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 11/13/24 at 8:30 a.m., breakfast was observed on the 100 unit. R2's meal ticket was verified against the meal served. R2 was missing 8 ounces of 2% milk and 3/4 cup of grits. When asked about the missing items, R2 verbalized not knowing where the missing food was. At this time a staff server came to the table, reviewed the meal ticket, and asked R2 if she would like the milk and grits. R2 replied, I want what I'm supposed to get.</p> <p>R4's meal ticket was also compared to the meal served and evidenced that the meal served was missing a sausage patty. R4 verbalized wanting the sausage patty.</p> <p>When asked if there were sausage patties available to be served, the dietary aide serving breakfast (identified as OS #5) indicated that there were. When asked several times the reason for not serving R4 a sausage patty, OS #5 appeared reluctant to answer the question. When asked if she didn't see the sausage patty on the meal ticket, OS #5 responded, Yeah.</p> <p>On 11/13/24 at 3:45 the above finding was presented to the administrator and director of nursing. No other information was presented prior to exit conference on 11/14/24.</p> <p>21875</p> <p>2. Resident #1 was not served foods according to the meal ticket. Resident #1's meal ticket inaccurately documented the resident had a 1500 ml (milliliter) per day fluid restriction.</p> <p>Resident #1 (R1) was admitted to the facility with diagnoses that included congestive heart failure, hypertension, arthritis and lymphedema. The minimum data set (MDS) dated [DATE] assessed R1 as cognitively intact.</p> <p>On 11/12/24 at 1:10 p.m., R1 was observed with lunch. The foods served to R1 were compared to the meal ticket provided with the meal. R1 was served two baked chicken breasts, mashed potatoes, mixed vegetables, a roll, chocolate cupcake and yogurt. R1's meal ticket included the baked chicken, yogurt and vegetables but did not list the mashed potatoes, roll or cupcake. The ticket listed a tossed salad with dressing that was not served with the meal and documented the resident was on a 1500 ml per day fluid restriction. R1 was interviewed at this time about foods served. R1 stated he rarely was served meals according to the ticket. R1 stated he frequently was served foods that he was not supposed to have or did not want. R1 stated he did not want the potatoes, roll, cupcake or the mixed vegetables and he did not know why he was served these items as they were not listed on the ticket. R1 stated he wanted the tossed salad and that was not provided with the meal. R1 stated he was on a fluid restriction a long time ago but did not have a current order for a fluid restriction.</p> <p>R1 presented his meal ticket from lunch on 11/10/24. The meal ticket documented a double portion of baked chicken breast, vegetable, tossed salad with dressing and yogurt and listed the resident had a 1500 ml fluid restriction. R1 had marked the ticket indicating he did not receive the yogurt, vegetable or tossed salad. R1 stated a roll was served that was not listed on the ticket and the yogurt, salad and vegetable were not provided.</p> <p>(continued on next page)</p>

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R1's clinical record documented a physician's order dated 8/23/24 for a heart healthy/low salt, regular textured diet with instructions for no pork products, no fried or breaded foods, no high sodium soups, no prepackaged hamburgers, chicken patties, salted frozen meatballs, chicken thighs, canned fruit or cooked vegetables. The order recommended baked chicken, fresh vegetables, fruit and yogurt. The clinical record documented no current physician's order for a 1500 ml fluid restriction.</p> <p>On 11/13/24 at 2:00 p.m., the dietary manager (other staff #8) was interviewed about R1's meal tickets and foods served not matching the tickets. The dietary manager stated she was aware the fluid restriction on the meal ticket was inaccurate but that she did not know how to revise the information in the ticket system. The dietary manager stated she thought there was a software issue regarding the inaccurate ticket information. The dietary manager stated kitchen employees were supposed to serve foods as listed on the ticket that included resident preferences and therapeutic foods. The dietary manager stated the meal tickets for R1's lunch meals were not followed. The dietary manager did not know why R1 was not served a salad as listed.</p> <p>This finding was reviewed with the administrator, director of nursing and regional director of clinical services during a meeting on 11/13/24 at 4:00 p.m. with no further information presented prior to the end of the survey.</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>21875</p> <p>Based on staff interview and facility document review, the facility staff failed to provide sufficient dietary staff to provide timely meal delivery on four of four units.</p> <p>The findings include:</p> <p>There was an insufficient number of dietary staff working on 6/9/24 to provide preparation and service of breakfast for residents within the facility.</p> <p>Review of the dietary department as-worked schedule for 6/9/24 revealed that no dietary employees worked in the main kitchen, other than the dietary manager. A hand-written employee schedule documented one cook, and five dietary aides were scheduled to work on 6/9/24 from 6:00 a.m. until 2:00 p.m. This schedule documented the cook and the five dietary aides either called out, went home, or were a no-show on 6/9/24.</p> <p>On 11/12/24 at 3:10 p.m., the dietary manager (other staff #8) was interviewed about kitchen staff on 6/9/24. The dietary manager stated that she was newly hired on 6/4/24. The dietary manager stated there were conflicts with the cook working at that time and all the kitchen staff scheduled for the day shift on 6/9/24 did not show for work. The dietary manager stated that she made the decision to provide cereal and milk for a continental breakfast, so she could concentrate on getting help and lunch prepared. The dietary manager stated the standard breakfast was not served on any of the units with the cereal/milk provided to residents around 10:30 a.m. The dietary manager stated a cook and an employee from another facility came in to assist with food prep but did not stay long. The dietary manager stated a dietary aide (other staff #9) came in later that morning to assist with lunch preparation. The dietary manager stated lunch and dinner were served at scheduled times but there was no cooked breakfast served. The dietary manager stated kitchen employees were contracted by the facility to provide food services. The dietary manager stated she contacted her regional director, and she thought they contacted the facility administrator about the lack of staff. The dietary manager stated she that did not anticipate all the employees not showing for work in 6/9/24 and again stated she made the decision to provide cereal/milk so lunch and dinner would be on schedule. The dietary manager stated she typically needed one cook and at least four dietary aides for timely meal service in the facility.</p> <p>On 11/12/24 at 3:30 p.m., the dietary aide (other staff #9) that assisted with meal service on 6/9/24 was interviewed. The dietary aide stated she was not scheduled to work on 6/9/24 but came in because there was no help. The dietary aide stated, Everybody called out that day. The dietary aide stated she did not know why those scheduled did not come to work on 6/9/24. The dietary aide said that call outs happened occasionally, and she frequently volunteered to fill-in. The dietary aide stated most of those employees no longer worked at the facility. The dietary aide stated 6/9/24 was unusual because all those scheduled to work did not show up. The dietary aide stated there was no cooked breakfast, only cereal/milk provided but that lunch was prepared and served on-time.</p> <p>(continued on next page)</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 11/13/24 at 3:45 p.m., the administrator and director of nursing (DON) were interviewed about no kitchen staff on 6/9/24. The administrator stated that she was new to the facility and was made aware that kitchen staff had called out. The administrator stated that she should have asked more questions about the staffing issue and did not realize at that time the significance of the missing staff. The administrator stated she and the dietary manager were new and there was poor communication about the meal service that day. The administrator stated that she did not realize breakfast was not being prepared. The administrator stated if the dietary manager had fully informed her of the situation and decision not to prepare breakfast, she would have brought in facility staff to assist as needed. The DON stated cereal, milk, and juice were served to residents around 10:30 a.m. and there were no issues experienced by residents due to the modified breakfast. The DON stated lunch and dinner were prepared that day and served on-time. The administrator stated again that there was poor communication concerning the staffing issue.</p> <p>This finding was reviewed with the administrator, DON and regional director of clinical services during a meeting on 11/13/24 at 4:00 p.m. with no further information presented prior to the end of the survey.</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>21875</p> <p>Based on resident interview, observation, staff interview, and facility document review, the facility staff failed to provide food at an appetizing temperature on one of four units (200-unit).</p> <p>The findings include:</p> <p>Review of monthly resident council minutes from May 2024 through October 2024 revealed ongoing complaints from residents about meals served with foods not at adequate temperature. There was no documented follow up on the council minutes regarding interventions or actions taken in response to the food complaints.</p> <p>On 11/12/24 at 1:10 p.m., the resident council president (Resident #1) was interviewed about any resident concerns with food/meals. The council president stated that residents reported and complained about cold food all the time. The council president stated cold food had been brought up in most of the council meetings during the last several months.</p> <p>On 11/12/24 at 12:20 p.m., the meal service from the 200-unit kitchenette was observed. The dietary aide (other staff #6) checked food temperatures, with multiple food items measured below the required 135 degrees (F). Steam table holding temperatures of the foods in degrees (F) were as follows:</p> <p>Sliced ham/glaze = 152.2</p> <p>Mashed potatoes = 162.1</p> <p>Mixed vegetables = 153.1</p> <p>Pureed ham = 130.4</p> <p>Ground ham = 123.8</p> <p>Chicken breasts = 121.8</p> <p>Pureed vegetable = 127.2</p> <p>The dietary aide did not reheat any of the foods below the 135-degree minimum. Food service continued from the steam table.</p> <p>On 11/12/24 at 1:00 p.m., accompanied by dietary aide (other staff #6), a sample plate was tasted. The ham, mashed potatoes, and mixed vegetables tasted warm but not hot. When asked if he routinely checked food temperatures at the steam table prior to serving, the dietary aide stated that he thought the temperatures were checked in the kitchen.</p> <p>(continued on next page)</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/13/24 at 10:35 a.m., the registered dietitian (RD - other staff #10) was interviewed. The RD stated he performed a monthly audit and audits in the kitchenettes. The RD stated residents frequently complained about cold food or foods not being hot enough. The RD stated that he was not sure about the source of the cold food complaints.</p> <p>On 11/13/24 at 2:00 p.m., the dietary manager (other staff #8) was interviewed about the food served from the 200-unit that was warm and not hot. The dietary manager stated that she had been in the facility since June 2024 and occasionally had complaints about cold food mostly from new residents. The dietary manager stated that she was not aware of ongoing resident concerns with cold food. The dietary manager stated she attended resident council meetings at times and that she rounded and performed table touches to get resident feedback. The dietary manager stated that she was not aware of the foods served below the minimum temperature or that residents had ongoing complaints with cold food.</p> <p>These findings were reviewed with the administrator, director of nursing, and regional nurse consultant during a meeting on 11/13/24 at 4:00 p.m., with no further information presented prior to the end of the survey.</p>

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21875</p> <p>Based on resident interview, staff interview, clinical record review, and facility document review, the facility staff failed to provide foods accommodating resident preferences for one of five residents in the survey sample (Resident #1).</p> <p>The findings include:</p> <p>Resident #1's food preferences were not honored.</p> <p>According to the clinical record review, Resident #1 (R1) was admitted to the facility with diagnoses that included congestive heart failure, hypertension, arthritis, and lymphedema. Also documented was a minimum data set (MDS) dated [DATE], which assessed R1 as cognitively intact.</p> <p>On 11/12/24 at 1:10 p.m., R1 was observed with lunch. The foods served to R1 were compared to the meal ticket provided with the meal. R1 was served two baked chicken breasts, mashed potatoes, mixed vegetables, a roll, chocolate cupcake and yogurt. R1's meal ticket included the baked chicken, yogurt, and vegetables but did not list the mashed potatoes, roll, or cupcake. The ticket listed a tossed salad with dressing, which was not served with the meal. R1 was interviewed at this time about foods served. R1 stated he rarely was served meals according to his preferences. R1 stated that facility staff knew he did not eat potatoes, canned vegetables, or the chocolate cupcake. R1 stated he frequently was served foods that he was not supposed to have or did not want. R1 stated he did not want the potatoes, roll, cupcake, or the mixed vegetables and that he did not know why he was served these items as they were not listed on the ticket. R1 stated that he wanted the tossed salad and that was not provided with the meal.</p> <p>R1 presented his meal ticket from lunch on 11/10/24. The meal ticket documented a double portion of baked chicken breast, vegetable, tossed salad with dressing, and yogurt. R1 had marked the ticket indicating that he did not receive the yogurt, vegetable, or tossed salad. R1 stated a roll was served that was not listed on the ticket and the yogurt, salad, and vegetable were not provided as per his preference.</p> <p>R1's clinical record documented a physician's order dated 8/23/24 for a heart healthy/low salt, regular textured diet with instructions for no pork products, no fried or breaded foods, no high sodium soups, no prepackaged hamburgers, chicken patties, salted frozen meatballs, chicken thighs, canned fruit or cooked vegetables. The order recommended baked chicken, fresh vegetables, fruit and yogurt.</p> <p>On 11/13/24 at 2:00 p.m., the dietary manager (other staff #8) was interviewed about R1's meal tickets and foods served not matching the tickets that were based on the resident's preferences. The dietary manager stated kitchen employees were supposed to serve foods as listed on the ticket that included resident preferences and therapeutic foods. Reviewing the meal ticket, the dietary manager confirmed that the meal tickets for R1's lunch meals were not followed. The dietary manager did not know why R1 was not served a salad as listed.</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's plan of care (revised 10/30/24) documented the resident was at risk of complications related to obesity, heart failure, therapeutic diet, and diet non-compliance. Care plan interventions to prevent complications related to obesity/nutrition included 'therapeutic diet as ordered' and 'reviewing/honoring preferences for foods/snacks.'</p> <p>This finding was reviewed with the administrator, director of nursing, and regional director of clinical services during a meeting on 11/13/24 at 4:00 p.m., with no further information presented prior to the end of the survey.</p>

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21875</p> <p>Based on staff interview and facility document review, the facility staff failed to provide timely breakfast service on four of four units.</p> <p>The findings include:</p> <p>There was no cooked breakfast provided to residents in the facility on the morning of 6/9/24. Posted breakfast times were 8:00 a.m. on the 200 and 300 units and at 8:30 a.m. on the 100 and 400 units. Posted mealtimes documented dinner was served daily at 5:00 p.m. (200, 300 units) and 5:30 p.m. (100, 400 units).</p> <p>Review of the dietary department as-worked schedule for 6/9/24 revealed no dietary employees worked in the main kitchen. A hand-written employee schedule documented one cook and five dietary aides were scheduled to work on 6/9/24, from 6:00 a.m. until 2:00 p.m. This schedule documented the cook, and the five dietary aides either called out, went home, or were a no show on 6/9/24.</p> <p>On 11/12/24 at 3:10 p.m., the dietary manager (other staff #8) was interviewed about kitchen staff on 6/9/24. The dietary manager stated she was newly hired on 6/4/24. The dietary manager stated there were conflicts with the cook at that time and all the kitchen staff scheduled for the day shift on 6/9/24 did not show for work. The dietary manager stated she made the decision to provide cereal and milk for a continental breakfast so she could concentrate on getting help and lunch prepared. The dietary manager stated the standard breakfast was not served on any of the units, with the cereal/milk provided to residents around 10:30 a.m. The dietary manager stated a cook and an employee from another facility came in to assist with food prep but did not stay long. The dietary manager stated a dietary aide (other staff #9) came in later that morning to assist with lunch preparation. The dietary manager stated lunch and dinner were served at scheduled times but there was no cooked breakfast served. The dietary manager stated kitchen employees were contracted by the facility to provide food services. The dietary manager stated she contacted her regional director, and she thought they contacted the facility administrator about the lack of staff. The dietary manager stated she did not anticipate all the employees not showing for work in 6/9/24 and again stated she made the decision to provide cereal/milk so lunch and dinner would be on schedule. The dietary manager stated she typically needed one cook and at least four dietary aides for timely meal service in the facility.</p> <p>On 11/12/24 at 3:30 p.m., the dietary aide (other staff #9) that assisted with meal service on 6/9/24 was interviewed. The dietary aide stated she was not scheduled to work on 6/9/24 but came in because there was no help. The dietary aide stated, Everybody called out that day. The dietary aide stated she did not know why those scheduled did not come to work on 6/9/24. The dietary aide stated that call outs happened occasionally, and she frequently volunteered to fill-in. The dietary aide stated 6/9/24 was unusual because all those scheduled to work did not show. The dietary aide stated there was no cooked breakfast, only cereal & milk were provided but that lunch was prepared and served on-time.</p> <p>(continued on next page)</p>		

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 11/13/24 at 3:45 p.m., the administrator and director of nursing (DON) were interviewed about no kitchen staff on 6/9/24. The administrator stated she was made aware that kitchen staff had called out. The administrator stated she should have asked more questions about the staffing issue and did not realize at that time the significance of the missing staff. The administrator stated she and the dietary manager were new and there was poor communication about the meal service that day. The administrator stated that she did not realize breakfast was not being prepared and served. The administrator stated that if the dietary manager had fully informed her of the situation and decision not to prepare breakfast, she would have brought in facility staff to assist as needed. The DON stated cereal, milk, and juice were served to residents around 10:30 a.m. and there were no issues experienced by residents due to the modified breakfast. The DON stated lunch and dinner were prepared that day and served on-time. The administrator stated again that there was poor communication concerning the staffing issue. The administrator stated meals were expected to be served in a timely manner according to the posted schedule.</p> <p>The facility's policy titled Frequency of Meals (revised 10/2019) documented, . It is the center policy to provide at least three meals daily, at regular times comparable to normal mealtimes in the community. The time between the a substantial evening meal and breakfast the following day will not exceed 14 hours, except when a nourishing snack is served at bedtime. Up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span and a substantial evening snack is provided . The Dining [NAME] Director [dietary manager] will ensure that each meal is served within the designated time frame unless there is an emergent situation or a resident request . (sic)</p> <p>This finding was reviewed with the administrator, DON, and regional director of clinical services during a meeting on 11/13/24 at 4:00 p.m., with no further information presented prior to the end of the survey.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21875</p> <p>Based on observation, staff interview, and facility document review, the facility staff failed to store, prepare, and serve food in a sanitary manner from the main kitchen and on two of four kitchenettes (200-unit, 300-unit).</p> <p>The findings include:</p> <p>In the main kitchen, multiple food items were stored beyond use-by dates, with no prep dates and/or opened dates and/or were unsealed in the freezer. Bulk condiment storage containers, flour/sugar bins and the manual can opener were dirty. An employee was observed in the kitchen during meal preparation without a hair restraint. Employee food items were stored in the walk-in refrigerator. On the 200 and 300 units, foods were held on the kitchenette steam tables below recommended safe temperatures and served to residents without reheating.</p> <p>a) The main kitchen was inspected on 11/12/24 at 10:50 a.m., accompanied by the dietary manager (other staff #8). Observed stored in the walk-in refrigerator was a plastic bag containing chopped chicken, cheese, and tortillas. The dietary manager stated this bag of food belonged to the cook and should not be stored in the kitchen's refrigerator. There was a pan of leftover macaroni salad in the refrigerator with no label indicating date prepared or a use-by date. There was a large container of leftover rice pudding prepared on 11/2/24. The dietary manager stated the rice pudding had been stored beyond seven days and should have been discarded. There were gallon containers of mustard, mayonnaise, and salad dressing stored on an upper shelf. The outside of each of these containers was smeared with mustard, mayonnaise, and dressing, making it impossible to pick up without getting the product on hands. A bag of frozen chopped carrots and a bag of frozen green peas were stored in the walk-in freezer. These bags were unsealed exposing the peas and carrots to air. During this inspection, a facility employee entered the kitchen without a hair restraint, and had a discussion with the dietary manager. The employee was not instructed to apply a hair net and had entered the kitchen during lunch preparation. The dietary manager identified this person as the speech therapist. The bulk flour bin was observed dirty with yellow/brown drips/stains along the edge of the bin top. There was a mug positioned inside the container nested in the flour. The bulk sugar bin was also dirty with yellow/brown stains/debris on the top. There was a bowl located inside the container nested in the sugar. The bench mounted can opener was dirty with black, brown buildup noted on the blade and on the mounted bracket. The dietary manager stated the can opener was supposed to go through the dishwasher at least once per day. The dietary manager stated kitchen employees knew to label and date foods when prepped and/or opened and that leftovers were supposed to be discarded after seven days.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>b) On 11/12/24 at 12:20 p.m., the meal service from the 200-unit kitchenette was observed. Temperature of the foods on the steam table was requested. After leaving the kitchenette to find a thermometer, the dietary aide (other staff #6) checked food temperatures, with multiple food items measuring below the required 135 degrees (F). A pan of pureed ham measured 130.4 degrees (F), ground ham measured 123.8 degrees (F); chicken breasts measured 121.8 degrees (F), and pureed vegetables measured at 127.2 degrees (F). The dietary aide did not reheat any of the low temperature foods and continued to serve residents from the steam table. When asked if he usually checked temperatures prior to food service, the dietary aide (other staff #6) stated the temperatures were usually checked in the kitchen.</p> <p>On 11/12/24 at 12:38 p.m., the meal service from the 300-unit kitchenette was observed. Temperature of the foods on the steam table was requested. After leaving the kitchenette to find a thermometer, the dietary aide (other staff #7) checked food temperatures, with multiple food items measuring below the required 135 degrees (F). A large pan of sliced ham/glaze measured 134.2 degrees (F), pureed vegetables measured 111.7 degrees (F), and ground ham measured 123.0 degrees (F). The dietary aide did not reheat any of the food items found below 135 degrees (F) and continued to plate and serve food to the remaining eight residents on the unit. When asked about checking food temperatures at the steam table, the dietary aide stated the temperatures were checked in the kitchen.</p> <p>On 11/13/24 at 2:00 p.m., the dietary manager (other staff #8) was interviewed about the main kitchen observations and low food temps on the 200 and 300-unit steam tables. The dietary manager stated employee food was not supposed to be stored in the kitchen refrigerator. The dietary manager stated she did not have a scoop for the bulk flour and sugar, so employees were using a mug and/or bowl to retrieve the product. The dietary manager stated scoops were not supposed to be stored in the flour/sugar. The dietary manager stated servers in the kitchenettes were supposed to be checking food temperatures at the steam table. The dietary manager stated foods below the 135 degrees (F) were supposed to be removed and reheated prior to serving. The dietary manager state she did not realize the servers were not checking steam table temperatures.</p> <p>The facility policy titled Food Safety FS-[NAME]-SOP (revised 8/13/24) documented regarding employee personal items. Personal belongings should not be stored in preparation, production, storage, and warewashing areas .</p> <p>The facility's Food Storage Chart (undated) documented leftovers including deli meats, salads, opened canned fruits, and pudding should be stored in the refrigerator for no longer than 7 days, with day 1 considered the date of preparation.</p> <p>The facility's procedure titled TCS Food Labeling Guide (2024) documented. All TCS [temperature control for safety] food we prepare and keep for over 24 hours must be labeled and used within 7 days .</p> <p>The facility's policy titled Staff Attire (undated) documented. It is the center policy that all Dining Services [Services] employees wear approved attire for the performance of their duties .The Dining Services Director insures all staff members have their hair off the shoulders, confined in a hair net or cap .</p> <p>The kitchen's cleaning schedule (undated) documented daily and weekly cleaning of food containers, bins, and food preparation equipment.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The U.S. Food Code 2022 documents on page 3-28 that hot holding temperatures of time/temperature control for safety foods shall be maintained at or above 135 degrees (F).</p> <p>These findings were reviewed with the administrator, director of nursing, and regional nurse consultant during a meeting on 11/13/24 at 4:00 p.m., with no further information provided prior to the end of the survey.</p>		