

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525685	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/10/2025
NAME OF PROVIDER OR SUPPLIER  Plymouth Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE  916 E Clifford St Plymouth, WI 53073	

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)
F 0803  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.  (continued on next page)

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observation, staff interview, record review, and facility policy review, the facility did not provide mechanically altered diets as ordered by the physician for 2 residents (R) (R4 and R5) of 2 sampled residents. Failure to provide diets as ordered by the physician places residents at risk for malnutrition, choking, and aspiration. Findings include: The facility's undated Therapeutic Diets policy indicates: All residents have a diet order, including regular, therapeutic, and texture modification that is prescribed by the attending physician, physician extender, or credentialed practitioner in accordance with applicable regulatory guidelines. Mechanically altered diet means one in which the texture of the diet is altered. When the texture is modified, the type of texture must be specific and part of the physician's or delegated registered or licensed dietitian's order. An L3/Advanced diet consists of mechanical advanced, soft, chopped, soft and bite-sized. The food consists of foods of varying textures with the exception of very hard, sticky, or crunchy foods. Foods need to be served moist and ground, chopped, or in bite-sized pieces (less than 1 inch). 1. A Face Sheet contained in R4's medical record revealed an admission date of 4/4/24 with medical diagnoses that included unspecified dementia, type 2 diabetes, and unspecified severe protein-calorie malnutrition. R4's current care plan, dated 10/23/24, indicated: I am at increased nutritional risk related to history of (type 2 diabetes mellitus), dementia/Alzheimer's disease, and low (Body Mass Index). Interventions included: Palliative care: Will accept food and fluids as desired and/or tolerated. Will exhibit no chewing or swallowing problems with current diet texture as evidenced by no (signs/symptoms) of aspiration, choking, or complaints of difficulty eating. R4's Physician's Order Report, dated 1/27/25, indicated: Diet: L3/Advanced texture, Regular/thin consistency, no room trays. R4's Quarterly Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 5/21/25, revealed R4 had a Brief Interview for Mental Status (BIMS) score of 4 out of 15 which indicated R4 had severe cognitive impairment. The MDS assessment also indicated R4 experienced coughing or choking during meals during the assessment period. 2. A Face Sheet contained in R5's medical record revealed an admission date of 10/06/14 with medical diagnoses that included dementia with severe agitation, Alzheimer's disease, and vascular dementia, severe with agitation. R5's care plan, dated 2/21/24, indicated: Potential for alteration in nutrition due to obesity and (diagnosis) of dementia. Approaches included: The resident will not develop complications related to obesity, including skin breakdown, ineffective breathing pattern, altered cardiac output, diabetes, impaired mobility through review date. Will continue to feed self. R5's physician order, dated 1/27/25, indicated: Diet: L3/Advanced texture, Regular/thin consistency, liberalize diet (due to) advanced age and dementia (diagnosis). R5's Quarterly MDS assessment, with an ARD of 5/30/25, revealed R5 had a BIMS score of 3 out of 15 which indicated R5 had severely impaired cognition. The MDS assessment also indicated R5 experienced coughing or choking during meals during the assessment period. On 7/9/25 at 12:45 PM, Certified Nurse Aide (CNA)1 asked Surveyor to look at R4 and R5's meal trays. Both residents had cubed pork loin in a dish. The cubes were hard and greater than one inch in size. R4 and R5 also had broccoli spears that were firm to the touch with a fork. Tray cards revealed R4 and R5 were to have ground meat and broccoli soft and mashed. During an interview on 7/9/25 at 1:00 PM, Dietary Aide (DA)7 revealed the meat was supposed to be ground but the blender that was used to chop food was broken. DA7 indicated the Dietary Manager (DM) brought a blender from home and would not let staff use the Robot Coupe (professional food blender) in the kitchen. On 7/9/25 at 4:30 PM, the DM stated R4 and R5 had problems with swallowing and chewing and were to receive an L3/Advanced diet with soft, bite-sized foods at meals. The DM confirmed staff should not have served R4 and R5 the pork loin in chunks and indicated the pork loin should have been in smaller pieces and the broccoli should have been soft and mashed. The DM stated the Robot Coupe was available and the DM had not told staff not to use it. During a phone interview on 7/9/25 at 5:30 PM, the Registered Dietitian (RD) stated an L3/Advanced diet allows for bite sizes up to one inch, although the food should be soft. During an interview on 7/10/25 at 9:00 AM, the Director of Nursing (DON) stated a resident's menu card/diet card should be followed. The DON stated both R4 and R5 had severe dementia and had trouble with eating. The DON indicated R4 and R5 ate slowly, had to be encouraged to eat, and their food must be softened.</p>		