

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555114	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/19/2024
NAME OF PROVIDER OR SUPPLIER  Driftwood Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4109 Emerald St Torrance, CA 90503	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49145</b></p> <p>Based on interview and record review the facility failed to ensure resident's medical records were updated to show documentation that an advance directive (legal document that states your wishes for medical care if you are unable to communicate with them due to illness or injury) was discussed and written information was provided to the resident or responsible party for one out of three sampled residents (Resident 72).</p> <p>This failure resulted in a violation of the residents' and/or residents representatives' right to be fully informed of the option to formulate their advance directive and had the potential to cause conflict with the resident's wishes regarding health care.</p> <p>Findings:</p> <p>During a review of Resident 72's Admission Record, Resident 72 was admitted [DATE], with a diagnosis of encephalopathy (damage or disease that affects the brain), intracerebral hemorrhage (a type of stroke that causes bleeding in your head) and heart failure (heart doesn't pump enough blood for your body's needs).</p> <p>During a review of Resident 72's Minimum Data Set (MDS- a standardized assessment and screening tool) dated May 27, 2024, the MDS indicated Resident 72 had a Brief Interview for Mental Status (BIMS- indicates a patient's cognitive function) score of 6. A BIMS score of 6 indicates severe cognitive impairment.</p> <p>During a review of Resident 72's Physician Orders for Life-Sustaining Treatment (POLST- - a portable medical order form that records patients' treatment wishes so that emergency personnel know what treatments the patient wants in the event of a medical emergency taking the patient's current medical condition into consideration. A POLST form is not an advance directive), the advance directive section (Section D) was left blank.</p> <p>During a concurrent interview and record review on 8/15/2024 at 11:58 a.m., with Registered Nurse Supervisor (RNS) 1, RNS 1 state there was no advance directive formulated for Resident 72 or documentation that written information regarding the resident's right to formulate an advance directive. RNS 1 stated it's important to have an advance directive or documentation that it was offered in the residents' medical record for legal purposes.</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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 8/16/2024 at 9:40 a.m. with Social Services Director (SSD) 2, SSD 2 stated she did not follow up on Resident 72's advance directive. SSD 2 stated it's important for residents to have an advance directive or needs to be offered regarding advance directive's because if they are cognitively impaired and unable to make decisions, they know what care to provide based on their wishes.</p> <p>During a concurrent interview and record review on 8/16/2024, at 1:15 p.m., with the Director of Nursing (DON), the DON verbally confirmed there was no advance directive or documentation regarding advance directive's being offered in Resident 72's medical record. The DON stated that not having an advance directive can be a problem because they will not know what Resident 72's wishes are and what care to provide.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Advance Directive, dated 7/31/2024, the P&amp;P indicated Upon admission, the Admissions Staff or Designee will provide written information to the resident concerning his or her right to make decisions concerning medical care; including the right to accept or refuse medical or surgical treatment, and the right to formulate advance directives. During the Social Service Assessment process, the Director of Social Services or Designee will also ask the resident if they have a written advance directive.</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45891</p> <p>Based an observation, interview, and record review the facility failed to ensure nursing staff including licensed vocational nurses (LVNs) and certified nursing assistants (CNAs) were competent on food textures including physician prescribed diet of dysphagia (difficulty chewing and swallowing) minced and moist diet (mechanical-soft texture modified diet for difficulty chewing and swallowing) to ensure correct food consistency were distributed to seven of eight sampled residents (Resident 10, 11, 50, 53, 62, 81, and 83).</p> <p>This deficient practice resulted in Resident 10, 11, 50, 53, 62, 81, and 83 received a lunch tray on 8/14/2024 that contained a ground pimento cheese salad sandwich (sandwich included 2 slices of white bread, including the crust, with a scoop of ground pimento cheese in between the bread, sliced in half) while on a dysphagia minced and moist (ground) diet. This deficient practice placed Resident 10, 11, 50, 53, 62, 81, and 83 at risk for aspiration (when food, liquid, or other material enters a person's airway and eventually the lungs), choking (life threatening condition where an object such as food lodges in the throat blocking the flow of air), and death.</p> <p>Findings:</p> <p>1. During a review of Resident 10's Admission Record, the Admission Record indicated Resident 10 was admitted to the facility 9/13/2023 with diagnoses including dysphagia, unspecified dementia (loss of memory, language, problem-solving and other thinking abilities), and major depressive disorder (a mental disorder that causes a persistent low mood and loss of interest in activities that are normally enjoyable).</p> <p>During a review of Resident 10's care plan titled, Nutritional Problem initiated on 9/15/2023, the care plan indicated the goal for Resident 10 was to maintain adequate nutritional status as evidenced by maintaining the resident weight within five percent (%) of current weight and to have no signs or symptoms (s/s) of malnutrition (lack of proper nutrition, caused by not having enough to eat or not eating enough). The care plan interventions included monitoring, documenting, and reporting any s/s of dysphagia: food pocketing (a common term for when people with dementia keep food in their cheeks or the back of their mouth instead of swallowing it), choking, coughing, drooling, and several attempts at swallowing as well as providing and serving the resident's diet as ordered by the physician.</p> <p>During a review of Resident 10's Minimum Data Set ([MDS] a standardized assessment and care screening tool) dated 6/21/2024, the MDS indicated Resident 10 had severe impairment in cognitive (ability to think, understand, learn, and remember) skills for daily decision making. The MDS indicated Resident 10 required setup or clean-up assistance while eating but was able to eat by herself.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 10's Speech Therapist ([ ST] a licensed professional aimed in the prevention, assessment, and treatment of speech, language, communicative, and swallowing disorders) Evaluation and Plan of Treatment dated 6/27/2024, the ST Evaluation and Plan of Treatment indicated ST has seen Resident 10 for a clinical swallowing evaluation (procedure used to assess how well a person swallows) due to increased concerns of aspiration after an event of low tolerance of regular texture solid food diet when the resident was coughing and required oral suctioning (remove food and/ or liquid from mouth and throat with a suction machine). The ST Evaluation and Plan of Treatment indicated a recommendation for puree (blended) diet and thin liquids with strict adherence to swallowing precautions such as sitting up while eating, small bites, eating slowly, and alternating solids and liquids. ST Evaluation and Plan of Treatment indicated the goal for Resident 10 was to increase the ability to safely swallow a minced and moist consistency to facilitate transition to a more complex food consistency.</p> <p>During a review of Resident 10's Physician's Order Summary Report, the Physician's Order Summary Report dated 7/17/2024 indicated an order for a dysphagia mechanical soft texture, regular/ thin consistency liquids, ground (finely chopped) food.</p> <p>During a review of Resident 10's ST Treatment Encounter Note dated 7/23/2024, the ST Treatment Encounter Note indicated Resident 10 was seen for dysphagia and to continue with the mechanical soft, ground texture foods.</p> <p>2. During a review of Resident 11's Admission Record, the Admission Record indicated Resident 11 was admitted to the facility on [DATE] with diagnoses including dementia and dysphagia.,</p> <p>During a review of Resident 11's ST Evaluation and Plan of Treatment dated 10/17/2023, indicated Resident 11 was evaluated by ST to assess the resident's swallowing function and readiness to upgrade her diet from pureed foods. The ST Evaluation and Plan of Treatment indicated Resident 11 had a history of aspiration pneumonia (a lung infection that occurs when food, liquid, or other foreign objects are inhaled into the lungs instead of being swallowed). The ST recommendation was to continue with the pureed diet with goal for Resident 11 to safely swallow a minced and moist consistency diet.</p> <p>During a review of Resident 11's ST Treatment Encounter Note dated 11/21/2023, indicated Resident 11 was seen for dysphagia treatment and tolerated a mechanical soft ground texture (minced and moist) diet.</p> <p>During a review of Resident 11's care plan titled, At risk for aspiration- receiving a mechanical soft, ground food diet revised on 2/28/2024 indicated goal for Resident 11 not to have episodes of aspiration. The care plan interventions included for Resident 11 to receive therapeutic diet and diet texture modifications as ordered by the physician.</p> <p>During a review of Resident 11's MDS dated [DATE], the MDS indicated Resident 11 had severe impairment of cognitive skills for daily decision making. The MDS indicated Resident 11 required setup or clean-up assistance while eating but was able to eat by herself. The MDS indicated Resident 11 complained of difficulty or pain while swallowing.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>6. During a review of Resident 81's Admission Record, the Admission Record indicated Resident 81 was admitted to the facility on [DATE] with diagnoses including acute kidney failure, muscle weakness, depressive episodes, and cognitive communication deficit.</p> <p>During a review of Resident 81's care plan titled, Nutritional problem or potential nutritional problem related to poor appetite initiated 7/11/2024, the care plan indicated Resident 81's goal was to provide Resident 81's diet as ordered by the physician and monitoring for any signs of dysphagia.</p> <p>During a review of Resident 81's MDS dated [DATE], the MDS indicated Resident 81 had severe impairment in cognitive skills for daily decision making. The MDS indicated Resident 81 needed substantial/ maximal assistance (staff does more than half the effort) for eating.</p> <p>During a review of Resident 81's ST Evaluation and Plan of Treatment dated 7/25/2024, the ST Evaluation and Plan of Treatment indicated Resident 81 was evaluated due to communication deficits and dysphagia with residue remaining in the oral cavity (mouth) while eating. The ST Evaluation and Plan of Treatment indicated ST recommended to downgrade the resident's diet to a minced and moist diet for dysphagia and swallow precautions (steps taken to ensure safe swallowing and prevent aspiration).</p> <p>During a review of Resident 81's Physician's Order Report, dated 8/2/2024, the Physician's Order Report, indicated and order for a mechanical soft texture, regular/ thin consistency liquids, for mechanical soft ground foods.</p> <p>During a review of Resident 81's ST Treatment Encounter Note dated 8/12/2024, the ST Treatment Encounter Note indicated Resident 81 was seen to address swallowing safety and swallowing dysfunction and ST recommended a minced moist diet.</p> <p>7. During a review of Resident 83's Admission Record, the Admission Record indicated Resident 83 was admitted to the facility 7/17/2024 with diagnoses including dysphagia, autistic disorder (a neurological and developmental disorder that affects how people interact with others, communicate, learn, and behave).</p> <p>During a review of Resident 83's MDS dated [DATE], the MDS indicated Resident 83 was rarely or never understood. The MDS indicated eating was not attempted during the MDS review. The MDS indicated Resident 83 was dependent (staff does all the effort) on staff for eating. The MDS indicated Resident 83 was on a mechanically altered diet and complained of difficulty or pain with swallowing.</p> <p>During a review of Resident 83's care plan titled, At risk for Aspiration dated 7/30/2024 indicated the resident was started on a dysphagia mechanical soft texture, regular/ thin consistency liquids, ground texture. The care plan goal for Resident 83 included to demonstrate correct eating technique to maximize swallowing and Resident 83 would not show any signs of aspiration. The care plan interventions included to provide Resident 83 with the diet per physician's order and to monitor the resident for signs and symptoms of aspiration.</p> <p>During a review of Resident 83's Physician's Order Summary Report, the Physician's Order Summary Report indicated an order dated 7/30/2024 for a dysphagia mechanical soft texture, with regular/ thin consistency liquids, ground texture diet and observe the resident for alertness, food pocketing, coughing per swallowing protocol (guidelines or procedures used to assess and manage residents with swallowing difficulties).</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 8/15/2024 at 4:24 p.m., the DON stated the licensed nurses who were checking the meal trays with pimento cheese sandwiches served on bread that was not minced, should have returned the trays to the kitchen due to incorrect food texture posing a choking hazard. The DON stated CNAs should also recognize the proper diet consistencies and food texture and bring it to the licensed nurse's attention when serving trays.</p> <p>During a review of the facility's Long Term Care Diet Manual by DiningRD.com 2022 edition, the Diet Manual indicated the International Dysphagia Diet Standardization Initiative ([IDDSI] a global framework that provides standardized definitions and terminology for describing thickened liquids[ liquids that have been made thicker to help residents who have difficulty swallowing) and texture modified foods) level 5- Minced and Moist (MM5) dysphagia diet was designed for individuals with mild to moderate oral dysphagia. Foods will conform to this diet if they are ground, moist, and of the size that would fit between the tongs of a typical fork. The Diet Manual indicated to avoid breads such as soft bread, rolls, cake, and crackers unless the breads are modified to a fine, soft bread crumb texture and moistened.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled Dining Program dated 1/1/2012, the P&amp;P indicated licensed nurses were to check the Residents meals against the attending physician orders. The P&amp;P indicated the CNAs were to check diet cards (meal tickets) against the meal served and notify the dietary department of any discrepancies. The P&amp;P indicated the dietary staff was to check the tray cards (meal tickets) against the meal served at tray line and correct any discrepancies.</p> <p>During a review of the facility's P&amp;P titled Dysphagia Diets and Thickened Liquids dated 1/1/2012, the P&amp;P indicated the purpose of the policy was to provide appropriate food and fluid consistencies to residents with dysphagia or swallowing problems, to ensure adequate hydration and diminish the risk for asphyxiation (the process of being deprived of oxygen).</p> <p>(Cross reference: F805, and F802)</p> <p>49145</p>		

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NAME OF PROVIDER OR SUPPLIER  Driftwood Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4109 Emerald St Torrance, CA 90503	

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44443</b></p> <p>Based on observation, interview, and record review, the facility failed to:</p> <ul style="list-style-type: none"> <li>a. ensure follow up appointment for dental pain evaluation/ referral was completed for one out of two sampled residents (Resident 51).</li> <li>b. ensure follow up appointment for routine foot care podiatry (study of feet) evaluation/ referral was completed for one out of two sampled residents, Resident 56.</li> </ul> <p>These deficient practices resulted in a delay of necessary foot care and dental services.</p> <p>Findings:</p> <p>During a review of Resident 51's Admission record ([Face sheet] a document that provides brief patient information), dated 8/16/2024, the face sheet indicated, Resident 51 was originally admitted on [DATE] and re- admitted on [DATE]. Diagnosis included Type 2 Diabetes Mellitus (chronic condition that affects how the body processes sugar) with chronic kidney disease ([CKD] a condition characterized by a gradual loss of kidney function over time), unspecified severe protein- calorie malnutrition (insufficient intake or absorption of food), legal blindness, and end stage renal disease (permanent loss of kidney function) .</p> <p>During a review of Resident 51 History and Physical (H&amp;P), dated 6/26/2024, the H &amp; P indicated Residents 51 had the capacity to understand and make decisions.</p> <p>During a review of Residents 51 Minimum Data Set ([MDS] a standardized assessment and care screening tool), dated 7/1/2024, the MDS indicated, Resident 51 cognition (thinking) was intact. Residents 51 had the ability to understand and to be understood by others.</p> <p>During a review of Resident 51's care plans dated 7/3/2024, there was not a care plan developed for Resident 51's pain for his back teeth.</p> <p>During a review of Resident 51's Order Summary Report (physician orders), dated 1/20/2024, the physician orders indicated, Resident 51 had a physician order for dental consultation as needed for treatment as indicated.</p> <p>During a review of Resident 51's dental notes, dated 7/9/2024, indicated Resident 51 was seen by the dentist and had pain on teeth numbers 14, 16, and 18 and had been waiting for the endo and oral surgery (OS) for a while. The dental notes also indicated a follow up appointment as soon as possible (ASAP) for endo referral for teeth numbers 14 and 18 and an OS referral for tooth number 16.</p> <p>(continued on next page)</p>

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review, on 8/16/2024, at 1:18 p.m., with the Social Service Director (SSD), the SSD stated that she was responsible for the referrals from the doctors and scheduling the appointments. When a referral is made by the dentist then the facility waits for the dentist to send the referral to the facility, then the referral signed by the resident's primary doctor is faxed and emailed back to the dentist who submits the referral to the insurance company for authorization. The SSD further stated once the resident is seen by the dentist, the dental notes are reviewed by social services and uploaded to the computer system. SSD 2 also assists with referrals as well and we also have a book to keep track of which residents have referrals, which I just got and forgot to put the referral in the book. Resident 51 needs to have oral surgery for a root canal. SSD 1 stated the referral appointment should have been completed but it was overlooked and stated the importance of following up on the resident's referrals is so the resident's concern can be addressed and there is not a delay in treatment.</p> <p>During an interview on 8/16/2024, at 2:08 p.m., with the Director of Nursing (DON), the DON stated the social worker is responsible for the referrals when the referral is received from the dentist. The dentist gives the paperwork to the social worker along with a list of residents that has been seen and which residents need a referral. The social worker submits the referral to the dentist office who submits the referral to the insurance company and then SSD schedules the appointment once the authorization is received, or SSD follows up with the dentist office to get status of authorization.</p> <p>b. During a review of Resident 56's (Face sheet dated 8/16/2024, the Face sheet indicated, Resident 56 was originally admitted on [DATE] and readmitted on [DATE]. Diagnosis included muscle weakness and other abnormalities of gait (walk) and mobility.</p> <p>During a review of Resident 56's History and Physical (H&amp;P), dated 7/22/2024, indicated, Resident 56 had the capacity to understand and make decisions.</p> <p>During a review of Resident 56's MDS dated [DATE], indicated, Resident 56 had mildly impaired cognition, had the ability to understand and had the ability to be understood by others.</p> <p>During a review of Resident 56's Order Summary Report (physician orders), dated 7/22/2024, indicated, Resident 56 had a physician order for podiatry service as clinically indicated.</p> <p>During a review of Resident 56's podiatric consultation and report, dated 7/16/2024, indicated, thickened elongated toenails with subungual debris (a crusty substance that forms under the nail and is caused by a fungal infection of the nail bed) bilateral, pain on palpation to the toes bilateral, and podiatrist (foot doctor) plan was for Resident 56 to come to doctor office for further assistance for debridement of thick toe nail.</p> <p>During an interview on 8/13/2024, at 11:04 a.m., with Resident 56, stated, her toenails looked terrible. Resident 56 had requested her toenails to be trimmed every time a nurse came to her room and the nurse response was that she would tell someone but stated no one ever came back and told Resident 56 anything.</p> <p>During an interview on 8/15/2024, at 8:24 a.m., with CNA 1, stated, Resident 56 mentioned to her last week that she wanted to see a podiatrist to have her toenails trimmed, but it slipped her mind and forgot to let the charge nurse know and she should have let the charge nurse know about Resident 56 request.</p> <p>(continued on next page)</p>		

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 8/15/2024, at 8:38 a.m., with Licensed Vocational Nurse (LVN 1), in Resident 56 room, Resident 56 toenails on both feet were observed to be thick and long. LVN 1 stated Resident 56 toenails should not be long because long toenails can cause discomfort when rubbing against the sheets, when Resident 56 has socks or shoes on, and can cause infection.</p> <p>During a concurrent interview and record review on 8/15/2024, at 8:41 a.m., Resident 56 physician orders dated 7/22/24 were reviewed with LVN 1. The physician order indicated podiatry services as clinically indicated. What clinically indicated meant was if LVN 1 assess that something was wrong or if Resident 56 made a request, then LVN 1 would let the doctor know. LVN 1 states that she does weekly charting which includes a head-to-toe assessment and LVN 1 stated she did a quick glance of Resident 56 from head to toe, when passing Resident 56 medications but didn't check Resident 56 toenails and uncover her toes so it wasn't a thorough assessment. LVN 1 stated she should have looked at Resident 56 toenails for any infection and fungal infections and condition of her toenails so the doctor could have been notified.</p> <p>During a concurrent interview on 8/15/2024 with Registered Nurse Supervisor (RNS1), and record review of the weekly long term care evaluation progress notes dated 7/13/2024 RNS1 stated there is no note indicating the condition of Resident 56 thick long toenails, RNS 1 further stated the nurse assessments are completed weekly by the charge nurse and the RN. The reason the toenails should be checked, and toenails trimmed is so that Resident 56 does not get an infection or scratch her skin.</p> <p>During an interview on 8/15/2024, at 1:37 p.m., with the podiatrist (POD), stated rounds at the facility is done every two months or sometimes sooner if the patient has a wound and the patient must make an appointment. Social services usually call me and makes an appointment.</p> <p>During an interview on 8/15/2024, at 1:45 p.m., with Social Worker Director (SSD), stated she was responsible for making the resident's doctor appointments when the specialists such as dentists, podiatrist, or other specialists come. Once the doctor is finished making rounds, the doctor gives a list of the residents that have been seen and then the chart is checked for the doctor notes so that the appointments can be made. Resident 56 doctor appointment was overlooked.</p> <p>During an interview on 8/15/2024, at 1:50 p.m., with the Director of Nursing (DON), stated, the social worker is responsible for making the doctor appointments and arranging transportation but the nurses such as the charge nurses and registered nurse supervisors should also read the doctor notes so that the nurses also know what is going on with the resident. It shouldn't just be the social worker, everyone including the nurse is included in planning the care for the resident.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Foot- Care dated 1/1/2012, indicated, foot care is provided to residents as a component of a resident's hygienic program. Procedure includes report any unusual observations to the charge nurse for follow up and document the procedure in the resident's medical record.</p> <p>During a review of the facility's P&amp;P titled, Oral Healthcare &amp; Dental Services, dated 7/14/2017, indicated the social services staff/ designee is responsible for assisting with arranging necessary dental appointments. All requests for routine and emergency dental services should be directed to the social services staff/ designee to ensure that appointments are made in a timely manner. Social Services will document extenuating circumstances that led to delayed referrals.</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45891</p> <p>Based on observation, interview, and record review the facility failed to ensure dietary staff including the registered dietician (RD), dietary supervisor (DS), the cook (CK 1), and dietary aide (DA 1) were competent about preparing and serving a physician prescribed diet for dysphagia (difficulty chewing and swallowing) minced and moist diet (mechanical-soft texture modified diet for difficulty chewing and swallowing).</p> <p>As a result of this deficient practice, 7 out of 8 sampled residents (Resident 10, resident 11, Resident 50, Resident 53, Resident 62, Resident 81, and Resident 83) on a dysphagia minced and moist (ground) diet received a lunch tray on 8/14/2024 that contained a ground pimento cheese salad sandwich (sandwich included 2 slices of white bread, including the crust, with a scoop of ground pimento cheese in between the bread, sliced in half). This deficient practice placed Resident 10, Resident 11, Resident 50, Resident 53, Resident 62, Resident 81, and Resident 83 at risk for aspiration (breathing in a foreign object. For example, sucking food into the airway), choking (life threatening condition where an object such as food lodges in the throat or windpipe blocking the flow of air), and death.</p> <p>Findings:</p> <p>1. During a review of Resident 10's Admission Record, the Admission Record indicated Resident 10 was admitted to the facility 9/13/2023 with diagnoses including dysphagia, unspecified dementia (loss of memory, language, problem-solving and other thinking abilities), and major depressive disorder (a mental disorder that causes a persistent low mood and loss of interest in activities that are normally enjoyable).</p> <p>During a review of Resident 10's care plan titled, Nutritional Problem initiated on 9/15/2023, the care plan indicated the goal for Resident 10 was to maintain adequate nutritional status as evidenced by maintaining the resident weight within five percent (%) of current weight and to have no signs or symptoms (s/s) of malnutrition (lack of proper nutrition, caused by not having enough to eat or not eating enough). The care plan interventions included monitoring, documenting, and reporting any s/s of dysphagia: food pocketing (a common term for when people with dementia keep food in their cheeks or the back of their mouth instead of swallowing it), choking, coughing, drooling, and several attempts at swallowing as well as providing and serving the resident's diet as ordered by the physician.</p> <p>During a review of Resident 10's Minimum Data Set ([MDS] a standardized assessment and care screening tool) dated 6/21/2024, the MDS indicated Resident 10 had severe impairment in cognitive (ability to think, understand, learn, and remember) skills for daily decision making. The MDS indicated Resident 10 required setup or clean-up assistance while eating but was able to eat by herself.</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 - Some</p>	<p>During a review of Resident 10's Speech Therapist ([ ST] a licensed professional aimed in the prevention, assessment, and treatment of speech, language, communicative, and swallowing disorders) Evaluation and Plan of Treatment dated 6/27/2024, the ST Evaluation and Plan of Treatment indicated ST has seen Resident 10 for a clinical swallowing evaluation (procedure used to assess how well a person swallows) due to increased concerns of aspiration after an event of low tolerance of regular texture solid food diet when the resident was coughing and required oral suctioning (remove food and/ or liquid from mouth and throat with a suction machine). The ST Evaluation and Plan of Treatment indicated a recommendation for puree (blended) diet and thin liquids with strict adherence to swallowing precautions such as sitting up while eating, small bites, eating slowly, and alternating solids and liquids. ST Evaluation and Plan of Treatment indicated the goal for Resident 10 was to increase the ability to safely swallow a minced and moist consistency to facilitate transition to a more complex food consistency.</p> <p>During a review of Resident 10's Physician's Order Summary Report, the Physician's Order Summary Report dated 7/17/2024 indicated an order for a dysphagia mechanical soft texture, regular/ thin consistency liquids, ground (finely chopped) food.</p> <p>During a review of Resident 10's ST Treatment Encounter Note dated 7/23/2024, the ST Treatment Encounter Note indicated Resident 10 was seen for dysphagia and to continue with the mechanical soft, ground texture foods.</p> <p>2. During a review of Resident 11's Admission Record, the Admission Record indicated Resident 11 was admitted to the facility on [DATE] with diagnoses including dementia and dysphagia.,</p> <p>During a review of Resident 11's ST Evaluation and Plan of Treatment dated 10/17/2023, indicated Resident 11 was evaluated by ST to assess the resident's swallowing function and readiness to upgrade her diet from pureed foods. The ST Evaluation and Plan of Treatment indicated Resident 11 had a history of aspiration pneumonia (a lung infection that occurs when food, liquid, or other foreign objects are inhaled into the lungs instead of being swallowed). The ST recommendation was to continue with the pureed diet with goal for Resident 11 to safely swallow a minced and moist consistency diet.</p> <p>During a review of Resident 11's ST Treatment Encounter Note dated 11/21/2023, indicated Resident 11 was seen for dysphagia treatment and tolerated a mechanical soft ground texture (minced and moist) diet.</p> <p>During a review of Resident 11's care plan titled, At risk for aspiration- receiving a mechanical soft, ground food diet revised on 2/28/2024 indicated goal for Resident 11 not to have episodes of aspiration. The care plan interventions included for Resident 11 to receive therapeutic diet and diet texture modifications as ordered by the physician.</p> <p>During a review of Resident 11's MDS dated [DATE], the MDS indicated Resident 11 had severe impairment of cognitive skills for daily decision making. The MDS indicated Resident 11 required setup or clean-up assistance while eating but was able to eat by herself. The MDS indicated Resident 11 complained of difficulty or pain while swallowing.</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 - Some</p>	<p>During a review of resident 11's Physician's Order Summary Report, the Physician's Order Summary Report dated 7/17/2024 indicated an order for dysphagia mechanical soft texture, regular/ thin consistency liquids, ground food. On 7/18/2024 there was a physician's order to assist Resident 11 with feeding as needed.</p> <p>3. During a review of Resident 50's Admission Record, the Admission Record indicated Resident 50 was admitted to the facility on [DATE] with diagnoses including cerebral infarction (occurs when blood flow to the brain was blocked, causing brain tissue to die), dysphagia, type 2 diabetes (a condition in which the body fails to process glucose (sugar) correctly) and dementia.</p> <p>During a review of Resident 50's ST Evaluation and Plan of Treatment dated 11/20/2023, indicated the goal for Resident 50 was to reduce risk of choking or coughing events and to safely swallow a minced and moist consistency diet. The ST Evaluation and Plan of Treatment indicated ST recommended to continue with the pureed diet.</p> <p>During a review of Resident 50's care plan titled, At risk for Aspiration initiated on 11/24/2023, the care plan indicated the goal for the resident included to not have any s/s of aspiration and to maintain safe swallowing. The care plan interventions included to provide diet as ordered by the physician and if a difficulty swallowing occurred to notify ST.</p> <p>During a review of Resident 50's ST Treatment Encounter Note dated 12/14/2023, indicated Resident 50 was seen for dysphagia treatment and evaluation of the resident's diet. The ST Treatment Encounter Note indicated ST recommended for Resident 50 to tolerate the mechanical soft, ground diet (minced and moist).</p> <p>During a review of Resident 50's MDS dated [DATE], the MDS indicated Resident 50 had severe impairment in cognitive skills for daily decision making. The MDS indicated Resident 50 required setup or clean-up assistance while eating but was able to eat by herself. The MDS indicated Resident 50 complained of difficulty or pain while swallowing and was on a mechanically altered diet.</p> <p>During a review of Resident 50's Physician's Order Summary Report, the Physician's the Order Summary Report indicated an order dated 7/17/2024 for a consistent carbohydrate diet ([CCHO], a restrictive eating plan that helps people with diabetes manage their blood sugar levels) dysphagia mechanical soft texture, regular/ thin consistency liquids, ground food.</p> <p>4. During a review of Resident 53's Admission Record, the Admission Record indicated Resident 53 was admitted to the facility on [DATE] with diagnoses including type 2 diabetes, dysphagia, cerebral infarction, and dementia.</p> <p>During a review of Resident 53's ST Evaluation and Plan of Treatment dated 5/1/2024, the ST Evaluation and Plan of Treatment indicated Resident 53 was evaluated for swallowing function with the goal to reduce risk of choking or coughing events and to tolerate safest and least restrictive diet without signs of aspiration. The ST Evaluation and Plan of Treatment indicated ST recommended to continue with the pureed diet.</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 - Some</p>	<p>During a review of Resident 53's care plan titled, Altered nutrition: on a Mechanically Altered, Therapeutic Diet and At Risk of Aspiration initiated 5/11/2024, indicated the goal for Resident 53 included not to have any signs of aspiration and Resident 53 will demonstrate correct eating techniques to maximize safe swallowing. The care plan interventions included serving the resident's diet and diet texture modifications as needed as ordered by the physician.</p> <p>During a review of Resident 53's Physician's Order Summary Report dated 7/11/2024, the Physician's Order Summary Report indicated an order for a CCHO diet, dysphagia mechanical soft texture, nectar thick (can be sip from a cup but require effort if taken via a straw) consistency liquids, and ground food.</p> <p>During a review of Resident 53's MDS dated [DATE], the MDS indicated Resident 53 had severely impaired cognitive skills for daily decision making. The MDS indicated Resident 53 required setup or clean-up assistance while eating but was able to eat by herself. The MDS indicated Resident 53 coughed or choked during meals and complained of difficulty or pain while swallowing. The MDS indicated Resident 53 was on a mechanically altered diet.</p> <p>During a review of Resident 53's ST Treatment Encounter Note dated 7/30/2024, the ST Treatment Encounter Note indicated Resident 53 was seen for dysphagia treatment and ST recommended to continue mechanical soft ground texture foods with mildly (nectar consistency) thick liquids.</p> <p>5. During a review of Resident 62's Admission Record, the Admission Record indicated Resident 62 was admitted to the facility 5/10/2023 with diagnoses including dysphagia, acute kidney failure (a sudden and often reversible decline in kidney function), muscle weakness, and atrial fibrillation (a rapid and irregular heartbeat).</p> <p>During a review of Resident 62's ST Treatment Encounter Note dated 2/1/2024, the ST Treatment Encounter Note indicated Resident 62 presented with mild oral dysphagia (difficulty swallowing) and ST recommended minced and moist foods, mechanical soft ground diet with thin liquids.</p> <p>During a review of Resident 62's MDS dated ,d+[DATE]/ 2024, the MDS indicated Resident 62 had moderately impaired cognitive skills for daily decision making. The MDS indicated Resident 62 required supervision or touching assistance (staff provides verbal cues/ and or steadying as the resident completes the activity) for eating. The MDS indicated Resident 62 was on a mechanically altered diet and complained of difficulty with swallowing.</p> <p>During a review of Resident 62's care plan titled, At risk for Aspiration initiated on 5/31/2023, the care plan indicated Resident 62's goal was not to have evidence of aspiration. The care plan interventions included to provide Resident 62 diet as and diet texture modifications per physician's order.</p> <p>During a review of Resident 62's Physician's Order Summary Report dated 7/17/2024, the Physician's Order Summary Report indicated an order for a regular diet, dysphagia mechanical soft texture, regular/ thin consistency liquids, ground food.</p> <p>During a review of Resident 62's Physician's Order Summary Report dated 8/23/2023 the Physician's Order Summary Report indicated to always assist Resident 62 with feeding.</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 - Some</p>	<p>6. During a review of Resident 81's Admission Record, the Admission Record indicated Resident 81 was admitted to the facility on [DATE] with diagnoses including acute kidney failure, muscle weakness, depressive episodes, and cognitive communication deficit.</p> <p>During a review of Resident 81's care plan titled, Nutritional problem or potential nutritional problem related to poor appetite initiated 7/11/2024, the care plan indicated Resident 81's goal was to provide Resident 81's diet as ordered by the physician and monitoring for any signs of dysphagia.</p> <p>During a review of Resident 81's MDS dated [DATE], the MDS indicated Resident 81 had severe impairment in cognitive skills for daily decision making. The MDS indicated Resident 81 needed substantial/ maximal assistance (staff does more than half the effort) for eating.</p> <p>During a review of Resident 81's ST Evaluation and Plan of Treatment dated 7/25/2024, the ST Evaluation and Plan of Treatment indicated Resident 81 was evaluated due to communication deficits and dysphagia with residue remaining in the oral cavity (mouth) while eating. The ST Evaluation and Plan of Treatment indicated ST recommended to downgrade the resident's diet to a minced and moist diet for dysphagia and swallow precautions (steps taken to ensure safe swallowing and prevent aspiration).</p> <p>During a review of Resident 81's Physician's Order Report, dated 8/2/2024, the Physician's Order Report, indicated and order for a mechanical soft texture, regular/ thin consistency liquids, for mechanical soft ground foods.</p> <p>During a review of Resident 81's ST Treatment Encounter Note dated 8/12/2024, the ST Treatment Encounter Note indicated Resident 81 was seen to address swallowing safety and swallowing dysfunction and ST recommended a minced moist diet.</p> <p>7. During a review of Resident 83's Admission Record, the Admission Record indicated Resident 83 was admitted to the facility 7/17/2024 with diagnoses including dysphagia, autistic disorder (a neurological and developmental disorder that affects how people interact with others, communicate, learn, and behave).</p> <p>During a review of Resident 83's MDS dated [DATE], the MDS indicated Resident 83 was rarely or never understood. The MDS indicated eating was not attempted during the MDS review. The MDS indicated Resident 83 was dependent (staff does all the effort) on staff for eating. The MDS indicated Resident 83 was on a mechanically altered diet and complained of difficulty or pain with swallowing.</p> <p>During a review of Resident 83's care plan titled, At risk for Aspiration dated 7/30/2024 indicated the resident was started on a dysphagia mechanical soft texture, regular/ thin consistency liquids, ground texture. The care plan goal for Resident 83 included to demonstrate correct eating technique to maximize swallowing and Resident 83 would not show any signs of aspiration. The care plan interventions included to provide Resident 83 with the diet per physician's order and to monitor the resident for signs and symptoms of aspiration.</p> <p>During a review of Resident 83's Physician's Order Summary Report, the Physician's Order Summary Report indicated an order dated 7/30/2024 for a dysphagia mechanical soft texture, with regular/ thin consistency liquids, ground texture diet and observe the resident for alertness, food pocketing, coughing per swallowing protocol (guidelines or procedures used to assess and manage residents with swallowing difficulties).</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 - Some</p>	<p>During a review of Resident 83's ST Treatment Encounter Note dated 8/1/2024, the ST Treatment Encounter Note indicated Resident 83 was seen for dysphagia treatment and ST recommended for Resident 83 to continue mechanical soft ground texture foods (minced and moist) and thin liquids.</p> <p>During a review of the facility's Diet Spreadsheet for Wednesday 8/14/2024, the Diet Spreadsheet indicated a grilled cheese sandwich was to be served for residents on a regular diet and a pimiento cheese sandwich to be served to residents on a therapeutic diet (a modification of a regular diet). The Diet Spreadsheet indicated a ground pimiento cheese sandwich was to be served to residents on a dysphagia minced and moist diet ([MM5] the diet code for minced and moist diet).</p> <p>During a review of the facility's ground pimiento cheese salad sandwich MM5 recipe, the MM5 recipe indicated bread was to be minced and assembled into a sandwich as follows:</p> <ol style="list-style-type: none"> <li>1. For each sandwich: place two slices of bread into a washed and sanitized food processor and pulse grind for 4-6 seconds to create a minced, bread crumb consistency.</li> <li>2. Placed minced bread into a bowl and spray with a vegetable pan spray or spritz with water or an appropriately prepared broth to moisten the bread (not soaked or wet).</li> <li>3. Divide the moistened minced breadcrumbs in half or portion the minced and moistened bread on a plate or in a sandwich mold.</li> <li>4. Portion and spread the ground/minced pimiento cheese salad with thick sauce or gravy over the bottom layer of minced bread and then top with the other portion of minced bread.</li> </ol> <p>During an observation of the kitchen tray line (a system of food preparation, in which trays move along an assembly line) on 8/14/2024 at 11:39 a.m., under the supervision of the DS and RD, a dietary aide (DA 1) was observed calling out the diets from a resident meal ticket (resident diet and food preference) and CK 1 was plating (arrangement of food on a plate) the lunch meal. CK 1 was observed plating the pimiento cheese sandwich for the meal tickets when DA 1 was calling out for dysphagia minced and moist diet and the mechanical chopped diets (a texture-modified diet that provides foods that are easy to swallow and require minimal chewing).</p> <p>During a concurrent observation and interview on 8/14/2024 at 12:25 p.m., with DS in the kitchen, the DS was asked to check Resident 53's lunch tray before the meal cart (transportation method to bring meal trays to the residents) went out to the resident room. Resident 53's meal ticket, on the tray, indicated the resident was on dysphagia minced and moist diet. However, Resident 53's tray was observed containing a pimiento cheese sandwich (ground pimiento cheese salad in between two white breads with crust, sliced in half). The DS stated, this sandwich was appropriate for Resident 53 based on the dietary spreadsheet and the tray with sandwich was observed sent out for delivery to Resident 53.</p> <p>During an interview on 8/14/2024 at 12:35 p.m., the RD stated the type of sandwich with ground pimiento cheese salad in between two non-minced and not moist two pieces of white bread with crust, sliced in half served to the residents on dysphagia minced and moist diet was appropriate based on the facility's Diet Spreadsheet. The RD stated, we must follow what corporate (umbrella company) wanted and this Diet spread Sheet was what they sent/approved.</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 - Some</p>	<p>During a concurrent interview and record review on 8/14/2024 at 2:33 p.m., the RD reviewed facility's Diet Manual (DiningRD.com 2022 edition) under dysphagia minced and moist diet (MM5) and stated the manual indicated foods to avoid for the dysphagia minced and moist diet included soft bread and rolls. The RD stated the potential outcome of giving residents on MM5 diet foods that were supposed to be avoided placed the residents at the risk for choking, aspiration, and respiratory distress (stop breathing). The RD stated it was not appropriate to serve the ground pimento cheese salad sandwich on a regular slice of soft that was not minced and was not moist white bread with crust to Resident 10, 11, 50, 53, 62, 81, and 83, who were on the dysphagia minced and moist diet.</p> <p>During an interview on 8/14/2024 at 2:55 p.m., CK 1 stated when she was preparing food for lunch on 8/14/2024, she was looking at the Dietary Spreadsheet and read the dysphagia minced and moist diet the same as the mechanical soft diet. CK 1 stated for dysphagia minced and moist diet whole sandwich should be ground up, but it was overlooked, and CK 1 was not paying attention. CK 1 did not provide an answer as to why the dysphagia minced and moist menu was not followed and stated, I do not know what happened. CK 1 stated all residents, including Resident 10, 11, 50, 53, 62, 81, and 83 who were on dysphagia minced and moist diet, received the ground pimento cheese salad sandwich for lunch on 8/14/2024 served on bread that was not minced but on a regular slice of soft white bread.</p> <p>During an interview on 8/15/2024 at 9:49 a.m., DA 1 stated the usual presentation for a minced and moist diet looked like finely ground pieces and bread was usually soaked in a liquid. DA 1 stated she knew the bread did not look correct for the dysphagia diet, but she did not question it because CK 1 prepared the food, and she (CK 1) was the cook. DA 1 stated she should have brought up her concern to the DS. DA 1 stated if a wrong diet was given to the residents they could choke.</p> <p>During an interview on 8/15/2024 at 3:36 p.m., the DS stated he was not concerned about the ground pimiento cheese salad sandwich being served to the dysphagia residents until the RD read in Diet Manual what foods to avoid.</p> <p>During a review of the facility's Long Term Care Diet Manual by DiningRD.com 2022 edition, the Diet Manual indicated the International Dysphagia Diet Standardization Initiative ([IDDSI] a global framework that provides standardized definitions and terminology for describing thickened liquids[ liquids that have been made thicker to help residents who have difficulty swallowing) and texture modified foods) level 5- Minced and Moist (MM5) dysphagia diet was designed for individuals with mild to moderate oral dysphagia. Foods will conform to this diet if they are ground, moist, and of the size that would fit between the tongs of a typical fork. The Diet Manual indicated to avoid breads such as soft bread, rolls, cake, and crackers unless the breads are modified to a fine, soft bread crumb texture and moistened.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled Dining Program dated 1/1/2012, the P&amp;P indicated the dietary staff was to check the tray cards (meal tickets) against the meal served at tray line and correct any discrepancies.</p> <p>During a review of the facility's P&amp;P titled Dysphagia Diets and Thickened Liquids dated 1/1/2012, the P&amp;P indicated the purpose of the policy was to provide appropriate food and fluid consistencies to residents with dysphagia or swallowing problems, to ensure adequate hydration and diminish the risk for asphyxiation (the process of being deprived of oxygen).</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 - Some</p>	<p>During a review of the facility's P&amp;P titled Dietary Department- General dated 6/1/2014, the P&amp;P indicated the primary objective of the dietary department included preparation and provision of nutritionally adequate, well-balanced meals that are consistent with physician orders.</p> <p>During a review of the facility's P&amp;P titled Standardized Recipes dated 7/1/2014, the P&amp;P indicated the recipes would have adjustments or separate recipes for therapeutic and consistency modifications. The P&amp;P indicated the Dietary Manager or designee would monitor and routinely verify the recipes used by the cooks.</p> <p>During a review of the facility's job description for Registered Dietician dated 10/9/2023, the job description indicated their essential job duties included coordinating with the dietary manager (DS) to review the customization of the regular and therapeutic menus.</p> <p>(Cross reference F805, and F726 )</p>		

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<p>F 0805</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45891</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents, who were on dysphagia (difficulty chewing and swallowing) minced and moist (mechanical-soft texture modified diet for difficulty chewing and swallowing) diet received food consistent with diet order and according to the minced and moist diet menu recipe for seven of eight sampled resident (Resident 10, 11, 50, 53, 62, 81, and 83).</p> <p>The facility failed to:</p> <ol style="list-style-type: none"> <li>1. Ensure the Dietary Supervisor (DS), who was overseeing meal preparation, [NAME] (CK 1) who was preparing the residents' meals, and Licensed Vocational Nurse (LVN 4), who was validating the meal on residents' trays for diet appropriateness and food texture before meal was served to the residents, ensured Resident 10, 11, 50, 53, 62, 81, and 83 received correct food consistency per their prescribed diet.</li> <li>2. Ensure Resident 10, 11, 50, 53, 62, 81, and 83 did not receive a ground pimento cheese salad sandwich (sandwich included two slices of regular [not minced] white bread, including the crust, with a scoop of ground pimento cheese in between slices of bread, and sliced in half) on their lunch trays 8/14/2024, which was not in accordance with the residents' physician order.</li> <li>3. Ensure the dietary department followed the facility's policy and procedure (P&amp;P) titled, Dietary Department- General, which indicated the dietary department was to prepare and provide nutritionally adequate, well-balanced meals that were consistent with physician's diet order.</li> </ol> <p>These deficient practices resulted in Resident 10, 11, 50, 53, 62, 81, and 83 receiving a lunch tray on 8/14/2024 that contained a ground pimento cheese salad sandwich on a regular soft white bread which placed Resident 10, 11, 50, 53, 62, 81, and 83 at high risk for aspiration (condition when food, liquid, or other material enters a person's airway [passageway for air] and eventually the lungs), choking (life threatening condition where an object such as food lodges in the throat blocking the flow of air), and possible death.</p> <p>On 8/15/2024 at 4:56 p.m., an Immediate Jeopardy ([IJ] a situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause serious injury, harm, impairment, or death to a resident) was called in the presence of the facility's Director of Nursing (DON) and the Administrator (ADM) due to the facility's failure to ensure Residents 10, 11, 50, 53, 62, 81, and 83 received food consistent with their therapeutic diet ( diet that controls the intake of a certain foods) texture of dysphagia minced and moist diet.</p> <p>On 8/16/2024 at 4:20 p.m., the facility submitted an acceptable IJ Removal Plan ([IJRP] interventions to immediately correct the deficient practices). After onsite verification of the facility's IJRP's implementation through observation, interview, and record review, the IJ was removed on 8/16/2024 at 4:32 p.m., in the presence of the DON and ADM.</p> <p>The IJPR included the following immediate actions:</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>On 8/14/24 and 8/15/24, Resident 10 was assessed by a licensed nurse for any untoward effects from receiving food not consistent with mechanical soft diet (dysphagia minced and moist diet) texture. Resident remained in stable condition. The attending physician was notified.</p> <p>On 8/14/24 and 8/15/24, Resident 11 was assessed by a licensed nurse for any untoward effects from receiving food not consistent with mechanical soft diet texture. Resident remained in stable condition. The attending physician was notified.</p> <p>On 8/14/24 and 8/15/24, Resident 50 was assessed by a licensed nurse for any untoward effects from receiving food not consistent with mechanical soft diet texture. Resident remained in stable condition. The attending physician was notified.</p> <p>On 8/14/24 and 8/15/24, Resident 53 was assessed by a licensed nurse for any untoward effects from receiving food not consistent with mechanical soft diet texture. Resident remained in stable condition. The attending physician was notified.</p> <p>On 8/14/24 and 8/15/24, Resident 62 was assessed by a licensed nurse for any untoward effects from receiving food not consistent with mechanical soft diet texture. Resident remained in stable condition. The attending physician was notified.</p> <p>On 8/14/24 and 8/15/24, Resident 81 was assessed by a licensed nurse for any untoward effects from receiving food not consistent with mechanical soft diet texture. Resident remained in stable condition. The attending physician was notified.</p> <p>On 8/14/24 and 8/15/24, Resident 83 was assessed by a licensed nurse for any untoward effects from receiving food not consistent with mechanical soft diet texture. Resident remained in stable condition. The attending physician was notified.</p> <p>On 8/14/24 and 8/15/24, the Registered Dietician (RD) provided an in-service (education) to DS, CK 1, and licensed nurses regarding validation of the residents' diet for appropriate texture based on the prescriber order before meal trays were delivered to the residents to ensure correct food consistency was being served.</p> <p>On 8/15/2024, the facility's new dietary menu system, (web-based menu program) provided the missing recipes for Mechanical Soft Minced and Moist diet.</p> <p>On 8/15/2024, the RD provided a one to one (1:1) in-service to the DS regarding food preparation in accordance with the menu recipe for the prescribed diet.</p> <p>Findings:</p> <p>1. During a review of Resident 10's Admission Record, the Admission Record indicated Resident 10 was admitted to the facility 9/13/2023 with diagnoses including dysphagia, unspecified dementia (loss of memory, language, problem-solving and other thinking abilities), and major depressive disorder (a mental disorder that causes a persistent low mood and loss of interest in activities that are normally enjoyable).</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 10's care plan titled, Nutritional Problem initiated on 9/15/2023, the care plan indicated the goal for Resident 10 was to maintain adequate nutritional status as evidenced by maintaining the resident weight within five percent (%) of current weight and to have no signs or symptoms (s/s) of malnutrition (lack of proper nutrition, caused by not having enough to eat or not eating enough). The care plan interventions included monitoring, documenting, and reporting any s/s of dysphagia: food pocketing (a common term for when people with dementia keep food in their cheeks or the back of their mouth instead of swallowing it), choking, coughing, drooling, and several attempts at swallowing as well as providing and serving the resident's diet as ordered by the physician.</p> <p>During a review of Resident 10's Minimum Data Set ([MDS] a standardized assessment and care screening tool) dated 6/21/2024, the MDS indicated Resident 10 had severe impairment in cognitive (ability to think, understand, learn, and remember) skills for daily decision making. The MDS indicated Resident 10 required setup or clean-up assistance while eating but was able to eat by herself.</p> <p>During a review of Resident 10's Speech Therapist ([ ST] a licensed professional aimed in the prevention, assessment, and treatment of speech, language, communicative, and swallowing disorders) Evaluation and Plan of Treatment dated 6/27/2024, the ST Evaluation and Plan of Treatment indicated ST has seen Resident 10 for a clinical swallowing evaluation (procedure used to assess how well a person swallows) due to increased concerns of aspiration after an event of low tolerance of regular texture solid food diet when the resident was coughing and required oral suctioning (remove food and/ or liquid from mouth and throat with a suction machine). The ST Evaluation and Plan of Treatment indicated a recommendation for puree (blended) diet and thin liquids with strict adherence to swallowing precautions such as sitting up while eating, small bites, eating slowly, and alternating solids and liquids. ST Evaluation and Plan of Treatment indicated the goal for Resident 10 was to increase the ability to safely swallow a minced and moist consistency to facilitate transition to a more complex food consistency.</p> <p>During a review of Resident 10's Physician's Order Summary Report, the Physician's Order Summary Report dated 7/17/2024 indicated an order for a dysphagia mechanical soft texture, regular/ thin consistency liquids, ground (finely chopped) food.</p> <p>During a review of Resident 10's ST Treatment Encounter Note dated 7/23/2024, the ST Treatment Encounter Note indicated Resident 10 was seen for dysphagia and to continue with the mechanical soft, ground texture foods.</p> <p>2. During a review of Resident 11's Admission Record, the Admission Record indicated Resident 11 was admitted to the facility on [DATE] with diagnoses including dementia and dysphagia.,</p> <p>During a review of Resident 11's ST Evaluation and Plan of Treatment dated 10/17/2023, indicated Resident 11 was evaluated by ST to assess the resident's swallowing function and readiness to upgrade her diet from pureed foods. The ST Evaluation and Plan of Treatment indicated Resident 11 had a history of aspiration pneumonia (a lung infection that occurs when food, liquid, or other foreign objects are inhaled into the lungs instead of being swallowed). The ST recommendation was to continue with the pureed diet with goal for Resident 11 to safely swallow a minced and moist consistency diet.</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 11's ST Treatment Encounter Note dated 11/21/2023, indicated Resident 11 was seen for dysphagia treatment and tolerated a mechanical soft ground texture (minced and moist) diet.</p> <p>During a review of Resident 11's care plan titled, At risk for aspiration- receiving a mechanical soft, ground food diet revised on 2/28/2024 indicated goal for Resident 11 not to have episodes of aspiration. The care plan interventions included for Resident 11 to receive therapeutic diet and diet texture modifications as ordered by the physician.</p> <p>During a review of Resident 11's MDS dated [DATE], the MDS indicated Resident 11 had severe impairment of cognitive skills for daily decision making. The MDS indicated Resident 11 required setup or clean-up assistance while eating but was able to eat by herself. The MDS indicated Resident 11 complained of difficulty or pain while swallowing.</p> <p>During a review of resident 11's Physician's Order Summary Report, the Physician's Order Summary Report dated 7/17/2024 indicated an order for dysphagia mechanical soft texture, regular/ thin consistency liquids, ground food. On 7/18/2024 there was a physician's order to assist Resident 11 with feeding as needed.</p> <p>3. During a review of Resident 50's Admission Record, the Admission Record indicated Resident 50 was admitted to the facility on [DATE] with diagnoses including cerebral infarction (occurs when blood flow to the brain was blocked, causing brain tissue to die), dysphagia, type 2 diabetes (a condition in which the body fails to process glucose (sugar) correctly) and dementia.</p> <p>During a review of Resident 50's ST Evaluation and Plan of Treatment dated 11/20/2023, indicated the goal for Resident 50 was to reduce risk of choking or coughing events and to safely swallow a minced and moist consistency diet. The ST Evaluation and Plan of Treatment indicated ST recommended to continue with the pureed diet.</p> <p>During a review of Resident 50's care plan titled, At risk for Aspiration initiated on 11/24/2023, the care plan indicated the goal for the resident included to not have any s/s of aspiration and to maintain safe swallowing. The care plan interventions included to provide diet as ordered by the physician and if a difficulty swallowing occurred to notify ST.</p> <p>During a review of Resident 50's ST Treatment Encounter Note dated 12/14/2023, indicated Resident 50 was seen for dysphagia treatment and evaluation of the resident's diet. The ST Treatment Encounter Note indicated ST recommended for Resident 50 to tolerate the mechanical soft, ground diet (minced and moist).</p> <p>During a review of Resident 50's MDS dated [DATE], the MDS indicated Resident 50 had severe impairment in cognitive skills for daily decision making. The MDS indicated Resident 50 required setup or clean-up assistance while eating but was able to eat by herself. The MDS indicated Resident 50 complained of difficulty or pain while swallowing and was on a mechanically altered diet.</p> <p>During a review of Resident 50's Physician's Order Summary Report, the Physician's the Order Summary Report indicated an order dated 7/17/2024 for a consistent carbohydrate diet ([CCHO], a restrictive eating plan that helps people with diabetes manage their blood sugar levels) dysphagia mechanical soft texture, regular/ thin consistency liquids, ground food.</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>4. During a review of Resident 53's Admission Record, the Admission Record indicated Resident 53 was admitted to the facility on [DATE] with diagnoses including type 2 diabetes, dysphagia, cerebral infarction, and dementia.</p> <p>During a review of Resident 53's ST Evaluation and Plan of Treatment dated 5/1/2024, the ST Evaluation and Plan of Treatment indicated Resident 53 was evaluated for swallowing function with the goal to reduce risk of choking or coughing events and to tolerate safest and least restrictive diet without signs of aspiration. The ST Evaluation and Plan of Treatment indicated ST recommended to continue with the pureed diet.</p> <p>During a review of Resident 53's care plan titled, Altered nutrition: on a Mechanically Altered, Therapeutic Diet and At Risk of Aspiration initiated 5/11/2024, indicated the goal for Resident 53 included not to have any signs of aspiration and Resident 53 will demonstrate correct eating techniques to maximize safe swallowing. The care plan interventions included serving the resident's diet and diet texture modifications as needed as ordered by the physician.</p> <p>During a review of Resident 53's Physician's Order Summary Report dated 7/11/2024, the Physician's Order Summary Report indicated an order for a CCHO diet, dysphagia mechanical soft texture, nectar thick (can be sipped from a cup but require effort if taken via a straw) consistency liquids, and ground food.</p> <p>During a review of Resident 53's MDS dated [DATE], the MDS indicated Resident 53 had severely impaired cognitive skills for daily decision making. The MDS indicated Resident 53 required setup or clean-up assistance while eating but was able to eat by herself. The MDS indicated Resident 53 coughed or choked during meals and complained of difficulty or pain while swallowing. The MDS indicated Resident 53 was on a mechanically altered diet.</p> <p>During a review of Resident 53's ST Treatment Encounter Note dated 7/30/2024, the ST Treatment Encounter Note indicated Resident 53 was seen for dysphagia treatment and ST recommended to continue mechanical soft ground texture foods with mildly (nectar consistency) thick liquids.</p> <p>5. During a review of Resident 62's Admission Record, the Admission Record indicated Resident 62 was admitted to the facility 5/10/2023 with diagnoses including dysphagia, acute kidney failure (a sudden and often reversible decline in kidney function), muscle weakness, and atrial fibrillation (a rapid and irregular heartbeat).</p> <p>During a review of Resident 62's ST Treatment Encounter Note dated 2/1/2024, the ST Treatment Encounter Note indicated Resident 62 presented with mild oral dysphagia (difficulty swallowing) and ST recommended minced and moist foods, mechanical soft ground diet with thin liquids.</p> <p>During a review of Resident 62's MDS dated ,d+[DATE]/ 2024, the MDS indicated Resident 62 had moderately impaired cognitive skills for daily decision making. The MDS indicated Resident 62 required supervision or touching assistance (staff provides verbal cues/ and or steadying as the resident completes the activity) for eating. The MDS indicated Resident 62 was on a mechanically altered diet and complained of difficulty with swallowing.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Driftwood Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4109 Emerald St Torrance, CA 90503	
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<p>F 0805</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 62's care plan titled, At risk for Aspiration initiated on 5/31/2023, the care plan indicated Resident 62's goal was not to have evidence of aspiration. The care plan interventions included to provide Resident 62 diet as and diet texture modifications per physician's order.</p> <p>During a review of Resident 62's Physician's Order Summary Report dated 7/17/2024, the Physician's Order Summary Report indicated an order for a regular diet, dysphagia mechanical soft texture, regular/ thin consistency liquids, ground food.</p> <p>During a review of Resident 62's Physician's Order Summary Report dated 8/23/2023 the Physician's Order Summary Report indicated to always assist Resident 62 with feeding.</p> <p>6. During a review of Resident 81's Admission Record, the Admission Record indicated Resident 81 was admitted to the facility on [DATE] with diagnoses including acute kidney failure, muscle weakness, depressive episodes, and cognitive communication deficit.</p> <p>During a review of Resident 81's care plan titled, Nutritional problem or potential nutritional problem related to poor appetite initiated 7/11/2024, the care plan indicated Resident 81's goal was to provide Resident 81's diet as ordered by the physician and monitoring for any signs of dysphagia.</p> <p>During a review of Resident 81's MDS dated [DATE], the MDS indicated Resident 81 had severe impairment in cognitive skills for daily decision making. The MDS indicated Resident 81 needed substantial/ maximal assistance (staff does more than half the effort) for eating.</p> <p>During a review of Resident 81's ST Evaluation and Plan of Treatment dated 7/25/2024, the ST Evaluation and Plan of Treatment indicated Resident 81 was evaluated due to communication deficits and dysphagia with residue remaining in the oral cavity (mouth) while eating. The ST Evaluation and Plan of Treatment indicated ST recommended to downgrade the resident's diet to a minced and moist diet for dysphagia and swallow precautions (steps taken to ensure safe swallowing and prevent aspiration).</p> <p>During a review of Resident 81's Physician's Order Report, dated 8/2/2024, the Physician's Order Report, indicated and order for a mechanical soft texture, regular/ thin consistency liquids, for mechanical soft ground foods.</p> <p>During a review of Resident 81's ST Treatment Encounter Note dated 8/12/2024, the ST Treatment Encounter Note indicated Resident 81 was seen to address swallowing safety and swallowing dysfunction and ST recommended a minced moist diet.</p> <p>7. During a review of Resident 83's Admission Record, the Admission Record indicated Resident 83 was admitted to the facility 7/17/2024 with diagnoses including dysphagia, autistic disorder (a neurological and developmental disorder that affects how people interact with others, communicate, learn, and behave).</p> <p>During a review of Resident 83's MDS dated [DATE], the MDS indicated Resident 83 was rarely or never understood. The MDS indicated eating was not attempted during the MDS review. The MDS indicated Resident 83 was dependent (staff does all the effort) on staff for eating. The MDS indicated Resident 83 was on a mechanically altered diet and complained of difficulty or pain with swallowing.</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 83's care plan titled, At risk for Aspiration dated 7/30/2024 indicated the resident was started on a dysphagia mechanical soft texture, regular/ thin consistency liquids, ground texture. The care plan goal for Resident 83 included to demonstrate correct eating technique to maximize swallowing and Resident 83 would not show any signs of aspiration. The care plan interventions included to provide Resident 83 with the diet per physician's order and to monitor the resident for signs and symptoms of aspiration.</p> <p>During a review of Resident 83's Physician's Order Summary Report, the Physician's Order Summary Report indicated an order dated 7/30/2024 for a dysphagia mechanical soft texture, with regular/ thin consistency liquids, ground texture diet and observe the resident for alertness, food pocketing, coughing per swallowing protocol (guidelines or procedures used to assess and manage residents with swallowing difficulties).</p> <p>During a review of Resident 83's ST Treatment Encounter Note dated 8/1/2024, the ST Treatment Encounter Note indicated Resident 83 was seen for dysphagia treatment and ST recommended for Resident 83 to continue mechanical soft ground texture foods (minced and moist) and thin liquids.</p> <p>During a review of the facility's Diet Spreadsheet for Wednesday 8/14/2024, the Diet Spreadsheet indicated a grilled cheese sandwich was to be served for residents on a regular diet and a pimiento cheese sandwich to be served to residents on a therapeutic diet (a modification of a regular diet). The Diet Spreadsheet indicated a ground pimento cheese sandwich was to be served to residents on a dysphagia minced and moist diet ([MM5] the diet code for minced and moist diet).</p> <p>During a review of the facility's ground pimento cheese salad sandwich MM5 recipe, the MM5 recipe indicated bread was to be minced and assembled into a sandwich as follows:</p> <ol style="list-style-type: none"> <li>1. For each sandwich: place two slices of bread into a washed and sanitized food processor and pulse grind for 4-6 seconds to create a minced, bread crumb consistency.</li> <li>2. Placed minced bread into a bowl and spray with a vegetable pan spray or spritz with water or an appropriately prepared broth to moisten the bread (not soaked or wet).</li> <li>3. Divide the moistened minced breadcrumbs in half or portion the minced and moistened bread on a plate or in a sandwich mold.</li> <li>4. Portion and spread the ground/minced pimento cheese salad with thick sauce or gravy over the bottom layer of minced bread and then top with the other portion of minced bread.</li> </ol> <p>During an observation of the kitchen tray line (a system of food preparation, in which trays move along an assembly line) on 8/14/2024 at 11:39 a.m., under the supervision of the DS and RD, a dietary aide (DA 1) was observed calling out the diets from a resident meal ticket (resident diet and food preference) and CK 1 was plating (arrangement of food on a plate) the lunch meal. CK 1 was observed plating the pimento cheese sandwich for the meal tickets when DA 1 was calling out for dysphagia minced and moist diet and the mechanical chopped diets (a texture-modified diet that provides foods that are easy to swallow and require minimal chewing).</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 8/14/2024 at 12:20 p.m., with Certified Nursing Assistant (CNA 3), Resident 81 was observed receiving her meal tray in the room. CNA 3 delivered the meal tray to Resident 81 bedside. Resident 81's meal tray was observed containing the ground pimento cheese salad served on two slices of white bread (not minced and not moist), including the crust, with a scoop of ground pimento cheese in between the bread, sliced in half. Resident 81 meal ticket was observed on the tray and indicated Dysphagia minced and moist, mechanical soft diet. CNA 3 stated she was at the bedside to assist Resident 81 for eating. CNA 3 stated the bread served was not safe for Resident 81 to consume because the resident tends to pocket her food and she could choke.</p> <p>During a concurrent observation and interview on 8/14/2024 at 12:25 p.m., with DS in the kitchen, the DS was asked to check Resident 53's lunch tray before the meal cart (transportation method to bring meal trays to the residents) went out to the resident room. Resident 53's meal ticket, on the tray, indicated the resident was on dysphagia minced and moist diet. However, Resident 53's tray was observed containing a pimento cheese sandwich (ground pimento cheese salad in between two white breads with crust, sliced in half). The DS stated, this sandwich was appropriate for Resident 53 based on the dietary spreadsheet and the tray with sandwich was observed sent out for delivery to Resident 53.</p> <p>During an interview on 8/14/2024 at 12:35 p.m., the RD stated the type of sandwich with ground pimento cheese salad in between two non-minced and not moist two pieces of white bread with crust, sliced in half served to the residents on dysphagia minced and moist diet was appropriate based on the facility's Diet Spreadsheet. The RD stated, we must follow what corporate (umbrella company) wanted and this Diet spread Sheet was what they sent/approved.</p> <p>During a concurrent interview and record review on 8/14/2024 at 2:33 p.m., the RD stated she spoke with CK 1 who informed her (RD) that she (CK 1) was not provided with the MM5 diet recipe for the ground pimento cheese salad sandwich when she was preparing these kinds of sandwiches for lunch on 8/14/2024. CK 1 stated she made a mistake of looking at the spread sheet and preparing the MM5 diet the same as the mechanical soft diet (did not call for mincing bread). The RD stated the purpose of the dysphagia minced and moist diet was to eliminate the need for a lot of chewing to promote easy swallowing. The RD stated bread was soft so the residents would be able to eat it.</p> <p>Concurrently during an interview on 8/14/2024 at 2:33 p.m., the RD reviewed facility's Diet Manual (DiningRD.com 2022 edition) under dysphagia minced and moist diet (MM5) and stated the manual indicated foods to avoid for the dysphagia minced and moist diet included soft bread and rolls. The RD stated the potential outcome of giving residents on MM5 diet foods that were supposed to be avoided placed the residents at the risk for choking, aspiration, and respiratory distress (stop breathing). The RD stated it was not appropriate to serve the ground pimento cheese salad sandwich on a regular slice of soft that was not minced and was not moist white bread with crust to Resident 10, 11, 50, 53, 62, 81, and 83, who were on the dysphagia minced and moist diet.</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview on 8/14/2024 at 2:55 p.m., CK 1 stated when she was preparing food for lunch on 8/14/2024, she was looking at the Dietary Spreadsheet and read the dysphagia minced and moist diet the same as the mechanical soft diet. CK 1 stated for dysphagia minced and moist diet whole sandwich should be ground up, but it was overlooked, and CK 1 was not paying attention. CK 1 did not provide an answer as to why the dysphagia minced and moist menu was not followed and stated, I do not know what happened. CK 1 stated all residents, including Resident 10, 11, 50, 53, 62, 81, and 83 who were on dysphagia minced and moist diet, received the ground pimento cheese salad sandwich for lunch on 8/14/2024 served on bread that was not minced but on a regular slice of soft white bread.</p> <p>During an interview on 8/14/2024 at 3:05 p.m., ST 1 stated bread with crust was a high choking risk. The ST 1 stated serving food that did not meet dietary standards for a dysphagia diet was a safety risk and the whole sandwich should have been ground up for a minced and moist diet.</p> <p>During an interview on 8/15/2024 at 9:49 a.m., DA 1 stated the usual presentation for a minced and moist diet looked like finely ground pieces and bread was usually soaked in a liquid. DA 1 stated she knew the bread did not look correct for the dysphagia diet, but she did not question it because CK 1 prepared the food, and she (CK 1) was the cook. DA 1 stated she should have brought up her concern to the DS. DA 1 stated if a wrong diet was given to the residents they could choke.</p> <p>During an interview on 8/15/2024 at 1:36 p.m., LVN 4 stated she was checking the lunch meal carts on 8/14/2024 and pimento cheese sandwiches were provided to the residents on bread that was not minced. LVN 4 stated she did not see anything wrong with the pimento cheese sandwiches served bread that was not minced served to the residents on the dysphagia minced and moist diet.</p> <p>During an interview on 8/15/2024 at 1:56 p.m., the Director of Rehab (DOR) stated it was important to follow closely the ST's recommendations because ST was the one evaluating the safety of the resident's swallowing. The DOR stated the resident's diet was based on the ST's clinical evaluation which was then reviewed by the physician following with a diet order. The DOR stated if the diet was not followed, there was a high risk for aspiration.</p> <p>During an interview on 8/15/2024 at 3:36 p.m., the DS stated he had not realized CK 1 did not have the recipe for pimiento cheese sandwich under MM5 diet. DS stated he assumed CK 1 prepared sandwiches based on the facility's recipe for the mechanical soft diet (makes food easy to chew) which was not the same as dysphagia minced and moist. The DS stated he was not concerned about the ground pimiento cheese salad sandwich being served to the dysphagia residents until the RD read in Diet Manual what foods to avoid.</p> <p>During an interview on 8/15/2024 at 4:24 p.m., the DON stated it was important to follow physician's diet orders. The DON stated residents were placed on a dysphagia diet due to having issues with swallowing or chewing. The DON stated it was important to follow the dysphagia minced and moist diet recipe to prevent choking. The DON stated residents on dysphagia minced and moist diet, should have little effort on chewing to consume the food. The DON stated the licensed nurses who were checking the meal trays with pimento cheese sandwiches served on bread that was not minced, should have returned the trays to the kitchen due to incorrect food texture posing a choking hazard. The DON stated CNAs should also recognize the proper diet consistencies and food texture and bring it to the licensed nurse's attention when serving trays.</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's Long Term Care Diet Manual by DiningRD.com 2022 edition, the Diet Manual indicated the International Dysphagia Diet Standardization Initiative ([IDDSI] a global framework that provides standardized definitions and terminology for describing thickened liquids[ liquids that have been made thicker to help residents who have difficulty swallowing) and texture modified foods) level 5- Minced and Moist (MM5) dysphagia diet was designed for individuals with mild to moderate oral dysphagia. Foods will conform to this diet if they are ground, moist, and of the size that would fit between the tongs of a typical fork. The Diet Manual indicated to avoid breads such as soft bread, rolls, cake, and crackers unless the breads are modified to a fine, soft bread crumb texture and moistened.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled Dining Program dated 1/1/2012, the P&amp;P indicated licensed nurses were to check the Residents meals against the attending physician orders. The P&amp;P indicated the CNAs were to check diet cards (meal tickets) against the meal served and notify the dietary department of any discrepancies. The P&amp;P indicated the dietary staff was to check the tray cards (meal tickets) against the meal served at tray line and correct any discrepancies.</p> <p>During a review of the facility's P&amp;P titled Dysphagia Diets and Thickened Liquids dated 1/1/2012, the P&amp;P indicated the purpose of the policy was to provide appropriate food and fluid consistencies to residents with dysphagia or swallowing problems, to ensure adequate hydration and diminish the risk for asphyxiation (the process of being deprived of oxygen).</p> <p>During a review of the facility's P&amp;P titled Dietary Department- General dated 6/1/2014, the P&amp;P indicated the primary objective of the dietary department included preparation and provision of nutritionally adequate, well-balanced meals that are consistent with physician orders.</p> <p>During a review of the facility's P&amp;P titled Standardized Recipes dated 7/1/2014, the P&amp;P indicated the recipes would have adjustments or separate recipes for therapeutic and consistency modifications. The P&amp;P indicated the Dietary Manager or designee would monitor and routinely verify the recipes used by the cooks.</p> <p>During a review of the facility's job description for Registered Dietician dated 10/9/2023, the job description indicated their essential job duties included coordinating with the dietary manager (DS) to review the customization of the regular and therapeutic menus.</p> <p>(Cross reference: F726, F802, and F808)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>45891</p> <p>Based on observation, interview, and record review, the facility failed to ensure facility ice machine was cleaned and maintain per manufacturer guidelines for 83 out of 85 sampled residents.</p> <p>This deficient practice had the potential to cause the growth of microorganisms (an organism that can be seen only through a microscope) and could cause food borne illness (food poisoning: any illness resulting from the food spoilage of contaminated food) with symptoms including upset stomach, stomach cramps, nausea, vomiting, diarrhea, and fever and can lead to other serious medical complications and hospitalization for all residents, staff, and visitors consuming the ice from the ice machine.</p> <p>Findings:</p> <p>During an observation and concurrent interview on 8/14/2024 at 2:41 p.m., with the Maintenance Supervisor (MS), the MS opened the ice machine door and wiped the soft black durometer trim (helps silence the ice bin door) attached to the ice storage bin using a clean white tissue paper. Observed the white tissue paper with brown in color after passing over the soft durometer trim. The MS stated the white tissue paper appeared to be a rustic brown color.</p> <p>During an interview on 8/19/2024 at 9:27 a.m., the Environmental Services Supervisor (ESS) stated it was important to ensure the ice machine was clean, to prevent germs (a microorganism, especially one which causes disease) did not reach the residents, causing illness and to prevent foreign substances from getting on the ice.</p> <p>During an interview on 8/19/2024 at 11:43 a.m., the Infection Preventionist nurse (IP) stated it was important to keep the ice machine clean and sanitary for resident safety, to prevent contamination of the ice and to prevent residents from getting sick.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled Housekeeping-Ice Machines dated 1/12/2012, the P&amp;P indicated Housekeeping was to clean the ice machine in accordance with the manufacturer's guidelines and the ice bin was to be cleaned by housekeeping staff on a regular schedule.</p> <p>During a review of the owner's manual for the .Ice Machines: Installation, Operation and Maintenance Manual, the manual indicated Exterior cleaning was to be done as often as necessary to maintain cleanliness and efficient operation.</p>		

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<p>F 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility.</p> <p>50144</p> <p>Based on interview and record review, the facility failed to provide annual documentation including the Quality Assessment Assurance Committee([QAA] to develop and implement appropriate plans of action to correct identified quality deficiencies) and Quality Assurance Performance Improvement ([QAPI] designated to bring about constant and measurable improvement in the services provided at the facility for continual improvement of quality care) team signatures to verify reviewing of their dietary department policies.</p> <p>This deficient practice had the potential for the facility staff to perform outdated practices.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 8/16/2024 at 3:22 p.m. with the Dietary Supervisor (DS), the Manual Signature/Approval Form dated 1/3/23 was reviewed. The DS stated the Manual Signature/Approval Form dated 1/3/23 did not have a title to indicate which policies were being reviewed and stated this is the most recent review completed. The DS stated the policies are reviewed when the company tells them there are new policies coming. The DS was unable to state how often policies are reviewed.</p> <p>During a concurrent interview and record review on 8/16/2024 at 4:02 p.m. with the Administrator (ADM) , the Information/Record Manual sign-in sheets dated 1/2/2024, 1/3/2024 and 1/26/17 were reviewed. The ADM acknowledged the Information/Record Manual sign-in sheet dated 1/2/2024 did not have a title indicating which policies were reviewed and stated the sign-in sheet was located in the dietary binder. The ADM stated policies and procedures are reviewed at least annually. The ADM stated there is no sign-in sheet for 2022 to indicate the dietary policies were reviewed.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Review of Policies and Procedures, dated 1/1/2014, the P&amp;P indicated, The facility reviews its Operational, Medical Records, Infection Control and Nursing Care Manuals annually.</p>

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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49145</b></p> <p>Based on observation, interview, and record review, the facility failed to assess mental capacity (ability to make decisions) and provide information to one of three sampled residents (Resident 83) before signing the arbitration agreement (AA- a way of resolving a dispute without filing a lawsuit and going to court).</p> <p>This failure had the potential to result in Resident 83 not fully understanding their right to limit opportunities to initiate judicial proceedings that challenge unfavorable decisions.</p> <p>Findings:</p> <p>During a review of Resident 83's Admission Record, the Admission Record indicated, Resident 83 was admitted to the facility on [DATE] with diagnosis including Fetal Alcohol Syndrome (FAS- a condition in a child that results from alcohol exposure during the mother's pregnancy) and autistic disorder (developmental disability that affects how the brain processes information and how people communicate and interact with the world).</p> <p>During a review of Resident 83's Minimum Data Set (MDS- a standardized assessment and care screening tool), dated 7/24/2024, the MDS indicated Resident 83 had a Brief Interview for Mental Status (BIMS- indicates a patient's cognitive function) score of 99 which indicates Resident 83 was unable to complete the interview. The MDS indicated Resident 83 was dependent (Helper does all the effort) from two or more staff for oral hygiene, toileting hygiene, shower, bathing, dressing, and bed mobility.</p> <p>During a review of Resident 83's History and Physical (H&amp;P), dated 5/22/2024, the H&amp;P indicated Resident 83 is cognitively impaired.</p> <p>During a review of Resident 83's Arbitration Agreement (AA), dated 7/20/2024, the AA indicated, Resident 83 signed the arbitration agreement on 7/20/2024. The AA indicated, there was no signature of Resident 83's legal representative.</p> <p>During a review of Resident 83's Progress Notes, dated 7/24/2024, at 6:33 p.m., the Progress Note indicated the BIMS evaluation should not be conducted (resident is rarely/never understood). Progress Note indicated Resident 83 has a memory problem and is severely impaired cognitively.</p> <p>During an interview on 8/14/2024, at 1:30 p.m., with Licensed Vocational Nurse (LVN) 5, LVN 5 stated Resident 83 is alert to name only and should not be asked to sign forms regarding care because Resident 83 is not capable of understanding what is being signed.</p> <p>During an interview on 8/15/2024, at 12:37 p.m., with Registered Nurse Supervisor (RNS) 1, RNS 1 stated Resident 83 is alert to name only and does not have the mental capacity to sign consents.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555114	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/19/2024
NAME OF PROVIDER OR SUPPLIER  Driftwood Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4109 Emerald St Torrance, CA 90503	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 8/15/2024, at 1:20 p.m., with Business Office Manager Assistant (BOMA), BOMA stated she is responsible for offering the AA to newly admitted residents. BOMA verbally confirmed her signature on Resident 83's AA. BOMA stated Resident 83 was alert and conversing, but she did assess or check Resident 83's medical chart for her mental capacity. BOMA states she should have assessed Resident 83's mental capacity because if she would have, she would have not had Resident 83 sign the AA.</p> <p>During an interview on 8/15/2024, at 1:42 p.m., with the Director of Nursing (DON), DON stated Resident 83 is only alert to name and rarely understands. DON states Resident 83 is not capable of signing forms, documents, or consents and should have not been asked to sign the AA because she is cognitively impaired.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Arbitration Agreements, dated 5/25/2023, the P&amp;P indicated, If the facility presents an arbitration agreement to a resident, the person presenting the arbitration agreement will: explain the agreement to the resident in a form or manner that they understand, including in a language the resident understands; and confirm that the resident understands the agreement.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555114	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/19/2024
NAME OF PROVIDER OR SUPPLIER  Driftwood Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4109 Emerald St Torrance, CA 90503	
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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 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>49145</p> <p>Based on observation, interview, and record review, the Quality Assessment Assurance Committee([QAA] to develop and implement appropriate plans of action to correct identified quality deficiencies) and Quality Assurance Performance Improvement ([QAPI] designated to bring about constant and measurable improvement in the services provided at the facility for continual improvement of quality care) failed to identify skills competencies of the dietary staff and assessments of the residents meal trays to ensure therapeutic diets were served as prescribed by the physician.</p> <p>This failure resulted in placing the residents at risk for not receiving the appropriate meal tray based on their diet orders and potentially choking on their food.</p> <p>Findings:</p> <p>During an interview on 8/19/2024, at 12:37 p.m., with the Director of Nursing (DON), the DON stated Dietary Supervisor (DS) should have noticed the wrong diets were being provided to the residents and brought it to the Administrators (ADM) attention. DON states QAA meetings are held to identify issues that are or potentially effecting the residents.</p> <p>During a review of the facility's policy and procedure (P&amp;P), titled Quality Assurance and Performance Improvement (QAPI) Program, dated, 9/19/2029, the P&amp;P indicated, The facility implements and maintains an ongoing, facility wide QAPI Program designed to monitor and evaluate the quality of resident care, pursue methods to improve quality of care and resolve identified problems. Goals are to provide a structure and process to correct identified opportunities for improvement and establish benchmarks to measure outcomes. Guidance and leadership of the facility will seek input from staff, residents, and families and provide that resources exist to conduct QAPI efforts. Each department or service reviews its approaches to monitoring performance and outcomes and provides a summary of its findings to the QAPI committee annually and as needed.</p>		