

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105609	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER NSPIRE HEALTHCARE TAMARAC			STREET ADDRESS, CITY, STATE, ZIP CODE 5901 NW 79TH AVENUE , TAMARAC, Florida, 33321	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS An unannounced Recertification and Complaint survey, complaint #2025013598 and #2025015281, was conducted from through at Nspire Healthcare Tamarac. The facility was not in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Complaint numbers 2025013598 and 2025015281 were not substantiated.	F0000		
F0565 SS = D	Resident/Family Group and Response CFR(s): 483.10(f)(5)(i)-() (6)(7) §483.10(f)(5) The resident has a right to organize and participate in resident groups in the facility. (i) The facility must provide a resident or family group, if one exists, with private space; and take reasonable steps, with the approval of the group, to make residents and family members aware of upcoming meetings in a timely manner. (ii) Staff, visitors, or other guests may attend resident group or family group meetings only at the respective group's invitation. (iii) The facility must provide a designated staff person who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings. () The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility. (A) The facility must be able to demonstrate their response and rationale for such response. (B) This should not be construed to mean that the facility must implement as recommended every request of the resident or family group.	F0565		

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 reverse for further 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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F0565 SS = D	<p>Continued from page 1</p> <p>§483.10(f)(6) The resident has a right to participate in family groups.</p> <p>§483.10(f)(7) The resident has a right to have family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) of other residents in the facility.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interviews and a review of facility records, the facility failed to provide evidence of documented grievances submitted by 1 of 1 sampled resident, Resident #75, regarding delays in the call-light response and concerns related to activities of daily living (ADL) care.</p> <p>The findings included:</p> <p>Clinical record review showed that Resident #75 was admitted on [redacted] with diagnoses including [redacted] left-sided [redacted], and recent right- [redacted] surgery. She was alert, oriented, and verbally responsive. Further documentation listed diagnoses of the right [redacted] primary [redacted] and [redacted] following [redacted] affecting the left side, and coordination [redacted].</p> <p>Review of the ADL [Activities of Daily Living] Plan of Care identified significant self-care [redacted] related to her medical conditions. Interventions included assistance with bathing, [redacted] eating, hygiene, mobility, toileting, transfers, skin assessments, and use of a call bell for help. The plan also noted [redacted] vision and use of glasses.</p> <p>Review of the nursing progress notes dated [redacted] indicated that Resident #75 had been referred for a [redacted] evaluation due to complaints and adjustment concerns. The [redacted] assessment documented frequent complaints, general unhappiness, nervousness, and episodes of verbal [redacted] based on staff reports.</p> <p>On [redacted] at 1:20 PM, Resident #75 stated dissatisfaction with the services and quality of care received. She stated that upon her admission, "the care was terrible," and described waiting approximately four hours for assistance after activating her call light, [redacted] during nighttime hours. She stated these</p>	F0565		

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F0565 SS = D	<p>Continued from page 2</p> <p>concerns to the nurse, but no improvements were observed. Resident #75 also stated that Certified Nursing Assistants (CNAs) told her they were responsible for 16 residents and lacked adequate time to provide timely care. She stated that her family reported concerns to the Administrator but perceived the response as indifferent.</p> <p>Resident #75 further stated that when she requested to receive ADL care before other residents due to her functional limitations, staff responded that permanent residents were prioritized over her. She explained that she was unable to use either arm due to left-sided and recent right- surgery. She stated that the Administration did not address her complaints.</p> <p>During an interview on at 11:39 AM, Staff C (Registered Nurse / RN) reported that the resident required complete assistance with all ADLs on admission, Staff C stated Resident #75 had complained of waiting 5–10 minutes for care after activating the call light and expressed frustration about delays in having her sanitary brief changed. Staff C had stated communicating these concerns to the Director of Nursing (DON) and documenting the resident issues in the facility's electronic system ("TELL"). She stated that although she has filed grievances for other residents, she had not submitted any grievance documentation for Resident #75.</p> <p>During an interview on at 12:39 PM, Staff D (Certified Nursing Assistant / CNA) stated she had worked at the facility for nearly 40 years. She stated Resident #75 initially required total assistance with all tasks but had since improved. She stated the resident complained about noise and other residents entering her room but indicated she did not consider these issues necessary to report to Administration unless they were dangerous. Staff D stated no knowledge of call-light delays for Resident #75.</p> <p>On at 1:36 PM, the Social Worker stated that grievance forms are available in boxes near the nurses' station and must be addressed within three days. She stated having received no grievance submissions from Resident #75 and no documentation indicating that staff had submitted grievances on her behalf.</p> <p>On at 2:33 PM, the Director of Nursing / DON stated she had not received complaints from the resident or her family. She described the facility's grievance procedure, which requires documentation of the issue, resolution within three days, and transfer</p>	F0565		

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F0565 SS = D	Continued from page 3 of the resolution to the Social Worker. No documentation existed for Resident #75's grievance.	F0565		
F0694 SS = D	/ Fluids CFR(s): 483.25(h) § 483.25(h) Fluids. fluids must be administered consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences. This REQUIREMENT is NOT MET as evidenced by: Based on review of policy and procedure, observation, record review and interview, the facility failed to obtain physician orders for () and care for 1 of 1 sampled resident observed, Resident #111. The findings included: Review of the facility's policy, titled, Flushing, Locking, Removal, provided by the Director of Nursing (DON), reviewed/revised documented in the "Policy Statement: It is the policy of this facility to ensure that are flushed, locked and removed consistent with current standards of practice. Policy Explanation: are longer, that are placed in, veins...Compliance Guidelines: 1. The nurse will obtain and/or verify the physician's order for the type of () solution or medication, dose, rate and length of treatment....10. removal will be performed by the practitioner or nurse in accordance with facility policy and your state's nurse practice act. 11. Removal of a will occur at the end of onset of complications or when deemed no longer necessary. Obtain a physician's order for removal...Removal 1. Verify the physician's orders....9. Inspect the site for signs of ...19. Document the procedure." Record review revealed Resident #111 was re-admitted to the facility on with diagnoses that included Unspecified, Lymphedema, Atherosclerotic and . The record indicated a Brief Interview Mental Status (BIM) 13, indicative of intact cognition.	F0694		

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F0694 SS = D	<p>Continued from page 4</p> <p>On _____ at 10:11 AM, an observation was conducted of Resident #111's left upper arm () in place, with today's date of _____, documented as changed by Staff A, Registered (RN). Further observation of the site base revealed it appeared to have some brownish discoloration with a small, darkened _____-tinged area noted in the _____ tubing.</p> <p>During an interview conducted on _____ at 10:15 AM with Resident #111, she stated she has had this _____ in place since her date of admission. She said she does not know why she still has this in place since to her knowledge, she said that she had not been receiving any medication in there since being admitted to this facility.</p> <p>Record review of both the physician's discontinued order sheets, as well as of the current order forms, dated for the months of _____ and _____ revealed neither contained orders for the discontinuance, or for the care and maintenance of the resident's current _____.</p> <p>Additional record review of the Medication Administration Record (MAR) and of the Treatment Administration Record (TAR) for the months of _____ and _____ did not document any orders for the discontinuance or the care and maintenance of the resident's current _____.</p> <p>Review of the _____ Clinical Admission by Staff A, documented that, "[the resident's] _____ () line was patent and that the _____ was intact, with no current _____ noted for the resident."</p> <p>An interview was conducted with Staff B, the resident's readmitting and current RN, who when asked about the _____ being in place, responded she did not recall whether or not the resident was admitted with the _____ in place, and she wasn't sure exactly when or how long it had been in place. Staff B indicated the resident had been receiving only oral _____, which subsequently had been discontinued. Staff B also stated she needed to contact the resident's physician to see if she could get an order to discontinue the _____. Staff B acknowledged that a physician's order had never been obtained for the care and maintenance of the _____.</p> <p>A side-by-side record review was conducted with Staff</p>	F0694		

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F0694 SS = D	<p>Continued from page 5</p> <p>B, which revealed that, "the Physician's Orders for Resident # 111 only documented the following two (2) oral of: Oral Tablet 500 mg to give one (1) tablet by one time for for 16 Days, ordered through /2; and for 100 mg capsule to give one (1) capsule by every 12 hours for for 7 Days, ordered through . There was no ordered for this resident during her facility stay.</p> <p>On at 4:05 PM, a second observation was conducted of the resident's left upper underneath arm of the , and it was observed still in place. There remained no current physician's order for either the discontinuance, or for the care and maintenance of the . The site base still appeared to have brownish discoloration with a small, darkened -tinged area noted in the tubing.</p> <p>On at 9:47 AM, a third observation was conducted of the resident's left upper arm , and it was observed still in place, and there was still no current physician's order obtained for the discontinuance or for the care and maintenance of the . The site base still appeared to have brownish discoloration with a small, darkened -tinged area noted in the tubing.</p> <p>A telephone interview was conducted on at 2:07 PM with Staff A, who had initiated changing the resident's , on . Staff A was asked about the and acknowledged she had identified the resident's as having been present and in place in the resident's left upper arm. Staff A revealed she had not notified the on-coming nurse, the DON, and had not contacted the resident's physician, in order to obtain orders for either the removal of or the care and maintenance of the . She stated she, "forgot to do so."</p> <p>There was no evidence documented in the facility's nursing admission progress notes, the facility's subsequent on-going nursing progress, the facility's baseline care plan, or in the facility's current comprehensive care plan, of the identification or existence of Resident #111's left upper arm . There was no current physician's order obtained for the discontinuance or for the care and maintenance of the . The line remained in place and not in use in the resident's left upper arm for eleven (11) days.</p>	F0694		

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F0694 SS = D	Continued from page 6 There was no physician's order obtained to remove Resident #111's until after surveyor inquisition. The Director of Nursing (DON) recognized and acknowledged on at 3:10 PM that the nurse should have contacted the resident's physician to obtain an order to either discontinue or to provide for the care and maintenance of the resident's	F0694		
F0803 SS = D	Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7) §483.60(c) Menus and nutritional adequacy. Menus must- §483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.; §483.60(c)(2) Be prepared in advance; §483.60(c)(3) Be followed; §483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups; §483.60(c)(5) Be updated periodically; §483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and §483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview and record review, the facility failed to follow their menu for 2 sampled residents on a therapeutic diet, Residents #1 and #45.	F0803		

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F0803 SS = D	<p>Continued from page 7</p> <p>The census at the time of survey was 121, with 31 residents designated as being on a mechanical soft diet and 7 residents designated as on a CHO () Controlled diet.</p> <p>The findings included:</p> <p>1. Review of the Menu Spread Sheets provided by the Certified Dietary Manager (CDM) specified that the Mechanical Soft Diet was to provide "Grd" (ground) meats every day for Breakfast, Lunch, and Dinner.</p> <p>Record review revealed Resident #45 was readmitted on with diagnoses which included , , , Type 2 , and () .</p> <p>Review of the Quarterly Minimum Data Set (MDS) assessment dated , section C, documented Resident #45 had a () score of 10, on a scale of 0 to 15, indicating the resident's cognition was moderately .</p> <p>On at 12:16 PM, during a dining room observation on the second floor, Resident #45 was observed consuming her lunch meal. Per the resident's meal ticket, the resident was prescribed a Mechanical Soft Diet. The meal included roast beef which was cut into pieces or chunks that were about 0.5 inches in size. Photographic Evidence Obtained.</p> <p>During a Tray Line observation on at 11:28 AM, the CDM called the Mechanical Soft chicken, "diced chicken" while taking its temperature. There was no ground meat noted on the tray line.</p> <p>On at 12:07 PM, a dining room observation was conducted on the second floor. Resident #45 was observed with diced or chopped chicken. Photographic Evidence Obtained.</p> <p>An interview with the facility's CDM in the front conference room was conducted on at 1:05 PM. The CDM has been employed with the facility for about 1 year. The CDM stated that Sysco provides the menus and their breakdown. These menus are approved by a corporate Registered Dietitian (RD). When asked, the CDM stated that the current Diet Consistency Orders available were: Regular, Mechanical Soft, and Pureed. He further stated that the menu and breakdowns which he provided were new and had just started about three weeks ago. The CDM was then shown the Diet Spreadsheet with the breakdown of the different diets. He stated that the "Soft" diet on the spread sheet was the Mechanical Soft diet in the system. It was pointed out</p>	F0803		

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F0803 SS = D	<p>Continued from page 8 to the CDM that the Soft Diet specified ground meat. His response was, "We don't have any ground diets."</p> <p>During an interview on _____ at approximately 1:30 PM in the front conference room, both the Director of the _____ Department, who is a Speech Language Pathologist (SLP), and the facility SLP, were interviewed. The SLP stated that the facility offered the following consistencies: Pureed, Mechanical Soft or Soft Bite Sized, and Regular. Both the Director of _____ and the SLP were aware of the new menus and stated that they were reviewed with the Registered Dietitian, but they had not seen the menu breakdown. When shown the spread sheet they agreed that "bite sized or chopped" meats were not there, and it instead read "grd" which meant ground. The Director stated they use the International _____ Diet Standardization Initiative (IDDSI) guidelines for their mechanically altered diets and that in the building Mechanical Soft is considered bite sized, not ground.</p> <p>2. Record review revealed Resident #1 was re-admitted to the facility on _____ with an initial admission of _____. Resident #1 had diagnoses that included Type 2 _____ and Acquired Absence of Left _____ Above _____. He received _____ three times a week.</p> <p>The documented resident's _____ score was 15 on the PPS (Prospective Payment System) Part A Discharge Minimum Data Set with an Assessment Reference Date of _____ indicating he was _____.</p> <p>On _____, a record review was conducted of Resident #1's orders. Review of the diet order revealed an order for "CHO (_____) Controlled, Hi Pro _____ Diet, Regular texture, thin consistency". An observation was conducted on _____ at 10:34 AM of Resident #1's breakfast meal. The food on the resident's tray included 2 slices of wheat bread, a serving of scrambled eggs with peppers, a cup of oatmeal, 2 strips of bacon, 4 ounces on apple juice and 4 ounces of 2% milk. The items on the meal tray were confirmed to be for Resident #1 with Staff J, Certified Nursing Assistant (CNA). The surveyor asked the resident if this was a typical breakfast he received and stated that he gets what everyone else does and he was not aware that was on a special diet.</p> <p>On _____ at 12:20 PM, the lunch meal was served to Resident #1. The lunch meal included 2 rolls, chicken cacciatore with penne, frozen strawberries with whip cream and 4 ounces of cranberry juice. Review of the</p>	F0803		

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F0803 SS = D	<p>Continued from page 9 resident's lunch meal ticket revealed a Regular, CCHO (Controlled Diet), Hi Pro diet.</p> <p>Review of the Food Service Supplier's [Name provided] Traditional Menu for Week 3 Day 18 revealed the House diet for breakfast would be bacon 1 slice and whole wheat toast 1 slice. The House diet for lunch would be ½ cup frozen parslid cauliflower and 1 breadstick.</p> <p>An interview was conducted with the CDM (Certified Dietary Manager) on at 1:07 PM. He stated he had been working in the facility for one year. He was asked what he serves a resident on a CHO Controlled, Hi-Pro Diet. He stated they do not have a diet on the spreadsheet, so he uses a Hi -Pro diet. For a CHO Controlled diet, the resident would have received for breakfast 1 slice of bacon and 1 slice of whole wheat bread. For lunch it would be ½ a breadstick and that would be the only difference.</p> <p>The surveyor asked the CDM who would get a CKD5 (stage 5) menu. He stated he does not use that and uses a Hi-Pro diet for someone with a diet order. According to the "Nutritional Care Manual", salty processed meats (such as bacon, bologna, salami and other lunch meats), ham, hot dogs, sausage, breakfast sausage, and pre-seasoned meats) are not on the CKD5 diet.</p> <p>The surveyor revealed to the CDM that observation of Resident #1's breakfast meal revealed he received 2 slices of whole wheat bread and 2 slices of bacon; and for lunch he received 2 rolls and no cauliflower. The CDM stated that was a mistake, that was too many for that resident, and he should have had only 1 slice of bread for breakfast and 1 roll for lunch. He stated he did not have breadsticks, so he substituted rolls.</p> <p>An interview was conducted with the Dietetic Technician (DTR) on at 1:45 PM. Review of the Sysco spreadsheet was conducted along with the diet order for Resident #1. She stated the diet order in the Electronic Health Record (EHR) did not match the spreadsheet. She stated she would use the Hi-Pro diet for the diet. She also stated that she had not seen this spreadsheet before and the dietician works with it.</p> <p>An interview was conducted with the facility's Dietician over the phone on at 2:00 PM. She stated she was aware that the diets in the EHR do not match the Food Service Supplier's [Name provided] diet</p>	F0803		

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F0803 SS = D	<p>Continued from page 10 spreadsheets. She stated this has happened in the past and she had to customize the diets. It was discussed with the Dietician that Resident #1 was given bacon for breakfast because he was on a Hi-Pro diet and the CKD5 diet does not allow bacon. When asked how we can be sure he is receiving the proper diet, she stated she agreed with the surveyor that they should match and there should be no guessing on what they are giving the resident. She stated she goes over the labs once a month with the dietician. The Center keeps the labs there, if there are any changes with his diet, the dietician there would let her know.</p> <p>An additional interview was conducted with the CDM on at 3:00 PM. He stated the Food Service Supplier's [Name provided] diet is in the 4th week, so they have been used for 3 weeks. He stated no one went over the diets with him. He decided that the Hi-Pro diet matched the diet order in the EHR. He stated he had a limited discussion with the facility's Dietician that the diets did not match the EHR.</p>	F0803		
F0808 SS = D	<p>Therapeutic Diet Prescribed by Physician</p> <p>CFR(s): 483.60(e)(1)(2)</p> <p>§483.60(e) Therapeutic Diets</p> <p>§483.60(e)(1) Therapeutic diets must be prescribed by the attending physician.</p> <p>§483.60(e)(2) The attending physician may delegate to a registered or licensed dietitian the task of prescribing a resident's diet, including a therapeutic diet, to the extent allowed by State law.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to follow the prescribed therapeutic diet for 1 of 2 sampled residents reviewed for therapeutic diets, Resident #1.</p> <p>The findings included:</p> <p>Record review revealed Resident #1 was re-admitted to the facility on with an initial admission of . Resident #1 had diagnoses that included Type 2 and Acquired Absence of Left Above . He received three times a week.</p> <p>The resident's ()</p>	F0808		

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NAME OF PROVIDER OR SUPPLIER NSPIRE HEALTHCARE TAMARAC			STREET ADDRESS, CITY, STATE, ZIP CODE 5901 NW 79TH AVENUE , TAMARAC, Florida, 33321	
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F0808 SS = D	<p>Continued from page 11 score was 15 on the PPS (Prospective Payment System) Part A Discharge Minimum Data Set with an Assessment Reference Date of . This indicated he was</p> <p>On . . . , a record review was conducted of Resident #1's orders. A review of the diet order revealed an order for CHO () Controlled, Hi Pro Diet, Regular texture, thin consistency. An observation was conducted on at 10:34 AM of Resident #1's breakfast meal. The food on the resident's tray included 2 slices of wheat bread, a serving of scrambled eggs with peppers, a cup of oatmeal, 2 strips of bacon, 4 ounces on apple juice and 4 ounces of 2% milk. The items on the meal tray were confirmed to be for Resident #1 with Staff J, Certified Nursing Assistant (CNA). The surveyor asked the resident if this was a typical breakfast he received. He stated that he gets what everyone else does and he was not aware that he was on a special diet.</p> <p>On at 12:20 PM, the lunch meal was served to Resident #1. The lunch meal included 2 rolls, chicken cacciatore with penne, frozen strawberries with whip cream and 4 ounces of cranberry juice. A review of the resident's lunch meal ticket revealed a Regular, CCHO (Controlled Diet), Hi Pro diet.</p> <p>Review of the Food Supply Company's (Name provided) Traditional Menu for Week 3 Day 18 revealed the House diet for breakfast would be bacon 1 slice and whole wheat toast 1 slice. The House diet for lunch would be ½ cup frozen parried cauliflower and 1 breadstick.</p> <p>An interview was conducted with the CDM (Certified Dietary Manager) on at 1:07 PM. He stated he had been working in the facility for one year. He was asked what he serves a resident on a CHO Controlled, Hi-Pro Diet. He stated they do not have a diet on the spreadsheet, so he uses a Hi -Pro diet. For a CHO Controlled diet, the resident would have received for breakfast 1 slice of bacon and 1 slice of whole wheat bread. For lunch it would be ½ a breadstick and that would be the only difference. The surveyor asked the CDM who would get a CKDS (stage 5) menu. He stated he does not use that and uses a Hi-Pro diet for someone with a diet order. According to the "Nutritional Care Manual", salty processed meats (such as bacon, bologna, salami and other lunch meats), ham, hot dogs, sausage, breakfast sausage, and pre-seasoned meats are not on the CKDS diet.</p> <p>The surveyor revealed to the CDM that observation of</p>	F0808		

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F0808 SS = D	<p>Continued from page 12 Resident #1's breakfast meal revealed he received 2 slices of whole wheat bread and 2 slices of bacon. For lunch he received 2 rolls and no cauliflower. The CDM stated that was a mistake. That was too many _____ for that resident. He should have had only 1 slice of bread for breakfast and 1 roll for lunch. He stated he did not have breadsticks, so he substituted rolls.</p> <p>An additional interview was conducted with the CDM on _____ at 3:00 PM. He stated the Food Supply Company (Name provided) diet is in the 4th week, so they have been used for 3 weeks. He stated no one went over the diets with him. He decided that the Hi-Pro diet matched the _____ diet order in the EHR. He stated he had a limited discussion with the facility's Dietician that the diets did not match the EHR.</p>	F0808		
F0812 SS = D	<p>Food Procurement,Store/Prepare/Serve-Sanitary</p> <p>CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements.</p> <p>The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, record review, and staff interviews, the facility failed to ensure that meat prepared and ready to be served to residents was maintained at the proper hot-holding temperature on the</p>	F0812		

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F0812 SS = D	<p>Continued from page 13 steam table. This deficiency had the potential to affect all 12 of 12 sampled residents who received the alternate lunch meal, which included chicken on . The census at the time of survey was 121.</p> <p>The findings included:</p> <p>On at 11:45 AM, during an observation of food service operations and temperature checks conducted with Food Service Assistant, Employee F, the surveyor observed the temperature of cooked chicken on the steam table. Staff F prepared two plates and placed them on the food cart for distribution to residents. Immediately following this, the surveyor measured the temperature of the chicken in the steamtable pan. The pieces located on the top measured 107°F, while the pieces at the bottom measured 127°F (Fahrenheit). At the request of the surveyor, the chicken was immediately reheated to the proper temperature of 165 degrees before serving it to the residents.</p> <p>Review of the facility's Prepared Food Temperature record on at 12:18 PM revealed that the recorded temperature for the chicken did not match the temperatures observed on . The log showed a temperature of 162°F, which the Food Service Director confirmed reflected the temperature of the meat when removed from the oven, not the temperature while being held on the steam table. The temperature recorded by the surveyor (107°F and 127°F) was below the required minimum hot-holding temperature of 165°F.</p> <p>During an interview on at 12:22 PM, the Food Service Director acknowledged the discrepancy, stating that the logged temperature represented the initial post-oven reading and confirming that the temperature "may have dropped" while the chicken was on the steam table. He agreed with the findings and had no further information to provide.</p>	F0812		

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N0000	INITIAL COMMENTS An unannounced relicensure and complaint survey, complaint #2025013598 and #2025015281, was conducted on through at Nspire Healthcare Tamarac. The facility had deficiencies at the time of the survey. Complaint numbers 2025013598 and 2025015281 were not substantiated.	N0000		
N0188 SS = D	Right to File Grievances CFR(s): 400.022(1)(d), FS. (d) The right to present grievances on behalf of himself or herself or others to the staff or administrator of the facility, to governmental officials, or to any other person; to recommend changes in policies and services to facility personnel; and to join with other residents or individuals within or outside the facility to work for improvements in resident care, free from , interference, coercion, discrimination, or reprisal. This right includes access to ombudsmen and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. The right also includes the right to prompt efforts by the facility to resolve resident grievances, including grievances with respect to the behavior of other residents. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on interviews and a review of facility records, the facility failed to provide evidence of documented grievances submitted by 1 of 1 sampled resident, Resident #75, regarding delays in call-light response and concerns related to activities of daily living (ADL) care. The findings included: Clinical record review showed that Resident #75 was	N0188		

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Florida State Department of Health

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N0188 SS = D	<p>Continued from page 1</p> <p>admitted on _____ with diagnoses including _____ left-sided _____ and recent right- _____ surgery. She was alert, oriented, and verbally responsive. Further documentation listed diagnoses of the right _____ primary _____ and _____ following _____ affecting the left side, and coordination _____</p> <p>Review of the ADL [Activities of Daily Living] Plan of Care identified significant self-care related to her medical conditions. Interventions included assistance with bathing, _____, eating, hygiene, mobility, toileting, transfers, skin assessments, and use of a call bell for help. The plan also noted _____ vision and use of glasses.</p> <p>Review of the nursing progress notes dated _____ indicated that Resident #75 had been referred for a _____ evaluation due to complaints and adjustment concerns. The _____ assessment documented frequent complaints, general unhappiness, nervousness, and episodes of verbal _____ based on staff reports.</p> <p>On _____ at 1:20 PM, Resident #75 stated dissatisfaction with the services and quality of care received. She stated that upon her admission, "the care was terrible," and described waiting approximately four hours for assistance after activating her call light, _____ during nighttime hours. She stated these concerns to the _____ nurse, but no improvements were observed. Resident #75 also stated that Certified Nursing Assistants (CNAs) told her they were responsible for 16 residents and lacked adequate time to provide timely care. She stated that her family reported concerns to the Administrator but perceived the response as indifferent.</p> <p>Resident #75 further stated that when she requested to receive ADL care before other residents due to her functional limitations, staff responded that permanent residents were prioritized over her. She explained that she was unable to use either arm due to left-sided _____ and recent right- _____ surgery. She stated that the Administration did not address her complaints.</p> <p>During an interview on _____ at 11:39 AM, Staff C (Registered Nurse / RN) reported that the resident required complete assistance with all ADLs on admission. Staff C stated Resident #75 had complained of waiting 5-10 minutes for care after activating the</p>	N0188		

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N0188 SS = D	<p>Continued from page 2</p> <p>call light and expressed frustration about delays in having her sanitary brief changed. Staff C had stated communicating these concerns to the Director of Nursing (DON) and documenting the resident issues in the facility's electronic system ("TELL"). She stated that although she has filed grievances for other residents, she had not submitted any grievance documentation for Resident #75.</p> <p>During an interview on _____ at 12:39 PM, Staff D (Certified Nursing Assistant / CNA) stated she had worked at the facility for nearly 40 years. She stated Resident #75 initially required total assistance with all tasks but had since improved. She stated the resident complained about noise and other residents entering her room but indicated she did not consider these issues necessary to report to Administration unless they were dangerous. Staff D stated no knowledge of call-light delays for Resident #75.</p> <p>On _____ at 1:36 PM, the Social Worker stated that grievance forms are available in boxes near the nurses' station and must be addressed within three days. She stated having received no grievance submissions from Resident #75 and no documentation indicating that staff had submitted grievances on her behalf.</p> <p>On _____ at 2:33 PM, the Director of Nursing / DON stated she had not received complaints from the resident or her family. She described the facility's grievance procedure, which requires documentation of the issue, resolution within three days, and transfer of the resolution to the Social Worker. No documentation existed for Resident #75's grievance.</p>	N0188		
N0201 SS = D	<p>Class III</p> <p>Right to Adequate and Appropriate Health Care</p> <p>CFR(s): 400.022(1)(I), FS</p> <p>(I) The right to receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on review of policy and procedure, observation,</p>	N0201		

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N0201 SS = D	<p>Continued from page 3</p> <p>record review and interview, the facility failed to obtain physician orders for () or care for 1 of 1 sampled resident observed, Resident #111.</p> <p>The findings included:</p> <p>Review of the facility's policy, titled, Flushing, Locking, Removal, provided by the Director of Nursing (DON), reviewed/revised documented in the "Policy Statement: It is the policy of this facility to ensure that are flushed, locked and removed consistent with current standards of practice. Policy Explanation: are longer, that are placed in, veins...Compliance Guidelines: 1. The nurse will obtain and/or verify the physician's order for the type of () solution or medication, dose, rate and length of treatment...10. removal will be performed by the practitioner or nurse in accordance with facility policy and your state's nurse practice act. 11. Removal of a will occur at the end of onset of complications or when deemed no longer necessary. Obtain a physician's order for removal...Removal 1. Verify the physician's orders....9. Inspect the site for signs of ...19. Document the procedure."</p> <p>Record review revealed Resident #111 was re-admitted to the facility on with diagnoses that included Unspecified and Lymphedema, Atherosclerotic and . The record indicated a Brief Interview Mental Status (BIM) 13, indicative of intact cognition.</p> <p>On at 10:11 AM, an observation was conducted of Resident #111's left upper arm () in place, with today's date of , documented as changed by Staff A, Registered (RN). Further observation of the site base revealed it appeared to have some brownish discoloration with a small, darkened -tinged area noted in the tubing.</p> <p>During an interview conducted on at 10:15 AM with Resident #111, she stated she has had this in place since her date of admission. She said she does not know why she still has this in place since to her knowledge, she said that she had not been receiving any medication in there since being admitted to this facility.</p>	N0201		

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N0201 SS = D	<p>Continued from page 4</p> <p>Record review of both the physician's discontinued order sheets, as well as of the current order forms, dated for the months of _____ and _____ revealed neither contained orders for the discontinuance, or for the care and maintenance of the resident's current _____.</p> <p>Additional record review of the Medication Administration Record (MAR) and of the Treatment Administration Record (TAR) for the months of _____ and _____ did not document any orders for the discontinuance or the care and maintenance of the resident's current _____.</p> <p>Review of the _____ Clinical Admission by Staff A, documented that, "[the resident's] _____ (_____) line was patent and that the _____ was intact, with no current _____ noted for the resident."</p> <p>An interview was conducted with Staff B, the resident's readmitting and current RN, who when asked about the _____ being in place, responded she did not recall whether or not the resident was admitted with the _____ in place, and she wasn't sure exactly when or how long it had been in place. Staff B indicated the resident had been receiving only oral _____, which subsequently had been discontinued. Staff B also stated she needed to contact the resident's physician to see if she could get an order to discontinue the _____. Staff B acknowledged that a physician's order had never been obtained for the care and maintenance of the _____.</p> <p>A side-by-side record review was conducted with Staff B, which revealed that, "the _____ Physician's Orders for Resident # 111 only documented the following two (2) oral _____ of: _____ Oral Tablet 500 mg to give one (1) tablet by _____ one time for _____ for 16 Days, ordered _____ through _____; and for _____ 100 mg capsule to give one (1) capsule by _____ every 12 hours for _____ for 7 Days, ordered _____ through _____. There was no _____ ordered for this resident during her facility stay.</p> <p>On _____ at 4:05 PM, a second observation was conducted of the resident's left upper underneath arm of the _____, and it was observed still in place. There remained no current physician's order for either the discontinuance, or for the care and maintenance of the _____. The _____.</p>	N0201		

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N0201 SS = D	<p>Continued from page 5 site base still appeared to have brownish discoloration with a small, darkened -tinged area noted in the tubing.</p> <p>On at 9:47 AM, a third observation was conducted of the resident's left upper arm , and it was observed still in place, and there was still no current physician's order obtained for the discontinuance or for the care and maintenance of the . The site base still appeared to have brownish discoloration with a small, darkened -tinged area noted in the tubing.</p> <p>A telephone interview was conducted on at 2:07 PM with Staff A, who had initiated changing the resident's on . Staff A was asked about the and acknowledged she had identified the resident's as having been present and in place in the resident's left upper arm. Staff A revealed she had not notified the on-coming nurse, the DON, and had not contacted the resident's physician, in order to obtain orders for either the removal of or the care and maintenance of the . She stated she, "forgot to do so."</p> <p>There was no evidence documented in the facility's nursing admission progress notes, the facility's subsequent on-going nursing progress, the facility's baseline care plan, or in the facility's current comprehensive care plan, of the identification or existence of Resident #111's left upper arm . There was no current physician's order obtained for the discontinuance or for the care and maintenance of the . The line remained in place and not in use in the resident's left upper arm for eleven (11) days.</p> <p>There was no physician's order obtained to remove Resident #111's until after surveyor inquisition.</p> <p>The Director of Nursing (DON) recognized and acknowledged on at 3:10 PM that the nurse should have contacted the resident's physician to obtain an order to either discontinue or to provide for the care and maintenance of the resident's</p> <p>Class III</p>	N0201		
N0407 SS = D	Dietary Services	N0407		

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N0407 SS = D	<p>Continued from page 6 CFR(s): 400.141(1)(i), FS</p> <p>Every licensed facility shall comply with all applicable standards and rules of the agency and shall:</p> <p>(j) If the licensee furnishes food service, provide a wholesome and nourishing diet sufficient to meet generally accepted standards of proper nutrition for its residents and provide such therapeutic diets as may be prescribed by attending physicians. In making rules to implement this paragraph, the agency shall be guided by standards recommended by nationally recognized professional groups and associations with knowledge of dietetics.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to follow the prescribed therapeutic diet for 1 of 2 sampled residents reviewed for therapeutic diets, Resident #1; and failed to follow their menu for 2 sampled residents on a therapeutic diet, Residents #1 and #45. The census at the time of survey was 121, with 31 residents designated as being on a mechanical soft diet and 7 residents designated as on a CHO () Controlled diet.</p> <p>The findings included:</p> <p>1. Review of the Menu Spread Sheets provided by the Certified Dietary Manager (CDM) specified that the Mechanical Soft Diet was to provide "Grd" (ground) meats every day for Breakfast, Lunch, and Dinner.</p> <p>Record review revealed Resident #45 was readmitted on with diagnoses which included , , , Type 2 , and , ().</p> <p>Review of the Quarterly Minimum Data Set (MDS) assessment dated , section C, documented Resident #45 had a () score of 10, on a scale of 0 to 15, indicating the resident's cognition was moderately .</p> <p>On at 12:16 PM, during a dining room observation on the second floor, Resident #45 was observed consuming her lunch meal. Per the resident's meal ticket, the resident was prescribed a Mechanical Soft Diet. The meal included roast beef which was cut into pieces or chunks that were about 0.5 inches in size. Photographic Evidence Obtained.</p> <p>During a Tray Line observation on at 11:28 AM, the CDM called the Mechanical Soft chicken, "diced</p>	N0407		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N0407 SS = D	<p>Continued from page 7</p> <p>chicken" while taking its temperature. There was no ground meat noted on the tray line.</p> <p>On _____ at 12:07 PM, a dining room observation was conducted on the second floor. Resident #45 was observed with diced or chopped chicken. Photographic Evidence Obtained.</p> <p>An interview with the facility's CDM in the front conference room was conducted on _____ at 1:05 PM. The CDM has been employed with the facility for about 1 year. The CDM stated that Sysco provides the menus and their breakdown. These menus are approved by a corporate Registered Dietitian (RD). When asked, the CDM stated that the current Diet Consistency Orders available were: Regular, Mechanical Soft, and Pureed. He further stated that the menu and breakdowns which he provided were new and had just started about three weeks ago. The CDM was then shown the Diet Spreadsheet with the breakdown of the different diets. He stated that the "Soft" diet on the spread sheet was the Mechanical Soft diet in the system. It was pointed out to the CDM that the Soft Diet specified ground meat. His response was, "We don't have any ground diets."</p> <p>During an interview on _____ at approximately 1:30 PM in the front conference room, both the Director of the _____ Department, who is a Speech Language Pathologist (SLP), and the facility SLP, were interviewed. The SLP stated that the facility offered the following consistencies: Pureed, Mechanical Soft or Soft Bite Sized, and Regular. Both the Director of _____ and the SLP were aware of the new menus and stated that they were reviewed with the Registered Dietitian, but they had not seen the menu breakdown. When shown the spread sheet they agreed that "bite sized or chopped" meats were not there, and it instead read "grd" which meant ground. The Director stated they use the International _____ Diet Standardization Initiative (IDDSI) guidelines for their mechanically altered diets and that in the building Mechanical Soft is considered bite sized, not ground.</p> <p>2. Record review revealed Resident #1 was re-admitted to the facility on _____ with an initial admission of _____. Resident #1 had diagnoses that included Type 2 _____ and Acquired Absence of Left _____ Above _____. He received _____ three times a week.</p> <p>The documented resident's _____ score was 15 on the PPS (Prospective Payment System) Part A Discharge Minimum Data Set with an Assessment Reference Date of _____.</p>	N0407		

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N0407 SS = D	<p>Continued from page 8 indicating he was</p> <p>On , a record review was conducted of Resident #1's orders. Review of the diet order revealed an order for 'CHO () Controlled, Hi Pro Diet, Regular texture, thin consistency'. An observation was conducted on at 10:34 AM of Resident #1's breakfast meal. The food on the resident's tray included 2 slices of wheat bread, a serving of scrambled eggs with peppers, a cup of oatmeal, 2 strips of bacon, 4 ounces on apple juice and 4 ounces of 2% milk. The items on the meal tray were confirmed to be for Resident #1 with Staff J, Certified Nursing Assistant (CNA). The surveyor asked the resident if this was a typical breakfast he received and stated that he gets what everyone else does and he was not aware that was on a special diet.</p> <p>On at 12:20 PM, the lunch meal was served to Resident #1. The lunch meal included 2 rolls, chicken cacciatore with penne, frozen strawberries with whip cream and 4 ounces of cranberry juice. Review of the resident's lunch meal ticket revealed a Regular, CCHO (Controlled Diet), Hi Pro diet.</p> <p>Review of the Food Service Supplier's [Name provided] Traditional Menu for Week 3 Day 18 revealed the House diet for breakfast would be bacon 1 slice and whole wheat toast 1 slice. The House diet for lunch would be ½ cup frozen parsleyed cauliflower and 1 breadstick.</p> <p>An interview was conducted with the CDM (Certified Dietary Manager) on at 1:07 PM. He stated he had been working in the facility for one year. He was asked what he serves a resident on a CHO Controlled, Hi- Pro Diet. He stated they do not have a diet on the spreadsheet, so he uses a Hi -Pro diet. For a CHO Controlled diet, the resident would have received for breakfast 1 slice of bacon and 1 slice of whole wheat bread. For lunch it would be ½ a breadstick and that would be the only difference. The surveyor asked the CDM who would get a CKD5 (stage 5) menu. He stated he does not use that and uses a Hi-Pro diet for someone with a diet order. According to the "Nutritional Care Manual", salty processed meats (such as bacon, bologna, salami and other lunch meats), ham, hot dogs, sausage, breakfast sausage, and pre-seasoned meats are not on the CKD5 diet.</p> <p>The surveyor revealed to the CDM that observation of Resident #1's breakfast meal revealed he received 2 slices of whole wheat bread and 2 slices of bacon; and for lunch he received 2 rolls and no cauliflower. The</p>	N0407		

Florida State Department of Health

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N0407 SS = D	<p>Continued from page 9 CDM stated that was a mistake, that was too many for that resident, and he should have had only 1 slice of bread for breakfast and 1 roll for lunch. He stated he did not have breadsticks, so he substituted rolls.</p> <p>An interview was conducted with the Dietetic Technician (DTR) on at 1:45 PM. Review of the Sysco spreadsheet was conducted along with the diet order for Resident #1. She stated the diet order in the Electronic Health Record (EHR) did not match the spreadsheet. She stated she would use the Hi-Pro diet for the diet. She also stated that she had not seen this spreadsheet before and the dietician works with it.</p> <p>An interview was conducted with the facility's Dietician over the phone on at 2:00 PM. She stated she was aware that the diets in the EHR do not match the Food Service Supplier's [Name provided] diet spreadsheets. She stated this has happened in the past and she had to customize the diets. It was discussed with the Dietician that Resident #1 was given bacon for breakfast because he was on a Hi-Pro diet and the CKD5 diet does not allow bacon. When asked how we can be sure he is receiving the proper diet, she stated she agreed with the surveyor that they should match and there should be no guessing on what they are giving the resident. She stated she goes over the labs once a month with the dietician. The Center keeps the labs there, if there are any changes with his diet, the dietician there would let her know.</p> <p>An additional interview was conducted with the CDM on at 3:00 PM. He stated the Food Service Supplier's [Name provided] diet is in the 4th week, so they have been used for 3 weeks. He stated no one went over the diets with him. He decided that the Hi-Pro diet matched the diet order in the EHR. He stated he had a limited discussion with the facility's Dietician that the diets did not match the EHR.</p> <p>Class III</p>	N0407		

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F0000	INITIAL COMMENTS An unannounced Recertification and Complaint survey, complaint #2025013598 and #2025015281, was conducted from through at Nspire Healthcare Tamarac. The facility was not in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Complaint numbers 2025013598 and 2025015281 were not substantiated.	F0000		/2026
F0565 SS = D	Resident/Family Group and Response CFR(s): 483.10(f)(5)(i)-() (6)(7) §483.10(f)(5) The resident has a right to organize and participate in resident groups in the facility. (i) The facility must provide a resident or family group, if one exists, with private space; and take reasonable steps, with the approval of the group, to make residents and family members aware of upcoming meetings in a timely manner. (ii) Staff, visitors, or other guests may attend resident group or family group meetings only at the respective group's invitation. (iii) The facility must provide a designated staff person who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings. () The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility. (A) The facility must be able to demonstrate their response and rationale for such response. (B) This should not be construed to mean that the facility must implement as recommended every request of the resident or family group.	F0565	Resident #75- grievances regarding ADL care and call light response was documented and addressed. A quality audit of current residents was conducted to ensure there is no undocumented grievances regarding delay in call light response and concerns related to activities of daily living (ADL) care. The Director of Nursing will educate the Nursing staff on ensuring that grievances with resident's concerns are documented and addressed. The Director of Nursing and/or designee will conduct weekly audits for 4 weeks and randomly thereafter for 2 months to ensure that staff is documenting grievances with resident's concerns. Audits will be reported to the Quality Assurance Performance Improvement Committee monthly x3 months or until substantial compliance has been met.	/2026

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 reverse for further 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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F0565 SS = D	<p>Continued from page 1</p> <p>§483.10(f)(6) The resident has a right to participate in family groups.</p> <p>§483.10(f)(7) The resident has a right to have family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) of other residents in the facility.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interviews and a review of facility records, the facility failed to provide evidence of documented grievances submitted by 1 of 1 sampled resident, Resident #75, regarding delays in the call-light response and concerns related to activities of daily living (ADL) care.</p> <p>The findings included:</p> <p>Clinical record review showed that Resident #75 was admitted on [redacted] with diagnoses including [redacted], left-sided [redacted], and recent right- [redacted] surgery. She was alert, oriented, and verbally responsive. Further documentation listed diagnoses of the right [redacted], primary [redacted] and [redacted] following [redacted] affecting the left side, and coordination [redacted].</p> <p>Review of the ADL [Activities of Daily Living] Plan of Care identified significant self-care [redacted] related to her medical conditions. Interventions included assistance with bathing, [redacted], eating, hygiene, mobility, toileting, transfers, skin assessments, and use of a call bell for help. The plan also noted [redacted] vision and use of glasses.</p> <p>Review of the nursing progress notes dated [redacted] indicated that Resident #75 had been referred for a [redacted] evaluation due to complaints and adjustment concerns. The [redacted] assessment documented frequent complaints, general unhappiness, nervousness, and episodes of verbal [redacted], based on staff reports.</p> <p>On [redacted] at 1:20 PM, Resident #75 stated dissatisfaction with the services and quality of care received. She stated that upon her admission, "the care was terrible," and described waiting approximately four hours for assistance after activating her call light, [redacted] during nighttime hours. She stated these</p>	F0565		

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F0565 SS = D	<p>Continued from page 2</p> <p>concerns to the nurse, but no improvements were observed. Resident #75 also stated that Certified Nursing Assistants (CNAs) told her they were responsible for 16 residents and lacked adequate time to provide timely care. She stated that her family reported concerns to the Administrator but perceived the response as indifferent.</p> <p>Resident #75 further stated that when she requested to receive ADL care before other residents due to her functional limitations, staff responded that permanent residents were prioritized over her. She explained that she was unable to use either arm due to left-sided and recent right- surgery. She stated that the Administration did not address her complaints.</p> <p>During an interview on at 11:39 AM, Staff C (Registered Nurse / RN) reported that the resident required complete assistance with all ADLs on admission. Staff C stated Resident #75 had complained of waiting 5–10 minutes for care after activating the call light and expressed frustration about delays in having her sanitary brief changed. Staff C had stated communicating these concerns to the Director of Nursing (DON) and documenting the resident issues in the facility's electronic system ("TELL"). She stated that although she has filed grievances for other residents, she had not submitted any grievance documentation for Resident #75.</p> <p>During an interview on at 12:39 PM, Staff D (Certified Nursing Assistant / CNA) stated she had worked at the facility for nearly 40 years. She stated Resident #75 initially required total assistance with all tasks but had since improved. She stated the resident complained about noise and other residents entering her room but indicated she did not consider these issues necessary to report to Administration unless they were dangerous. Staff D stated no knowledge of call-light delays for Resident #75.</p> <p>On at 1:36 PM, the Social Worker stated that grievance forms are available in boxes near the nurses' station and must be addressed within three days. She stated having received no grievance submissions from Resident #75 and no documentation indicating that staff had submitted grievances on her behalf.</p> <p>On at 2:33 PM, the Director of Nursing / DON stated she had not received complaints from the resident or her family. She described the facility's grievance procedure, which requires documentation of the issue, resolution within three days, and transfer</p>	F0565		

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F0565 SS = D	Continued from page 3 of the resolution to the Social Worker. No documentation existed for Resident #75's grievance.	F0565		
F0694 SS = D	CFR(s): 483.25(h) § 483.25(h) Fluids. fluids must be administered consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences. This REQUIREMENT is NOT MET as evidenced by: Based on review of policy and procedure, observation, record review and interview, the facility failed to obtain physician orders for () and care for 1 of 1 sampled resident observed, Resident #111. The findings included: Review of the facility's policy, titled, Flushing, Locking, Removal, provided by the Director of Nursing (DON), reviewed/revised documented in the "Policy Statement: It is the policy of this facility to ensure that are flushed, locked and removed consistent with current standards of practice. Policy Explanation: that are are longer, that are placed in, veins...Compliance Guidelines: 1. The nurse will obtain and/or verify the physician's order for the type of () solution or medication, dose, rate and length of treatment....10. removal will be performed by the practitioner or nurse in accordance with facility policy and your state's nurse practice act. 11. Removal of a will occur at the end of onset of complications or when deemed no longer necessary. Obtain a physician's order for removal...Removal 1. Verify the physician's orders....9. Inspect the site for signs of ...19. Document the procedure." Record review revealed Resident #111 was re-admitted to the facility on with diagnoses that included Unspecified, Lymphedema, Atherosclerotic and . The record indicated a Brief Interview Mental Status (BIM) 13, indicative of intact cognition.		per physician orders. A quality audit of current residents was conducted to ensure that no () were noted without a physician order place. The Director of Nursing educated licensed nurses on ensuring that a physician order is obtain for residents with () lines. The Director of Nursing and/or designee will conduct weekly audits for 4 weeks and randomly thereafter for 2 months to ensure that a physician order is obtain for residents with () lines. Audits will be reported to the Quality Assurance Performance Improvement Committee monthly x3 months or until substantial compliance has been met.	

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<p>F0694 SS = D</p>	<p>Continued from page 4</p> <p>On at 10:11 AM, an observation was conducted of Resident #111's left upper arm () in place, with today's date of , documented as changed by Staff A, Registered (RN). Further observation of the site base revealed it appeared to have some brownish discoloration with a small, darkened -tinged area noted in the tubing.</p> <p>During an interview conducted on at 10:15 AM with Resident #111, she stated she has had this in place since her date of admission. She said she does not know why she still has this in place since to her knowledge, she said that she had not been receiving any medication in there since being admitted to this facility.</p> <p>Record review of both the physician's discontinued order sheets, as well as of the current order forms, dated for the months of and revealed neither contained orders for the discontinuance, or for the care and maintenance of the resident's current .</p> <p>Additional record review of the Medication Administration Record (MAR) and of the Treatment Administration Record (TAR) for the months of and did not document any orders for the discontinuance or the care and maintenance of the resident's current .</p> <p>Review of the Clinical Admission by Staff A, documented that, "[the resident's] () line was patent and that the , was intact, with no current noted for the resident."</p> <p>An interview was conducted with Staff B, the resident's readmitting and current RN, who when asked about the being in place, responded she did not recall whether or not the resident was admitted with the in place, and she wasn't sure exactly when or how long it had been in place. Staff B indicated the resident had been receiving only oral , which subsequently had been discontinued. Staff B also stated she needed to contact the resident's physician to see if she could get an order to discontinue the . Staff B acknowledged that a physician's order had never been obtained for the care and maintenance of the .</p> <p>A side-by-side record review was conducted with Staff</p>	<p>F0694</p>		

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F0694 SS = D	<p>Continued from page 5</p> <p>B, which revealed that, "the Physician's Orders for Resident # 111 only documented the following two (2) oral of: Oral Tablet 500 mg to give one (1) tablet by one time for for 16 Days, ordered through /2; and for 100 mg capsule to give one (1) capsule by every 12 hours for for 7 Days, ordered through . There was no ordered for this resident during her facility stay.</p> <p>On at 4:05 PM, a second observation was conducted of the resident's left upper underneath arm of the , and it was observed still in place. There remained no current physician's order for either the discontinuance, or for the care and maintenance of the . The site base still appeared to have brownish discoloration with a small, darkened -tinged area noted in the tubing.</p> <p>On at 9:47 AM, a third observation was conducted of the resident's left upper arm , and it was observed still in place, and there was still no current physician's order obtained for the discontinuance or for the care and maintenance of the . The site base still appeared to have brownish discoloration with a small, darkened -tinged area noted in the tubing.</p> <p>A telephone interview was conducted on at 2:07 PM with Staff A, who had initiated changing the resident's , on . Staff A was asked about the and acknowledged she had identified the resident's as having been present and in place in the resident's left upper arm. Staff A revealed she had not notified the on-coming nurse, the DON, and had not contacted the resident's physician, in order to obtain orders for either the removal of or the care and maintenance of the . She stated she, "forgot to do so."</p> <p>There was no evidence documented in the facility's nursing admission progress notes, the facility's subsequent on-going nursing progress, the facility's baseline care plan, or in the facility's current comprehensive care plan, of the identification or existence of Resident #111's left upper arm . There was no current physician's order obtained for the discontinuance or for the care and maintenance of the . The line remained in place and not in use in the resident's left upper arm for eleven (11) days.</p>	F0694		

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F0694 SS = D	Continued from page 6 There was no physician's order obtained to remove Resident #111's until after surveyor inquisition. The Director of Nursing (DON) recognized and acknowledged on at 3:10 PM that the nurse should have contacted the resident's physician to obtain an order to either discontinue or to provide for the care and maintenance of the resident's	F0694		
F0803 SS = D	Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7) §483.60(c) Menus and nutritional adequacy. Menus must- §483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.; §483.60(c)(2) Be prepared in advance; §483.60(c)(3) Be followed; §483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups; §483.60(c)(5) Be updated periodically; §483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and §483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview and record review, the facility failed to follow their menu for 2 sampled residents on a therapeutic diet, Residents #1 and #45.	F0803	The Registered Dietician reviewed and updated the facility's menu to ensure a therapeutic diet is being provided for Resident #45 and Resident #1. A quality audit of current residents on a therapeutic diet was conducted to ensure the facility is following the menu for residents on a therapeutic diet. The Administrator educated the CDM (Certified Dietary Manager) on ensuring the menu is being followed for residents on a therapeutic diet. Administrator and/or designee will conduct weekly audits for 4 weeks and randomly thereafter for 2 months to ensure the menu is being followed for residents on a therapeutic diet. Audits will be reported to the Quality Assurance Performance Improvement Committee monthly x3 months or until substantial compliance has been met.	/2026

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F0803 SS = D	<p>Continued from page 7</p> <p>The census at the time of survey was 121, with 31 residents designated as being on a mechanical soft diet and 7 residents designated as on a CHO () Controlled diet.</p> <p>The findings included:</p> <p>1. Review of the Menu Spread Sheets provided by the Certified Dietary Manager (CDM) specified that the Mechanical Soft Diet was to provide "Grd" (ground) meats every day for Breakfast, Lunch, and Dinner.</p> <p>Record review revealed Resident #45 was readmitted on with diagnoses which included , Type 2 , and () .</p> <p>Review of the Quarterly Minimum Data Set (MDS) assessment dated , section C, documented Resident #45 had a () score of 10, on a scale of 0 to 15, indicating the resident's cognition was moderately .</p> <p>On at 12:16 PM, during a dining room observation on the second floor, Resident #45 was observed consuming her lunch meal. Per the resident's meal ticket, the resident was prescribed a Mechanical Soft Diet. The meal included roast beef which was cut into pieces or chunks that were about 0.5 inches in size. Photographic Evidence Obtained.</p> <p>During a Tray Line observation on at 11:28 AM, the CDM called the Mechanical Soft chicken, "diced chicken" while taking its temperature. There was no ground meat noted on the tray line.</p> <p>On at 12:07 PM, a dining room observation was conducted on the second floor. Resident #45 was observed with diced or chopped chicken. Photographic Evidence Obtained.</p> <p>An interview with the facility's CDM in the front conference room was conducted on at 1:05 PM. The CDM has been employed with the facility for about 1 year. The CDM stated that Sysco provides the menus and their breakdown. These menus are approved by a corporate Registered Dietitian (RD). When asked, the CDM stated that the current Diet Consistency Orders available were: Regular, Mechanical Soft, and Pureed. He further stated that the menu and breakdowns which he provided were new and had just started about three weeks ago. The CDM was then shown the Diet Spreadsheet with the breakdown of the different diets. He stated that the "Soft" diet on the spread sheet was the Mechanical Soft diet in the system. It was pointed out</p>	F0803		

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F0803 SS = D	<p>Continued from page 8 to the CDM that the Soft Diet specified ground meat. His response was, "We don't have any ground diets."</p> <p>During an interview on _____ at approximately 1:30 PM in the front conference room, both the Director of the _____ Department, who is a Speech Language Pathologist (SLP), and the facility SLP, were interviewed. The SLP stated that the facility offered the following consistencies: Pureed, Mechanical Soft or Soft Bite Sized, and Regular. Both the Director of _____ and the SLP were aware of the new menus and stated that they were reviewed with the Registered Dietitian, but they had not seen the menu breakdown. When shown the spread sheet they agreed that "bite sized or chopped" meats were not there, and it instead read "grd" which meant ground. The Director stated they use the International _____ Diet Standardization Initiative (IDDSI) guidelines for their mechanically altered diets and that in the building Mechanical Soft is considered bite sized, not ground.</p> <p>2. Record review revealed Resident #1 was re-admitted to the facility on _____ with an initial admission of _____. Resident #1 had diagnoses that included Type 2 _____ and Acquired Absence of Left _____ Above _____. He received _____ three times a week.</p> <p>The documented resident's _____ score was 15 on the PPS (Prospective Payment System) Part A Discharge Minimum Data Set with an Assessment Reference Date of _____ indicating he was _____.</p> <p>On _____, a record review was conducted of Resident #1's orders. Review of the diet order revealed an order for "CHO (_____) Controlled, Hi Pro _____ Diet, Regular texture, thin consistency". An observation was conducted on _____ at 10:34 AM of Resident #1's breakfast meal. The food on the resident's tray included 2 slices of wheat bread, a serving of scrambled eggs with peppers, a cup of oatmeal, 2 strips of bacon, 4 ounces on apple juice and 4 ounces of 2% milk. The items on the meal tray were confirmed to be for Resident #1 with Staff J, Certified Nursing Assistant (CNA). The surveyor asked the resident if this was a typical breakfast he received and stated that he gets what everyone else does and he was not aware that was on a special diet.</p> <p>On _____ at 12:20 PM, the lunch meal was served to Resident #1. The lunch meal included 2 rolls, chicken cacciatore with penne, frozen strawberries with whip cream and 4 ounces of cranberry juice. Review of the</p>	F0803		

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F0803 SS = D	<p>Continued from page 9 resident's lunch meal ticket revealed a Regular, CCHO (Controlled Diet), Hi Pro diet.</p> <p>Review of the Food Service Supplier's [Name provided] Traditional Menu for Week 3 Day 18 revealed the House diet for breakfast would be bacon 1 slice and whole wheat toast 1 slice. The House diet for lunch would be ½ cup frozen parslid cauliflower and 1 breadstick.</p> <p>An interview was conducted with the CDM (Certified Dietary Manager) on at 1:07 PM. He stated he had been working in the facility for one year. He was asked what he serves a resident on a CHO Controlled, Hi-Pro Diet. He stated they do not have a diet on the spreadsheet, so he uses a Hi -Pro diet. For a CHO Controlled diet, the resident would have received for breakfast 1 slice of bacon and 1 slice of whole wheat bread. For lunch it would be ½ a breadstick and that would be the only difference.</p> <p>The surveyor asked the CDM who would get a CKD5 (stage 5) menu. He stated he does not use that and uses a Hi-Pro diet for someone with a diet order. According to the "Nutritional Care Manual", salty processed meats (such as bacon, bologna, salami and other lunch meats), ham, hot dogs, sausage, breakfast sausage, and pre-seasoned meats) are not on the CKD5 diet.</p> <p>The surveyor revealed to the CDM that observation of Resident #1's breakfast meal revealed he received 2 slices of whole wheat bread and 2 slices of bacon; and for lunch he received 2 rolls and no cauliflower. The CDM stated that was a mistake, that was too many for that resident, and he should have had only 1 slice of bread for breakfast and 1 roll for lunch. He stated he did not have breadsticks, so he substituted rolls.</p> <p>An interview was conducted with the Dietetic Technician (DTR) on at 1:45 PM. Review of the Sysco spreadsheet was conducted along with the diet order for Resident #1. She stated the diet order in the Electronic Health Record (EHR) did not match the spreadsheet. She stated she would use the Hi-Pro diet for the diet. She also stated that she had not seen this spreadsheet before and the dietician works with it.</p> <p>An interview was conducted with the facility's Dietician over the phone on at 2:00 PM. She stated she was aware that the diets in the EHR do not match the Food Service Supplier's [Name provided] diet</p>	F0803		

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F0803 SS = D	<p>Continued from page 10 spreadsheets. She stated this has happened in the past and she had to customize the diets. It was discussed with the Dietician that Resident #1 was given bacon for breakfast because he was on a Hi-Pro diet and the CKD5 diet does not allow bacon. When asked how we can be sure he is receiving the proper diet, she stated she agreed with the surveyor that they should match and there should be no guessing on what they are giving the resident. She stated she goes over the labs once a month with the dietician. The Center keeps the labs there, if there are any changes with his diet, the dietician there would let her know.</p> <p>An additional interview was conducted with the CDM on at 3:00 PM. He stated the Food Service Supplier's [Name provided] diet is in the 4th week, so they have been used for 3 weeks. He stated no one went over the diets with him. He decided that the Hi-Pro diet matched the diet order in the EHR. He stated he had a limited discussion with the facility's Dietician that the diets did not match the EHR.</p>	F0803		
F0808 SS = D	<p>Therapeutic Diet Prescribed by Physician</p> <p>CFR(s): 483.60(e)(1)(2)</p> <p>§483.60(e) Therapeutic Diets</p> <p>§483.60(e)(1) Therapeutic diets must be prescribed by the attending physician.</p> <p>§483.60(e)(2) The attending physician may delegate to a registered or licensed dietitian the task of prescribing a resident's diet, including a therapeutic diet, to the extent allowed by State law.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to follow the prescribed therapeutic diet for 1 of 2 sampled residents reviewed for therapeutic diets, Resident #1.</p> <p>The findings included:</p> <p>Record review revealed Resident #1 was re-admitted to the facility on with an initial admission of . Resident #1 had diagnoses that included Type 2 and . Acquired Absence of Left Above . He received three times a week.</p> <p>The resident's ()</p>	F0808	<p>Resident #1 prescribed therapeutic diet order was reviewed and updated per physician order.</p> <p>A quality audit of current residents on a therapeutic diet was conducted to ensure the prescribed order is being followed.</p> <p>The Administrator educated the CDM (Certified Dietary Manager) on ensuring that prescribed therapeutic diet orders are being followed.</p> <p>Administrator and/or designee will conduct weekly audits for 4 weeks and randomly thereafter for 2 months to ensure that prescribed therapeutic diet orders are being followed.</p> <p>Audits will be reported to the Quality Assurance Performance Improvement Committee monthly x3 months or until substantial compliance has been met.</p>	/2026

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F0808 SS = D	<p>Continued from page 11 score was 15 on the PPS (Prospective Payment System) Part A Discharge Minimum Data Set with an Assessment Reference Date of . This indicated he was</p> <p>On . . . , a record review was conducted of Resident #1's orders. A review of the diet order revealed an order for CHO (. . .) Controlled, Hi Pro Diet, Regular texture, thin consistency. An observation was conducted on . . . at 10:34 AM of Resident #1's breakfast meal. The food on the resident's tray included 2 slices of wheat bread, a serving of scrambled eggs with peppers, a cup of oatmeal, 2 strips of bacon, 4 ounces on apple juice and 4 ounces of 2% milk. The items on the meal tray were confirmed to be for Resident #1 with Staff J, Certified Nursing Assistant (CNA). The surveyor asked the resident if this was a typical breakfast he received. He stated that he gets what everyone else does and he was not aware that he was on a special diet.</p> <p>On . . . at 12:20 PM, the lunch meal was served to Resident #1. The lunch meal included 2 rolls, chicken cacciatore with penne, frozen strawberries with whip cream and 4 ounces of cranberry juice. A review of the resident's lunch meal ticket revealed a Regular, CCHO (Controlled . . . Diet), Hi Pro . . . diet.</p> <p>Review of the Food Supply Company's (Name provided) Traditional Menu for Week 3 Day 18 revealed the House diet for breakfast would be bacon 1 slice and whole wheat toast 1 slice. The House diet for lunch would be ½ cup frozen parried cauliflower and 1 breadstick.</p> <p>An interview was conducted with the CDM (Certified Dietary Manager) on . . . at 1:07 PM. He stated he had been working in the facility for one year. He was asked what he serves a resident on a CHO Controlled, Hi-Pro . . . Diet. He stated they do not have a diet on the spreadsheet, so he uses a Hi -Pro diet. For a CHO Controlled diet, the resident would have received for breakfast 1 slice of bacon and 1 slice of whole wheat bread. For lunch it would be ½ a breadstick and that would be the only difference. The surveyor asked the CDM who would get a CKDS (. . . stage 5) menu. He stated he does not use that and uses a Hi-Pro diet for someone with a . . . diet order. According to the "Nutritional Care Manual", salty processed meats (such as bacon, bologna, salami and other lunch meats), ham, hot dogs, sausage, breakfast sausage, and pre-seasoned meats are not on the CKDS diet.</p> <p>The surveyor revealed to the CDM that observation of</p>	F0808		

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F0808 SS = D	<p>Continued from page 12 Resident #1's breakfast meal revealed he received 2 slices of whole wheat bread and 2 slices of bacon. For lunch he received 2 rolls and no cauliflower. The CDM stated that was a mistake. That was too many _____ for that resident. He should have had only 1 slice of bread for breakfast and 1 roll for lunch. He stated he did not have breadsticks, so he substituted rolls.</p> <p>An additional interview was conducted with the CDM on _____ at 3:00 PM. He stated the Food Supply Company (Name provided) diet is in the 4th week, so they have been used for 3 weeks. He stated no one went over the diets with him. He decided that the Hi-Pro diet matched the _____ diet order in the EHR. He stated he had a limited discussion with the facility's Dietician that the diets did not match the EHR.</p>	F0808		
F0812 SS = D	<p>Food Procurement,Store/Prepare/Serve-Sanitary</p> <p>CFR(s): 483.60(i)(1)(X2)</p> <p>§483.60(i) Food safety requirements.</p> <p>The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, record review, and staff interviews, the facility failed to ensure that meat prepared and ready to be served to residents was maintained at the proper hot-holding temperature on the</p>	F0812	<p>Meat was reheated to the proper temperature.</p> <p>A quality audit of meat prepared and ready to be serve was conducted to ensure it is maintained at the proper hot-holding temperature on the steam table.</p> <p>The Administrator educated the CDM (Certified Dietary Manager), and the Food Service Assistant on ensuring meat prepared and ready to serve is maintained at the proper hot-holding temperature on the steam table.</p> <p>The Administrator and/or designee will conduct weekly audits for 4 weeks and randomly thereafter for 2 months to ensure meat prepared and ready to serve is maintained at the proper hot-holding temperature on the steam table.</p> <p>Audits will be reported to the Quality Assurance Performance Improvement Committee monthly x3 months or until substantial compliance has been met.</p>	/2026

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F0812 SS = D	<p>Continued from page 13 steam table. This deficiency had the potential to affect all 12 of 12 sampled residents who received the alternate lunch meal, which included chicken on . The census at the time of survey was 121.</p> <p>The findings included:</p> <p>On at 11:45 AM, during an observation of food service operations and temperature checks conducted with Food Service Assistant, Employee F, the surveyor observed the temperature of cooked chicken on the steam table. Staff F prepared two plates and placed them on the food cart for distribution to residents. Immediately following this, the surveyor measured the temperature of the chicken in the steamtable pan. The pieces located on the top measured 107°F, while the pieces at the bottom measured 127°F (Fahrenheit). At the request of the surveyor, the chicken was immediately reheated to the proper temperature of 165 degrees before serving it to the residents.</p> <p>Review of the facility's Prepared Food Temperature record on at 12:18 PM revealed that the recorded temperature for the chicken did not match the temperatures observed on . The log showed a temperature of 162°F, which the Food Service Director confirmed reflected the temperature of the meat when removed from the oven, not the temperature while being held on the steam table. The temperature recorded by the surveyor (107°F and 127°F) was below the required minimum hot-holding temperature of 165°F.</p> <p>During an interview on at 12:22 PM, the Food Service Director acknowledged the discrepancy, stating that the logged temperature represented the initial post-oven reading and confirming that the temperature "may have dropped" while the chicken was on the steam table. He agreed with the findings and had no further information to provide.</p>	F0812		

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N0000	INITIAL COMMENTS An unannounced relicensure and complaint survey, complaint #2025013598 and #2025015281, was conducted on through at Nspire Healthcare Tamarac. The facility had deficiencies at the time of the survey. Complaint numbers 2025013598 and 2025015281 were not substantiated.	N0000		/2026
N0188 SS = D	Right to File Grievances CFR(s): 400.022(1)(d), FS. (d) The right to present grievances on behalf of himself or herself or others to the staff or administrator of the facility, to governmental officials, or to any other person; to recommend changes in policies and services to facility personnel; and to join with other residents or individuals within or outside the facility to work for improvements in resident care, free from , interference, coercion, discrimination, or reprisal. This right includes access to ombudsmen and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. The right also includes the right to prompt efforts by the facility to resolve resident grievances, including grievances with respect to the behavior of other residents. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on interviews and a review of facility records, the facility failed to provide evidence of documented grievances submitted by 1 of 1 sampled resident, Resident #75, regarding delays in call-light response and concerns related to activities of daily living (ADL) care. The findings included: Clinical record review showed that Resident #75 was	N0188	Resident #75- grievances regarding ADL care and call light response was documented and addressed. A quality review of current residents was conducted to ensure there is no undocumented grievances regarding delay in call light response and concerns related to activities of daily living (ADL) care. The Director of Nursing will educate the Nursing staff on ensuring that grievances with resident's concerns are documented and addressed. The Director of Nursing and/or designee will conduct weekly audits for 4 weeks and randomly thereafter for 2 months to ensure that staff is documenting grievances with resident's concerns. Audits will be reported to the Quality Assurance Performance Improvement Committee monthly x3 months or until substantial compliance has been met.	/2026

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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N0188 SS = D	<p>Continued from page 1</p> <p>admitted on _____ with diagnoses including _____ left-sided _____, _____, and recent right- _____ surgery. She was alert, oriented, and verbally responsive. Further documentation listed diagnoses of the right _____, primary _____, and _____ following _____ affecting the left side, and coordination _____.</p> <p>Review of the ADL [Activities of Daily Living] Plan of Care identified significant self-care _____ related to her medical conditions. Interventions included assistance with bathing, _____, eating, hygiene, mobility, toileting, transfers, skin assessments, and use of a call bell for help. The plan also noted _____ vision and use of glasses.</p> <p>Review of the nursing progress notes dated _____ indicated that Resident #75 had been referred for a _____ evaluation due to complaints and adjustment concerns. The _____ assessment documented frequent complaints, general unhappiness, nervousness, and episodes of verbal _____, based on staff reports.</p> <p>On _____ at 1:20 PM, Resident #75 stated dissatisfaction with the services and quality of care received. She stated that upon her admission, "the care was terrible," and described waiting approximately four hours for assistance after activating her call light, _____ during nighttime hours. She stated these concerns to the _____ nurse, but no improvements were observed. Resident #75 also stated that Certified Nursing Assistants (CNAs) told her they were responsible for 16 residents and lacked adequate time to provide timely care. She stated that her family reported concerns to the Administrator but perceived the response as indifferent.</p> <p>Resident #75 further stated that when she requested to receive ADL care before other residents due to her functional limitations, staff responded that permanent residents were prioritized over her. She explained that she was unable to use either arm due to left-sided _____ and recent right- _____ surgery. She stated that the Administration did not address her complaints.</p> <p>During an interview on _____ at 11:39 AM, Staff C (Registered Nurse / RN) reported that the resident required complete assistance with all ADLs on admission. Staff C stated Resident #75 had complained of waiting 5-10 minutes for care after activating the</p>	N0188		

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N0188 SS = D	<p>Continued from page 2</p> <p>call light and expressed frustration about delays in having her sanitary brief changed. Staff C had stated communicating these concerns to the Director of Nursing (DON) and documenting the resident issues in the facility's electronic system ("TELL"). She stated that although she has filed grievances for other residents, she had not submitted any grievance documentation for Resident #75.</p> <p>During an interview on _____ at 12:39 PM, Staff D (Certified Nursing Assistant / CNA) stated she had worked at the facility for nearly 40 years. She stated Resident #75 initially required total assistance with all tasks but had since improved. She stated the resident complained about noise and other residents entering her room but indicated she did not consider these issues necessary to report to Administration unless they were dangerous. Staff D stated no knowledge of call-light delays for Resident #75.</p> <p>On _____ at 1:36 PM, the Social Worker stated that grievance forms are available in boxes near the nurses' station and must be addressed within three days. She stated having received no grievance submissions from Resident #75 and no documentation indicating that staff had submitted grievances on her behalf.</p> <p>On _____ at 2:33 PM, the Director of Nursing / DON stated she had not received complaints from the resident or her family. She described the facility's grievance procedure, which requires documentation of the issue, resolution within three days, and transfer of the resolution to the Social Worker. No documentation existed for Resident #75's grievance.</p> <p>Class III</p>	N0188		
N0201 SS = D	<p>Right to Adequate and Appropriate Health Care</p> <p>CFR(s): 400.022(1)(I), FS</p> <p>(I) The right to receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on review of policy and procedure, observation,</p>	N0201	<p>Resident #111 _____ was removed _____ per physician orders.</p> <p>A quality audit of current residents was conducted to ensure that no () _____ were noted without a physician order place.</p> <p>The Director of Nursing educated licensed nurses on ensuring that a physician order is obtain for residents with () _____ lines.</p> <p>The Director of Nursing and/or designee will conduct weekly audits for 4 weeks and randomly thereafter for 2 months to ensure that a physician order is obtain for residents with () _____ lines.</p>	/2026

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NAME OF PROVIDER OR SUPPLIER NSPIRE HEALTHCARE TAMARAC			STREET ADDRESS, CITY, STATE, ZIP CODE 5901 NW 79TH AVENUE , TAMARAC, Florida, 33321	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N0201 SS = D	<p>Continued from page 3</p> <p>record review and interview, the facility failed to obtain physician orders for () or care for 1 of 1 sampled resident observed, Resident #111.</p> <p>The findings included:</p> <p>Review of the facility's policy, titled, Flushing, Locking, Removal, provided by the Director of Nursing (DON), reviewed/revised documented in the "Policy Statement: It is the policy of this facility to ensure that are flushed, locked and removed consistent with current standards of practice. Policy Explanation: are longer that are placed in, veins...Compliance Guidelines: 1. The nurse will obtain and/or verify the physician's order for the type of () solution or medication, dose, rate and length of treatment...10. removal will be performed by the practitioner or nurse in accordance with facility policy and your state's nurse practice act. 11. Removal of a will occur at the end of onset of complications or when deemed no longer necessary. Obtain a physician's order for removal...Removal 1. Verify the physician's orders....9. Inspect the site for signs of ...19. Document the procedure."</p> <p>Record review revealed Resident #111 was re-admitted to the facility on with diagnoses that included Unspecified and Lymphedema, Atherosclerotic and . The record indicated a Brief Interview Mental Status (BIM) 13, indicative of intact cognition.</p> <p>On at 10:11 AM, an observation was conducted of Resident #111's left upper arm () in place, with today's date of , documented as changed by Staff A, Registered (RN). Further observation of the site base revealed it appeared to have some brownish discoloration with a small, darkened -tinged area noted in the tubing.</p> <p>During an interview conducted on at 10:15 AM with Resident #111, she stated she has had this in place since her date of admission. She said she does not know why she still has this in place since to her knowledge, she said that she had not been receiving any medication in there since being admitted to this facility.</p>	N0201	<p>Continued from page 3</p> <p>Audits will be reported to the Quality Assurance Performance Improvement Committee monthly x3 months or until substantial compliance has been met.</p>	

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N0201 SS = D	<p>Continued from page 4</p> <p>Record review of both the physician's discontinued order sheets, as well as of the current order forms, dated for the months of _____ and _____ revealed neither contained orders for the discontinuance, or for the care and maintenance of the resident's current _____.</p> <p>Additional record review of the Medication Administration Record (MAR) and of the Treatment Administration Record (TAR) for the months of _____ and _____ did not document any orders for the discontinuance or the care and maintenance of the resident's current _____.</p> <p>Review of the _____ Clinical Admission by Staff A, documented that, "[the resident's] _____ (_____) line was patent and that the _____ was intact, with no current _____ noted for the resident."</p> <p>An interview was conducted with Staff B, the resident's readmitting and current RN, who when asked about the _____ being in place, responded she did not recall whether or not the resident was admitted with the _____ in place, and she wasn't sure exactly when or how long it had been in place. Staff B indicated the resident had been receiving only oral _____, which subsequently had been discontinued. Staff B also stated she needed to contact the resident's physician to see if she could get an order to discontinue the _____ Staff B acknowledged that a physician's order had never been obtained for the care and maintenance of the _____.</p> <p>A side-by-side record review was conducted with Staff B, which revealed that, "the _____ Physician's Orders for Resident # 111 only documented the following two (2) oral _____ of: _____ Oral Tablet 500 mg to give one (1) tablet by _____ one time for _____ for 16 Days, ordered _____ through _____; and for _____ 100 mg capsule to give one (1) capsule by _____ every 12 hours for _____ for 7 Days, ordered _____ through _____ There was no _____ ordered for this resident during her facility stay.</p> <p>On _____ at 4:05 PM, a second observation was conducted of the resident's left upper underneath arm of the _____, and it was observed still in place. There remained no current physician's order for either the discontinuance, or for the care and maintenance of the _____ The _____.</p>	N0201		

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N0201 SS = D	<p>Continued from page 5 site base still appeared to have brownish discoloration with a small, darkened -tinged area noted in the tubing.</p> <p>On at 9:47 AM, a third observation was conducted of the resident's left upper arm , and it was observed still in place, and there was still no current physician's order obtained for the discontinuance or for the care and maintenance of the . The site base still appeared to have brownish discoloration with a small, darkened -tinged area noted in the tubing.</p> <p>A telephone interview was conducted on at 2:07 PM with Staff A, who had initiated changing the resident's on . Staff A was asked about the and acknowledged she had identified the resident's as having been present and in place in the resident's left upper arm. Staff A revealed she had not notified the on-coming nurse, the DON, and had not contacted the resident's physician, in order to obtain orders for either the removal of or the care and maintenance of the . She stated she, "forgot to do so."</p> <p>There was no evidence documented in the facility's nursing admission progress notes, the facility's subsequent on-going nursing progress, the facility's baseline care plan, or in the facility's current comprehensive care plan, of the identification or existence of Resident #111's left upper arm . There was no current physician's order obtained for the discontinuance or for the care and maintenance of the . The line remained in place and not in use in the resident's left upper arm for eleven (11) days.</p> <p>There was no physician's order obtained to remove Resident #111's until after surveyor inquisition.</p> <p>The Director of Nursing (DON) recognized and acknowledged on at 3:10 PM that the nurse should have contacted the resident's physician to obtain an order to either discontinue or to provide for the care and maintenance of the resident's</p> <p>Class III</p>	N0201		
N0407 SS = D	<p>Dietary Services</p>	N0407	<p>Resident #1 prescribed therapeutic diet order was reviewed and updated per physician order.</p>	/2026

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N0407 SS = D	<p>Continued from page 6 CFR(s): 400.141(1)(i), FS</p> <p>Every licensed facility shall comply with all applicable standards and rules of the agency and shall:</p> <p>(j) If the licensee furnishes food service, provide a wholesome and nourishing diet sufficient to meet generally accepted standards of proper nutrition for its residents and provide such therapeutic diets as may be prescribed by attending physicians. In making rules to implement this paragraph, the agency shall be guided by standards recommended by nationally recognized professional groups and associations with knowledge of dietetics.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to follow the prescribed therapeutic diet for 1 of 2 sampled residents reviewed for therapeutic diets, Resident #1; and failed to follow their menu for 2 sampled residents on a therapeutic diet, Residents #1 and #45. The census at the time of survey was 121, with 31 residents designated as being on a mechanical soft diet and 7 residents designated as on a CHO () Controlled diet.</p> <p>The findings included:</p> <ol style="list-style-type: none"> Review of the Menu Spread Sheets provided by the Certified Dietary Manager (CDM) specified that the Mechanical Soft Diet was to provide "Grd" (ground) meats every day for Breakfast, Lunch, and Dinner. <p>Record review revealed Resident #45 was readmitted on with diagnoses which included , , , Type 2 , and , ().</p> <p>Review of the Quarterly Minimum Data Set (MDS) assessment dated , section C, documented Resident #45 had a () score of 10, on a scale of 0 to 15, indicating the resident's cognition was moderately .</p> <p>On at 12:16 PM, during a dining room observation on the second floor, Resident #45 was observed consuming her lunch meal. Per the resident's meal ticket, the resident was prescribed a Mechanical Soft Diet. The meal included roast beef which was cut into pieces or chunks that were about 0.5 inches in size. Photographic Evidence Obtained.</p> <p>During a Tray Line observation on at 11:28 AM, the CDM called the Mechanical Soft chicken, "diced</p>	N0407	<p>Continued from page 6</p> <p>The Registered Dietician reviewed and updated the facility's menu to ensure a therapeutic diet is being provided for Resident #45 and Resident #1.</p> <p>A quality audit of current residents on a therapeutic diet was conducted to ensure the prescribed order is being followed, and to ensure the facility is following the menu for residents on a therapeutic diet.</p> <p>The Administrator educated the CDM (Certified Dietary Manager) on ensuring that prescribed therapeutic diet orders are being followed and ensuring the menu is being followed for residents on a therapeutic diet.</p> <p>The Administrator and/or designee will conduct weekly audits for 4 weeks and randomly thereafter for 2 months to ensure that prescribed therapeutic diet orders are being followed and that the menu is being followed for residents on a therapeutic diet.</p> <p>Audits will be reported to the Quality Assurance Performance Improvement Committee monthly x3 months or until substantial compliance has been met.</p>	

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N0407 SS = D	<p>Continued from page 7 chicken" while taking its temperature. There was no ground meat noted on the tray line.</p> <p>On _____ at 12:07 PM, a dining room observation was conducted on the second floor. Resident #45 was observed with diced or chopped chicken. Photographic Evidence Obtained.</p> <p>An interview with the facility's CDM in the front conference room was conducted on _____ at 1:05 PM. The CDM has been employed with the facility for about 1 year. The CDM stated that Sysco provides the menus and their breakdown. These menus are approved by a corporate Registered Dietitian (RD). When asked, the CDM stated that the current Diet Consistency Orders available were: Regular, Mechanical Soft, and Pureed. He further stated that the menu and breakdowns which he provided were new and had just started about three weeks ago. The CDM was then shown the Diet Spreadsheet with the breakdown of the different diets. He stated that the "Soft" diet on the spread sheet was the Mechanical Soft diet in the system. It was pointed out to the CDM that the Soft Diet specified ground meat. His response was, "We don't have any ground diets."</p> <p>During an interview on _____ at approximately 1:30 PM in the front conference room, both the Director of the _____ Department, who is a Speech Language Pathologist (SLP), and the facility SLP, were interviewed. The SLP stated that the facility offered the following consistencies: Pureed, Mechanical Soft or Soft Bite Sized, and Regular. Both the Director of _____ and the SLP were aware of the new menus and stated that they were reviewed with the Registered Dietitian, but they had not seen the menu breakdown. When shown the spread sheet they agreed that "bite sized or chopped" meats were not there, and it instead read "grd" which meant ground. The Director stated they use the International _____ Diet Standardization Initiative (IDDSI) guidelines for their mechanically altered diets and that in the building Mechanical Soft is considered bite sized, not ground.</p> <p>2. Record review revealed Resident #1 was re-admitted to the facility on _____ with an initial admission of _____. Resident #1 had diagnoses that included Type 2 _____ and Acquired Absence of Left _____ Above _____. He received _____ three times a week.</p> <p>The documented resident's _____ score was 15 on the PPS (Prospective Payment System) Part A Discharge Minimum Data Set with an Assessment Reference Date of _____.</p>	N0407		

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N0407 SS = D	<p>Continued from page 8 indicating he was</p> <p>On , a record review was conducted of Resident #1's orders. Review of the diet order revealed an order for 'CHO () Controlled, Hi Pro Diet, Regular texture, thin consistency'. An observation was conducted on at 10:34 AM of Resident #1's breakfast meal. The food on the resident's tray included 2 slices of wheat bread, a serving of scrambled eggs with peppers, a cup of oatmeal, 2 strips of bacon, 4 ounces on apple juice and 4 ounces of 2% milk. The items on the meal tray were confirmed to be for Resident #1 with Staff J, Certified Nursing Assistant (CNA). The surveyor asked the resident if this was a typical breakfast he received and stated that he gets what everyone else does and he was not aware that was on a special diet.</p> <p>On at 12:20 PM, the lunch meal was served to Resident #1. The lunch meal included 2 rolls, chicken cacciatore with penne, frozen strawberries with whip cream and 4 ounces of cranberry juice. Review of the resident's lunch meal ticket revealed a Regular, CCHO (Controlled Diet), Hi Pro diet.</p> <p>Review of the Food Service Supplier's [Name provided] Traditional Menu for Week 3 Day 18 revealed the House diet for breakfast would be bacon 1 slice and whole wheat toast 1 slice. The House diet for lunch would be ½ cup frozen parsleyed cauliflower and 1 breadstick.</p> <p>An interview was conducted with the CDM (Certified Dietary Manager) on at 1:07 PM. He stated he had been working in the facility for one year. He was asked what he serves a resident on a CHO Controlled, Hi- Pro Diet. He stated they do not have a diet on the spreadsheet, so he uses a Hi -Pro diet. For a CHO Controlled diet, the resident would have received for breakfast 1 slice of bacon and 1 slice of whole wheat bread. For lunch it would be ½ a breadstick and that would be the only difference. The surveyor asked the CDM who would get a CKD5 (stage 5) menu. He stated he does not use that and uses a Hi-Pro diet for someone with a diet order. According to the "Nutritional Care Manual", salty processed meats (such as bacon, bologna, salami and other lunch meats), ham, hot dogs, sausage, breakfast sausage, and pre-seasoned meats are not on the CKD5 diet.</p> <p>The surveyor revealed to the CDM that observation of Resident #1's breakfast meal revealed he received 2 slices of whole wheat bread and 2 slices of bacon; and for lunch he received 2 rolls and no cauliflower. The</p>	N0407		

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N0407 SS = D	<p>Continued from page 9</p> <p>CDM stated that was a mistake, that was too many for that resident, and he should have had only 1 slice of bread for breakfast and 1 roll for lunch. He stated he did not have breadsticks, so he substituted rolls.</p> <p>An interview was conducted with the Dietetic Technician (DTR) on at 1:45 PM. Review of the Sysco spreadsheet was conducted along with the diet order for Resident #1. She stated the diet order in the Electronic Health Record (EHR) did not match the spreadsheet. She stated she would use the Hi-Pro diet for the diet. She also stated that she had not seen this spreadsheet before and the dietician works with it.</p> <p>An interview was conducted with the facility's Dietician over the phone on at 2:00 PM. She stated she was aware that the diets in the EHR do not match the Food Service Supplier's [Name provided] diet spreadsheets. She stated this has happened in the past and she had to customize the diets. It was discussed with the Dietician that Resident #1 was given bacon for breakfast because he was on a Hi-Pro diet and the CKD5 diet does not allow bacon. When asked how we can be sure he is receiving the proper diet, she stated she agreed with the surveyor that they should match and there should be no guessing on what they are giving the resident. She stated she goes over the labs once a month with the dietician. The Center keeps the labs there, if there are any changes with his diet, the dietician there would let her know.</p> <p>An additional interview was conducted with the CDM on at 3:00 PM. He stated the Food Service Supplier's [Name provided] diet is in the 4th week, so they have been used for 3 weeks. He stated no one went over the diets with him. He decided that the Hi-Pro diet matched the diet order in the EHR. He stated he had a limited discussion with the facility's Dietician that the diets did not match the EHR.</p> <p>Class III</p>	N0407		