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	255118	A. BUILDING _____ B. WING _____	C 11/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF MERIDIAN	4728 HIGHWAY 39 NORTH MERIDIAN, MS 39301

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F 000	INITIAL COMMENTS On 11/29/23, the State Agency (SA) conducted three (3) onsite complaint investigations (CI) CI MS #23089 was reported for on-going, unresolved, resident complaints of poor quality food, food/meals not served timely in accordance with the scheduled meal times, meals/food served cold, and meal/food preferences not honored per residents requests. The SA determined that the facility was not in compliance with the requirements for participation in Medicare and Medicaid and deficiencies were cited for CI MS #23089 at F585 and F812. The SA did not cite deficiencies for CI MS #23450 and CI MS #23479 concerning alleged violations of "Resident Rights" for dignity and privacy. The facility was licensed for 120 beds and the resident census was 92 on 11/29/23.	F 000		
F 585 SS=F	Grievances CFR(s): 483.10(j)(1)-(4) §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay. §483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph.	F 585		1/3/24

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

Electronically Signed | 12/14/2023

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§483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident.

§483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include:
(i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system;
(ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and

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F 585	Continued From page 2 coordinating with state and federal agencies as necessary in light of specific allegations; (iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated; (iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law; (v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued; (vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and (vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision. This REQUIREMENT is not met as evidenced by: CI MS #23089	F 585	This Plan of Correction constitutes Diversicare of Meridian□s credible	

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F 585	Continued From page 3 Based on observations, interviews, record review, and facility policy review, the facility failed to immediately honor and resolve the food/meal grievances, requests, and concerns of the residents. Five (5) of seven (7) sampled residents voiced unresolved food grievances, food/meal requests, and concerns, Residents #1, #2, #3, #5, and #6 and three (3) of (3) unsampled residents voiced food/meal grievances, concerns, and requests that were unresolved. Findings Include: Review of the facility's policy, "Customer Concern (Grievance) Policy" dated July 2018, revealed, "Purpose: Support each customer's (patient's/resident's) right to voice concerns (grievances) and to ensure after receiving a concern, the center actively seeks a resolution and keeps the customer appropriately apprised of its progress toward resolution ...The Administrator shall follow up on the correction of the problem ..." During a pre-entrance phone interview on 11/28/23 at 2:38 PM, with the Ombudsman, she stated that she visited the facility regularly due to complaints that she received from residents concerning cold food served at breakfast and no meat served with breakfast per residents' request. She stated that she had taken the specific complaints to the facility Administrator (ADM) and to the Social Services Director (SSD). The Ombudsman stated that on 10/18/23 she met with the ADM and SSD and they assured her that they would begin a 90-day improvement plan and that all of the residents' concerns would be resolved in 90 days. The Ombudsman followed up with several residents to see if efforts were	F 585	allegations of compliance for the cited deficiencies. Nothing in this plan of correction should be construed as admission by the Center of any violation of State and Federal Statues, regulations, or standards of care. This Plan of Correction is to demonstrate compliance of the State and Federal requirements cited during the survey. 1. Residents sample, 1,2,3,5,6 and unsampled, A,B,C were assessed by Registered Dietician(R.D.) with no nutritional deficits or significant weight changes noted as of 12/15/2023, resident #7 discharged the day of the complaint survey. The Nursing Home Administrator (NHA) met with the Dietary Manager (DM) on 11/29/2023 and instructed the DM to serve a breakfast meat on all trays as of this date, with adherence to physician orders and/or preference. NHA in-serviced the DM all trays are to be served per the posted time schedule within in 15 minutes, and to ensure all trays are accurate to the tray cards and diet orders. The NHA met with residents # 1, 2, 3, 5, 6 and A,B,C on 11/29/2023 with no current/unresolved food grievances, food/meal requests, or concerns with lunch or dinner, there was no burnt food served and they received lunch or dinner. The Ombudsman visited the facility on 11/30/2023 and visited residents # 1, 2, 3, 5, 6 and reported to the Social Services Director (SSD) that there were no current food grievances, food/meal requests, or concerns. Food preferences including likes/dislikes obtained and updated by	

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F 585	Continued From page 4 being made and the residents reported "no" changes in the poor quality of food and breakfast was served "ice cold." The Ombudsman stated that she had witnessed cold breakfast foods served to the residents well after 9:45 AM and that a resident had made repeated requests to have bacon served to him for breakfast and that he had not received his preferences/requests. Resident #5 During an observation and interviews on 11/29/23 at 8:10 AM, revealed Resident (Res) #5 was in her room with her breakfast tray. Res #5 identified her breakfast food as: "Brown gravy poured over a hard as a rock biscuit and uncooked hashbrowns, cold grits that you can't eat and no meat of any kind and no eggs." Res #5 stated that she had issued numerous complaints about her breakfast but "it never does any good." Res #5 stated that nothing on her tray was served warm enough to enjoy. Res #5 stated that breakfast was typically her favorite meal of the day, but she had not been served breakfasts the way that she preferred, and she could not eat cold food or food that was not cooked enough. Record review of the "Admission Record" revealed the facility admitted Res #5 on 10/13/23 with a diagnosis of Myocardial Infarction. Record review of the Comprehensive Minimum Data Set (MDS), with an Assessment reference Date (ARD) of 9/25/23, revealed Res #5 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact. Unsampled A	F 585	DM/Registered Dietician(RD) and entered into Meal Tracker for #1, 2, 3, 5, 6. DM performed audit of all dishes and any broken dishes were discarded. DM confirmed there was no burnt food in the dietary department on 11/29/2023. All food/beverages for lunch and dinner was served from dietary department covered. 2. The center identified that all residents in the Center that voice concerns have the potential to be affected by the same deficient practice. 3. The food committee met with the SSD and DM on 12/1/2023 and the Social Services Director and the Activity Director (AD) held a Resident Council meeting (which included all residents by going door to door for those that did not attend the Resident Council Meeting in person) on 11/29/2023 pm there were no stated unresolved grievances/concerns per both meetings. The Director of Clinical Education (DCE), Registered Nurse (RN), will in-service staff, by 12/15/2023, on grievance process. ADM in-service SSD on 12/13/2023, on proper completeness of concerns and to ensure all concerns are resolved timely. DM/RD will interview all residents who receive trays from dietary for likes/dislikes and enter into Meal Tracker to ensure residents preferences are honored with meals by 12/15/2023. 4. The NHA will review any new grievances from the prior day at the morning start-up meeting to ensure there are no new grievance that are unresolved or past unresolved grievance, beginning 12/1/2023. In order to monitor the center's	

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F 585	Continued From page 5 During an observation an interview on 11/29/23 at 8:15 AM, with unsampled Res A, revealed that she had not been served bacon with her breakfast tray per her requests. She stated that she had requested to be served bacon with her breakfast each morning. She stated that her breakfasts were usually served to her cold and that she had complained about could breakfast foods. Unsampled B During an interview and observation on 11/29/23 at 8:25 AM, unsampled Res B revealed that her breakfast was cold, and she was not served any meat. She stated that she would love to have bacon or ham or sausage each morning, but rarely received meat at breakfast. Res stated that the brown gravy she was served contained no sausage. Res stated that no one had recently assessed her food preferences or concerns and to her knowledge no one from the dietary department had talked to her about her concerns with meals/food served at the facility. Res stated that most days her breakfast arrived cold. Unsampled C During an interview and observation on 11/29/23 at 8:30 AM, with unsampled Res C, she stated that her breakfast was served cold. She stated that most mornings the breakfast was served cold, and she had issued complaints but that she continued to receive cold food. Unsampled Res C confirmed that she had not been served any meat with her breakfast tray. Observation of breakfast tray revealed that there was no bacon, no sausage, and no meat served to unsampled Res C. An observation of the North Unit from 8:35 AM	F 585	performance to assure performance is sustained, the NHA will review grievances 5 days week for 12 weeks to ensure timely resolution is achieved, beginnign 12/1/2023. NHA/Director of Nursing Services (DNS) (beginning 12/1/2023)will monitor 10 trays a week for 12 weeks to ensure the food is at the correct temperature, food is covered, likes and dislikes are honored, condiments are placed on each tray and the tray card is followed before each tray leaves the kitchen beginning 12/1/2023. Any negative findings will be brought to the QAPI (Quality Assurance Performance Improvement) meeting monthly beginning 12/26/23 for a minimum of three months by the Nursing Home Administrator. The QAPI Committee will review the findings and determine if there is a need to alter our corrective action.	

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through 9:10 AM on 11/29/23, revealed that the breakfast trays had not been delivered from the kitchen. The breakfast trays arrived at the North Unit at 8:50 AM. The last tray was served at 9:10 AM on the North Unit.

Resident #1
During an observation and interview on 11/29/23 at 8:55 AM, Res #1 revealed that he had received his breakfast at 8:55 AM on 11/29/23 and his food was cold. Res #1 stated that he had issued numerous complaints on a regular basis, and he had not been able to get his food preferences served per his request. Res #1 stated that he had requested bacon to be served to him every morning with breakfast and he had not yet received his bacon. Res #1 voiced that he had issued concerns about poor quality food/meals, and he had talked to the Ombudsman several times and he was glad to see the surveyor in hopes that he could get a good hot breakfast served to him in a timelier manner. He stated that he would like to have a hot breakfast served to him daily between 7:00-7:45 AM.

Record review of the "Admission Record" revealed the facility admitted Res #1 on 9/16/2015 with a diagnosis of Type 2 Diabetes Mellitus.

Record review of the Comprehensive MDS, with an ARD of 11/10/2023, revealed Resident #1 had a BIMS score of 15, which indicated he was cognitively intact.

Resident #2
During an observation and interview on 11/29/23 at 8:55 AM, with Res #2, he stated that he received his breakfast on 11/29/23 at

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approximately 8:55 AM, and his breakfast was cold. He reported that most mornings he and his roommate (Res #1) received cold food and did not receive their breakfasts until approximately 9:00 AM. He stated that he had issued grievances about the breakfast meals being cold and not having meat served with breakfast.

Record review of the "Admission Record" revealed the facility admitted Res #2 on 6/3/2020 with a diagnosis of Multiple Myeloma.

Record review of the Comprehensive MDS with an ARD of 10/5/23, revealed Res #2 had a BIMS score of 15, which indicated he was cognitively intact.

Resident #3
During an observation and Interview on 11/29/23 at 9:00 AM, with Res #3, revealed that he voiced that he was served cold foods for breakfast. On 11/29/23, Res #3 was not served any eggs or meat. Res #3 reported that he had issued food complaints to the facility staff and to the Ombudsman that were not resolved to date.

Record review of the "Admission Record" revealed the facility admitted Res #3 on 10/19/23 and he had a diagnosis of Heart Failure.

Record review of the Comprehensive MDS with an ARD of 11/13/23, revealed Res #3 had BIMS score of 15, which indicated he was cognitively intact.

An interview on 11/29/23 at 10:00 AM, with the Activities Director (AD), revealed that she does not hear the resident council members complain about the food when she meets with them each

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month. The AD provided the Resident Council Meeting minutes and none of the sampled or unsampled residents were in attendance of the Resident Council Meetings since January 2023. The AD confirmed that the seven (7) or eight (8) members/attendees of the Resident Council were not the sampled or unsampled residents. The AD explained that once per week the residents are encouraged to attend the food committee meeting to issue their concerns directly to the food committee. The AD stated that she did not attend the weekly food committee meeting.

During an interview and record review of grievance logs, on 11/29/23 at 11:00 AM, with the SSD, she confirmed that she had received several grievances that residents had issued concerning poor-quality food, cold food/meals, and meals not served in a timely manner. The SSD stated that the Ombudsman had met with her and the ADM back in October of 2023, and that they had planned to correct the residents' food concerns within 90 days from 10/18/23. The SSD confirmed that to date the food concerns of the residents had not been resolved. The SSD provided copies of the grievance logs for the past 10 months dating January 2023 through October 2023. There were 10 documented grievances that various residents had issued concerning dietary and foods. The SSD provided the grievances that were documented as: 2/23/23 Food not the same as on the meal tray menu (ticket); 3/6/23 concerns with the food ticket ; 3/14/23 food always cold; 4/26/23 Resident Council issued group grievance that there was no salt and no pepper and butter on the meal trays; 5/11/23 resident filed a grievance that the food was cold; 8/28/23 Resident #1 voiced a grievance that the food was burnt and glasses were broken;

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9/13/23 Resident #1 filed a grievance that his food was cold; 9/18/23 a resident filed a grievance that her food was cold; 10/09/23 a resident filed a grievance that the food was not healthy; 10/11/23 multiple residents on the North Unit filed a grievance of cold food. The Disconfirmed that the grievance log was kept by her and that she handled most all grievances. The SSD confirmed that to date the residents have unresolved food/meal concerns.

Resident #6
An interview on 11/29/23 at 2:18 PM, with the Resident Representative (RR) for Res #6 revealed that she and her siblings had several meetings with the facility concerning the diet and foods that were served and not served to Res #6. The RR stated that the facility food was not served timely and that her mother goes to dialysis three (3) times per week from approximately 12:20 PM-5:00 PM and that she or one of her siblings come to the facility each day at approximately 5:00 PM with supper food/meals to serve to Res #6. The RR explained that her mother was hungry by 5:00 PM and could not wait until 6:00 PM-6:30 PM to be served the facility meals/food and that the supper/dinner meal was not served to the residents until 6:00 PM or after and that was too late for Res #6 to wait for meal service. The RR reported the quality of the facility food/meals was poor and that her mother refused to eat much of the food/meals because her preferences were not honored. The RR expressed that the family's concerns with poor quality of foods/meals and the serving not being timely had not been resolved after concerns have been issued on several occasions and felt that the staff "just does not care" enough about the residents to do the right thing.

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F 585	Continued From page 10 Record review of the "Admission Record" revealed the facility admitted Res #6 on 3/29/23 with a diagnosis of Heart Failure. Record review of the Quarterly MDS, with an ARD of 9/26/23, revealed Res #6 had a BIMS score of 11, which indicated her cognition was moderately impaired. An interview on 11/29/23 at 3:30 PM, the ADM confirmed that the facility had work to do in the dietary department to provide dietary services that better met the needs of the residents' requests.	F 585		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (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. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced	F 812		1/3/24

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F 812	Continued From page 11 by: MS CI #23089 Based on observation, interviews, record review, and facility policy review, the facility failed to provide and serve foods/meals to residents in a manner that honored their voiced requests and preferences. Five (5) of seven (7) sampled residents #1, #2, #3, #5 and #6 and three (3) of (3) unsampled residents A, B, and C had made requests for better quality foods/meals to be delivered and served in a more timely and palatable manner. Review of the facility's policy, "Meal Distribution", revised 9/2017, revealed " ...Meals are transported to the dining locations in a manner that ensures proper temperature maintenance, protects against contamination, and are delivered in a timely manner..." Review of the facility's policy, "Dining and Food Preferences", revised 9/2017, revealed, " ...Individual dining, food, and beverage preferences are identified for all residents/patients ...Procedures ...2 ...The purpose of identifying individual preferences for dining location, mealtimes, including times outside of the routine schedule, food, and beverage preferences..." Findings Include: During an observation and interview on 11/29/23 at 7:45 AM, with the facility's Administrator (ADM) and the Dietary Manager (DM), revealed there were two (2) dietary employees working on the tray line and one (1) cook who was cooking and helping serve on the tray line during the breakfast	F 812	1. Residents sampled. 1,2,3,5,6 and unsampled, A,B,C, were assessed by Registered Dietician(R.D.) with no nutritional deficits or significant weight changes noted by 12/15/2023, resident #7 discharged the date of the complaint survey. Nursing Home Administrator (NHA) met with the Dietary Manager (DM) on 11/29/2023 and instructed the DM to serve a breakfast meat on all trays as of this date, with adherence to physician orders and/or preference. NHA in-serviced the DM all trays are to be served per the posted time schedule within in 15 minutes, and to ensure all trays are accurate to the tray cards and diet orders on 11/29/2023. The DM took steam table temperature on 11/29/2023 at lunch and dinner and found no correction needed for hot or cold foods. The DM posted Lunch and Dinner menus for 11/29/2023 on 11/29/2023. The NHA posted current tray delivery time on all units on 12/1/2023 and the Activities Director (AD) provided all residents with a copy of tray delivery times on 12/7/2023. The NHA met with residents # 1, 2, 3, 5, 6 and A,B,C on 11/29/2023 with no current/unresolved food grievances, food/meal requests, or concerns. The Ombudsman visited the facility on 11/30/2023 and visited residents # 1, 2, 3, 5, 6 and reported to the Social Services Director (SSD) that there were no current food grievances, food/meal requests, or concerns. 2. The center identified that all residents in the Center that receive tray services have the potential to be affected by the	

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meal. There were no residents in the dining room area eating or being served breakfast in the dining room on 11/29/23. The ADM stated that since COVID-19, the residents prefer to eat in their rooms and do not come to breakfast in the dining room. The menus for the three (3) meals of the day were not posted in the facility for Wednesday November 29, 2023. The ADM stated that he would have the correct menus posted for Wednesday and he confirmed that the correct daily menus for Wednesday, 11/29/23 were not posted. The ADM also confirmed that the meal service times were not posted in the facility. During the breakfast observation, there were no scheduled times for meals posted in the facility. The DM stated that the South Unit residents had been served their breakfast at 7:45 AM. There were no tray line temperatures recorded and the ADM confirmed that the breakfast temperatures were not obtained by the dietary department prior to the delivery of the meal trays to the South Unit of the facility. The dietary manager (DM) stated that they forgot to take the breakfast temperatures prior to delivering the breakfast trays to the South Unit residents. The staff were observed preparing the trays for the North unit and loading them on to the tray transporter/cart.

Resident #5
On 11/29/23 at 8:10 AM, during an observation, interview, and record review of the breakfast trays on the South Unit revealed that all trays had been delivered to the residents in their rooms. Res #5 identified her breakfast food to the surveyor as: "Brown gravy poured over a hard as a rock biscuit and uncooked hashbrowns, cold grits that you can't eat and no meat of any kind and no eggs." Observation revealed that Res #5 was correct in

same deficient practice.
3. The DM/Regional DM will review tray service for all meal seven (7) days a week to ensure that all trays served are of proper temperature, are accurate to the tray card, have all the proper condiments and silverware, and are delivered timely beginning 12/1/2023. The food committee met with the SSD and Dietary Manager (DM) on 12/1/2023 and the Social Services Director and the Activity Director (AD) held a Resident Council meeting (which included all residents by going door to door for those that did not attend the Resident Council Meeting in person) on11/29/2023 there were no stated unresolved grievances/concerns per both meetings. The Director of Clinical Education (DCE), who is a Registered Nurse (RN) will in-service dietary staff, by 12/15/2023, on meal service times, to ensure all tray items are covered coming from the kitchen, all items on tray card are on residents tray, and all trays are delivered timely. The DCE will in-service nursing staff on meal service times, checking tray with serving for accuracy of items on tray card on tray being served, covered and timely by 12/15/2023. The DCE in-serviced all dietary staff on proper tray delivery time and to ensure accuracy from the tray cards, to the physicians orders, to the tray; and to ensure all items from the kitchen are covered as of 12/15/2023. DM to in-service dietary staff on proper food temps for hot and cold foods and recording of food each meal by 12/15/2023.
4. In order to monitor the center's

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F 812	Continued From page 13 her observation of her breakfast food tray. Her tray contained no protein of any type and no meat, and no eggs. There was brown gravy with no meat poured over an open-faced biscuit. Res #5 stated that the breakfasts that she received were always cold and she never was served bacon or sausage per her requests. Resident gave the surveyor her breakfast tray menu slip to compare with what she was served. Record review of the menu slip did not contain eggs or meat. The slip did list sausage gravy 4 oz. (ounces) but there was no sausage in the brown gravy served over the biscuit on the breakfast tray. Res #5 had taken the hashbrowns off of her plate and had discarded them to the side of her plate on her meal tray. Observations revealed that the hashbrowns were white and had no gold or brown visible, the hashbrowns presented as uncooked. Res #5 stated "these hashbrowns ain't even cooked and they are cold". Res #5 invited the surveyor to touch her bowl that contained grits and the bowl was not warm to the touch. The resident placed her spoon in the grits, and they were stuck together in a large lump indicating that the grits were no longer warm/hot. Resident stated that nothing on her tray was served warm enough to enjoy. Res #5 stated that breakfast was typically her favorite meal of the day, but she had not been served breakfasts the way that she preferred, and she could not eat cold food or food that was not cooked enough. Record review of the "Admission Record" revealed the facility admitted Res #5 on 10/13/23 with a diagnosis of Myocardial Infarction. Record review of the Comprehensive Minimum Data Set (MDS), with an Assessment reference Date (ARD) of 9/25/23, revealed Res #5 had a	F 812	performance and to ensure sustained compliance the DM/Cook will monitor trays delivery time logs and meal temperature logs (from the steam table at the start of service, after South Trays are completed, and at the end of service) and tray cards are accurate daily for 12 weeks to ensure proper temperatures are in compliance and all deliveries are on time, beginning 12/6/2023. The NHA/Director of Nursing Services (DNS) will monitor 10 trays for accuracy 5x/week x 4 weeks, then 3x/week x 8 weeks, beginning 12/1/2023.The NHA and DM will bring the results of the monitoring monthly beginning 12/26/2023 to the Quality Assurance Performance Improvement (QAPI) Committee for three months for review and/or revision and to make recommendations as needed.	

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Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact.

Unsampled A
During an interview and observation on 11/29/23 at 8:15 AM, with unsampled Res A revealed that she had not been served bacon with her breakfast tray per her requests. She stated that she had requested to be served bacon with her breakfast each morning. She stated that her breakfasts were usually served to her cold and that she had complained about could breakfast foods. Observation of unsampled Res A breakfast tray revealed that she had brown gravy poured over an open-faced biscuit and there was no sausage visible in the brown gravy and the hashbrowns were white and presented as uncooked and/or undercooked. Unsampled Res A stated that her breakfast was cold and the hashbrowns were not cooked.

Unsampled B
During an interview and observation on 11/29/23 at 8:25 AM, unsampled Res B revealed that her breakfast was cold, and she was not served any meat. She stated that she would love to have bacon or ham or sausage each morning but rarely received meat at breakfast. Res stated that the brown gravy she was served contained no sausage. Resident stated that no one had recently assessed her food preferences or concerns and to her knowledge no one from the dietary department had talked to her about her concerns with meals/food served at the facility. Res stated that most days her breakfast arrived cold. There was no bacon and no sausage served to unsampled Res B on 11/29/23.

Unsampled C

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F 812	Continued From page 15 At 8:30 AM on 11/29/23, in an interview and observation with unsampled Res C, she stated that her breakfast was served cold. Unsampled Res C stated that most mornings the breakfast was served cold and she had issued complaints but that she continued to receive cold food. Unsampled Res C confirmed that she had not been served any meat with her breakfast tray as per her request. Observation of breakfast tray revealed that there was no bacon, no sausage, and no meat served to unsampled Res C. Observation of the North Unit from 8:35 AM through 9:10 AM revealed that the breakfast trays had not been delivered from the kitchen. The breakfast trays arrived at the North Unit at 8:50 AM. The food transportation/cart rolled up and down the North halls with the door to the cart open and the food trays were placed inside the open cart with uncovered liquids and foods. The juices and hot cereals (oatmeal and grits) were served in open bowls/cups/glasses that were uncovered. The uncovered hot cereals were cold when served to residents and juices were not cold when they were served to the residents on 11/29/23 at 9:10 AM. The last tray was served at 9:10 AM on the North Unit. All residents observed and interviewed on the North Unit confirmed that their breakfasts were not served warm enough most mornings and that most mornings they were not served breakfast until after 9:00 AM. None of the residents interviewed knew what time meals were to be served. There were no meal service times posted in the facility on 11/29/23. Staff observed walking through the halls serving breakfast trays with uncovered food and drink items on the tray. Resident #1	F 812		

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On 11/29/23 at 8:55 AM, Res #1 revealed that he had received his breakfast at 8:55 AM on 11/29/23 and his food was cold. He received a small glass of uncovered orange juice that was not cold, and he did not receive his cranberry juice per the menu slip on his tray. He was served oatmeal that was uncovered and was not warm enough per Res #1. Res #1 stated that he had issued numerous complaints on a regular basis, and he had not been able to get his food preferences served per his request. Res #1 stated that he had requested bacon to be served to him every morning with breakfast and he had not yet received his bacon. He stated that he would like to have his hot breakfast served to him daily between 7:00 AM to 7:45 AM.

Interview on 11/29/23 at 8:56 AM, with Certified Nursing Assistant, (CNA #1) on the North Unit revealed that the trays contained uncovered foods and juices. CNA #1 confirmed that the North Unit usually did not receive breakfast trays until after 8:30 AM on most mornings

Record review of the "Admission Record" revealed the facility admitted Res #1 on 9/16/2015 with a diagnosis of Type 2 Diabetes Mellitus.

Record review of the Comprehensive MDS, with an ARD of 11/10/2023, revealed Resident #1 had a BIMS score of 15, which indicated he was cognitively intact.

Resident #2
On 11/29/23 at 8:55 AM, during an observation and interview on 11/29/23 at 8:55 AM, with Res #2, who was the roommate of Res #1, he stated that he did not receive his breakfast on 11/29/23

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until 8:55 AM and his breakfast was cold. He stated that most mornings he and his roommate received cold food and did not receive their breakfasts until approximately 9:00 AM. Observation on 11/29/23 at 8:55 AM revealed that Res #2 did not receive cranberry juice as documented on his tray menu slip and he did not receive hashbrowns as documented on his tray menu slip. Res #2 did not receive any meat, did not receive beacon as listed on his tray menu slip and was served corn flakes in an uncovered bowl. Res #2 received a small glass of orange juice in an uncovered glass. Res #2's breakfast tray did not match his tray menu slip.

Record review of the "Admission Record" revealed the facility admitted Res #2 on 6/3/2020 with a diagnosis of Multiple Myeloma.

Record review of the Comprehensive MDS with an ARD of 10/5/23, revealed Res #2 had a BIMS score of 15, which indicated he was cognitively intact.

Resident #3
On 11/29/23 at 9:00 AM, in an observation and interview, Res #3 revealed that he voiced that he was served cold foods for breakfast, and he usually was served cold breakfast on most mornings. On 11/29/23 resident #3 was not served any eggs, meat, bacon, or sausage. Res #3's breakfast tray was observed to contain no oatmeal as listed on his tray menu slip. Resident #3's tray menu slip did not contain protein. Resident #3's tray menu slip did not match what was served on his breakfast tray. Res #3 stated that he had issued food complaints to the facility staff and to the Ombudsman that were not resolved.

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Record review of the "Admission Record" revealed the facility admitted Res #3 on 10/19/23 and he had a diagnosis of Heart Failure.

Record review of the Comprehensive MDS with an ARD of 11/13/23, revealed Res #3 had BIMS score of 15, which indicated he was cognitively intact.

An observation on 11/29/23 at 9:15 AM, of the meal test tray provided to the surveyor revealed that there was no salt and pepper on the tray, no jelly, no eating utensils, and no napkin. The test tray contained an open-faced biscuit with brown gravy poured over the biscuits. There were scrambled eggs with no salt and pepper and there was approximately one (1) tablespoon of uncooked hashbrowns on the plate with brown gravy running into the hashbrowns and scrambled eggs. The eggs were slightly warm and were not palatable due to no taste and no seasoning and no salt and pepper provided. The hashbrowns were cold and uncooked and white in color. The brown gravy contained no meat, the biscuit was not warm and was not moist. The biscuit was dry and there was no tray menu slip provided with the test tray.

On 11/29/23 at 11:00 AM, in an interview with the Director of Social Services (SSD), she confirmed that the Ombudsman had met with her and the ADM back in October 2023 and that they had made a plan to correct the residents' food concerns within 90 days from 10/18/23. SSD stated that to date the food concerns of the residents have not been resolved.

Resident #6

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On 11/29/23 at 2:18 PM, in an interview with the Resident Representative (RR) for Res #6 revealed that she and her sisters had several meetings with the facility concerning the diet and foods that were served and not served to Res #6. RR stated that the facility food was not served timely and that her mother goes to dialysis three (3) times per week from approximately 12:20 PM-5:00 PM and that she or one of her siblings come to the facility each day at approximately 5:00 PM with supper food/meals to serve to Res #6. RR stated that her mother was hungry by 5:00 PM and could not wait until 6:00 PM-6:30 PM to be served the facility meals/food. RR stated that the quality of the facility food/meals was poor and that her mother refused to eat much of the food/meals because her preferences were not honored. The RR stated that the family's concerns with poor quality of foods/meals and the serving not being timely had not been resolved after concerns have been issued on several occasions. The RR stated that she felt that the staff "just does not care" enough about the residents to do the right thing.

Record review of the "Admission Record" revealed the facility admitted Res #6 on 3/29/23 with a diagnosis of Heart Failure.

Record review of the Quarterly MDS, with an ARD of 9/26/23, revealed Res #6 had a BIMS score of 11, which indicated her cognition was moderately impaired.

On 11/29/23 at 3:30 PM, during an interview with the facility's ADM revealed that he was aware that there needed to be improvements with the meal service, and he confirmed that he had not posted the meal service times throughout the facility.

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F 812	Continued From page 20 The ADM stated that he would make sure that the service times were posted and that all residents and staff knew what time meals should be served. The ADM confirmed that the facility had work to do in dietary to provide dietary services that better met the needs of the residents' requests. The ADM stated that they had not served "meat" with each meal but that he had talked to the corporate office and they had agreed to allow meat at each meal. The ADM stated that the bowls of hot cereals and the side dishes and liquids/juices were not to leave the kitchen uncovered and he had instructed the Dietary Manager to order lids for the bowels and glasses. He stated that they usually had all food items covered but they had run out of covers and had to order more. The ADM provided the surveyor with the meal service times and he confirmed that Breakfast was to be served to all residents in the following manner: Breakfast: Dining room 6:30 AM-7:00 AM; North Unit 7:15 AM-7:30 AM; South Unit 7:20 AM - 7:45 AM; Lunch: Dining room 11:30 AM - 12:00 PM; North Unit 11:45 AM - 12:15 PM; South Unit 12:00 PM - 12:30 PM; Dinner: Dining room 4:30 PM - 4:45 PM; North Unit 4:45 PM - 5:00 PM; South Unit 5:00 PM - 5:15 PM.	F 812		