STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255179	A. BUILDING _____ B. WING _____	05/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEAKESVILLE REHABILITATION AND NURSING CENTER, INC	1300 MELODY LANE LEAKESVILLE, MS 39451

(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
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey and Complaint Investigation (CI MS #25056), at the facility from 5/6/24 through 5/9/24. The SA investigated CI MS #25056 related to verbal abuse and neglect and cited F675 related to the complaint investigation. During the annual recertification survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F641, F676, F689, F802, and F804. The facility had a census of 54 and was licensed for 60.	F 000		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to accurately code the Minimum Data Set (MDS) related to a resident who was discharged to home but was coded as discharging to another facility for one (1) of 17 sampled residents. Resident #58 Findings include: A record review of the "Physician's Telephone Orders" revealed Resident #58 had a Physician's Order, dated 2/7/24, for "May discharge home with home health and medication." A record review of the Discharge MDS with an	F 641	Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of conpliance. 1. Resident #58's Minimum Data Set(MDS) was modified, transmitted, and accepted in the MDS system with the	6/21/24

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

Electronically Signed | 05/31/2024

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F 641	Continued From page 1 Assessment Reference Date (ARD) of 2/7/24 revealed Resident #58 had an unplanned discharge to an Intermediate Care Facility. A record review of the "Face Sheet" revealed the facility admitted Resident #58 on 2/6/24 and he was discharged on 2/7/24. He had diagnoses including Altered Mental Status. On 5/9/24 at 8:50 AM, in an interview with Registered Nurse (RN) #1/MDS nurse, she acknowledged Resident #58 was coded as being discharged to an intermediate care facility in error because he was discharged to home. On 5/9/24 at 9:00 AM, in an interview with the Director of Nursing (DON), she acknowledged the MDS was inaccurately coded to reflect Resident #58 had an unplanned discharge to a facility when he had a discharge to home. The DON reported her expectation was for the MDS to be accurate.	F 641	correction as being discharged home on 5.9.24 2. All residents who had a discharge could have been affected by the alleged deficient practice. 3. The MDS office will review all discharges for correct coding of discharged residents. The MDS nurse was in-serviced on 5.9.24 regarding discharge coding by the MDS Consultant. 4. The MDS office will monitor all discharges, starting 5.9.24, weekly times 4 weeks, then every 2 weeks for 4 weeks.Then monthly for 2 months. We will continue monitoring discharges on a monthly basis by the MDS nurse. The results will be reviewed in Quality Assurance Performance Improvement on 6.21.24 by the MDS nurse for 4 months.	
F 676 SS=D	Activities Daily Living (ADLs)/Mntn Abilities CFR(s): 483.24(a)(1)(b)(1)-(5)(i)-(iii) §483.24(a) Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This includes the facility ensuring that: §483.24(a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily	F 676		6/21/24

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F 676	Continued From page 2 living, including those specified in paragraph (b) of this section ... §483.24(b) Activities of daily living. The facility must provide care and services in accordance with paragraph (a) for the following activities of daily living: §483.24(b)(1) Hygiene -bathing, dressing, grooming, and oral care, §483.24(b)(2) Mobility-transfer and ambulation, including walking, §483.24(b)(3) Elimination-toileting, §483.24(b)(4) Dining-eating, including meals and snacks, §483.24(b)(5) Communication, including (i) Speech, (ii) Language, (iii) Other functional communication systems. This REQUIREMENT is not met as evidenced by: Based on interviews, record review, and facility policy review, the facility failed to implement the use of a sign language interpreter during clinical appointments for a resident who was deaf, which increased the risk of not having the resident's needs met and experiencing a possible decline in the physical and psychosocial well-being and quality of life for one (1) of 17 sampled residents. Resident #40 Findings include: A record review of the facility's document "A Matter of Rights A Guide to Your Rights and	F 676	1. Resident#40 had her appointments rescheduled to meet her need for an interpreter cardilogolist 6.14.24, dental 6.20.24, and gastroenterologist 6.10.24 scheduled by lpn. 2. All deaf residents could have been affected by the alleged deficient practice. 3. The facility will contract with an interpreter service to provide an interpreter for appropriate medical office visits. It was also confirmed that resident does have	

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F 676	Continued From page 3 Responsibilities as a Resident" with a copyright date of 2020, revealed " ... No Discrimination: You have the right to fair and equal treatment ... we will not treat residents differently based on ...their medical diagnosis ...We will meet all applicable rules requiring that we make available free communication aids and services, for example, by providing translation services or other language assistance ..." On 05/07/24 at 10:30 AM, Resident #40 attended the resident council meeting and the facility's Speech Therapist (ST) assisted her with communication during the meeting. Resident #40 complained she had missed medical and dental appointments because she did not have an interpreter to assist her with communicating with the providers at the clinics. She was unsure if the facility had rescheduled the appointments at this time. The ST reported that if she were made aware in advance, she would attend the appointments with the resident to assist in communicating with the providers. A record review of the "Departmental Notes" revealed Resident #40 had a "Nurse Notes" dated 4/18/24 at 8:39 PM for "(Proper Name) office from Gastroenterology ...called to reschedule a follow up appointment for resident. He was unaware she is deaf and needs an interpreter. He stated he will call us back with a time once he has an interpreter scheduled...". A "Nurse Notes", dated 4/16/24 at 11:14 AM, revealed, " ... Called for an update on referral sent to (Proper Name) for teeth extraction... This nurse informs ... that resident is deaf and will need an interpreter available ... will get in contact with that service and states that when an interpreter is required that the clinic is at the mercy of them...".	F 676	interpreter application on her cell phone.The transportation employees will be in-serviced on scheduling an interpreter for residents that use the service starting on 5.21.24 by the director of nursing. 4. The Director of Nursing(DON), Assistant Director of Nursing(ADON), or Resident Care Manager(RCM) will review appointments for use of an interpreter 5 times a week for 4 weeks, then monthly. This will begin 5.21.24. The results will be review in Quality Assurance Performance Improvement on 6.21.24 for 4 months.	

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F 676	Continued From page 4	F 676		

A "Nurse Notes", dated 4/6/24, revealed, "... late entry 4/5/24: Resident left for cardiology appt (appointment) on 4/5/24 at 1100 (11:00 AM) and returned at 15:30 (3:30 PM). Resident was unable to see cardiologist D/T (due to) no interpreter for resident...New appt scheduled for 4/25/2 at 1300 (1:00 PM) ...A translator has been schedule for that appt ...""

At 11:50 AM on 05/09/24, during an interview with the facility's Nurse Practitioner (NP), she stated she was unaware Resident #40 had missed gastroenterology, dental, and cardiology appointments. She explained the appointments were very important for Resident #40's health and well-being and she should not have missed appointments due to not having an interpreter.

At 12:00 PM on 05/09/24, during an interview with the Director of Nursing (DON), she explained she was unaware Resident #40 had missed appointments due to not having an interpreter and stated the facility's transportation driver knew sign language and could have assisted with communication during the appointments. The DON said she thought Resident #40 had an application (app) on her phone to help with interpretation and was unaware she could or would not use the phone app when she went to appointments. The DON also stated she thought the clinics provided their own interpreters for appointments and was not aware it was the facility's responsibility. The DON reviewed the departmental notes that were documented by the nurses in the medical record and confirmed she was not aware Resident #40 had missed appointments for gastroenterology, dental, and cardiology due to not having an interpreter. The DON commented that she had not thought about

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F 676	Continued From page 5	F 676		

the resident needing an interpreter for appointments.

At 12:15 PM on 05/09/24, during an interview with Licensed Practical Nurse (LPN) #3, she explained she was not aware it was the facility's responsibility to provide an interpreter for appointments. LPN #3 stated Resident #40 had mouth pain, was treated for an abscessed tooth, completed antibiotics, and went to the dentist for a tooth extraction. However, the provider could not communicate with the resident and the tooth was not extracted. She said Resident #40's daughter was notified that the resident needed an interpreter before she could have the tooth extracted. LPN #3 confirmed Resident #40 had a dental appointment rescheduled for a tooth extraction on 5/30/24 and there was no indication that appointments had been rescheduled for cardiology and gastroenterology.

At 1:00 PM on 05/09/24, during an interview with Certified Nurse Aide (CNA) #2, she explained she was the transportation aide and assisted with driving and attending appointments. CNA #2 confirmed Resident#40 had not been seen at appointments because there was no interpreter available. She explained she had not been asked to perform sign language for the resident and stated that although she knew a little sign language, she did not feel she knew it well enough to communicate with providers at appointments. She stated Resident #30 had not used her phone app while at appointments.

At 3:30 PM on 05/09/24, during an interview with the Administrator, he explained he expected residents to attend scheduled appointments and the staff to ensure residents had everything in

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F 676	Continued From page 6 place prior to the appointment. Record review of the "Face Sheet" revealed the facility admitted Resident #40 on 5/3/22 with current diagnoses including Deaf Nonspeaking. A record review of the Annual Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of 4/25/24 revealed Resident #40 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact. Section B indicated Resident #40 was coded for "No speech-absence of spoken words." Review of the medical record revealed there was no documentation that Resident #40 attended the rescheduled appointment for the cardiologist on 4/25/24 at 1:00 PM.	F 676		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews, record review, and the facility policy review, the facility failed to secure a resident in the facility van during transport for one (1) of two (2) residents reviewed for accidents. (Resident #43) Findings Include:	F 689	1. Resident #43 was assessed by the nursing staff with no complaints of pain on 10.4.23. The following day he complained of pain and was sent to the hospital for evaluation returned with no injury. The assistant maintenance director	6/21/24

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F 689	Continued From page 7 Review of the facility's policy, "Incident and Accidents", dated 5/13/2023, revealed, " ...It is the policy of this facility for staff to report, investigate, and review any accidents or incidents that occur ..." Review of the facility's "Fall Prevention Policy", dated 2/20/23, revealed, " ...Each resident will be assessed for fall risk and will receive care and services in accordance with their individualized level of risk to minimize the likelihood of falls..." Review of the "Resident Incident Report" for Resident #43, dated 10/4/23, revealed the facility investigated the incident and the "Narrative of incident and description of injuries" indicated "the transporter stated that resident was strap in place in wheelchair and upon taking off in the van the resident chair flipped over backwards and resident stated he hit his head no injuries noted except where resident stated he hit his head but no ap-preat (sic) injury noted on head ..." An interview with Resident #43 on 5/6/24 at 12:41 PM, revealed his wheelchair had overturned in the facility's transportation van on the return trip from a doctor's office visit last year. Resident #43 stated he must not have been strapped down properly because his wheelchair turned over backwards as the driver put her feet on the gas. He said that he did not touch the straps. He explained the van driver had connected the strap to the wheelchair wheels, but he was unable to see exactly what was going on at the bottom of the wheelchair. He stated that he did not want to go to appointments in the van since the fall occurred, so the facility took him to appointments in the company car with a different driver.	F 689	checked the straps for defects. No defects found. 2. All residents who uses a wheelchair and uses the facility transportation could have been affected by the alleged deficient practice. 3. The driver will report any problems with securing the residents immediately to administration. They will suspend the transport until the problem has been remediated.Facility employees who drive the van were in-serviced for proper use of straps in securing residents in wheelchairs by the director of nursing starting on 5.10.24. Facility employees that drives the vans will be in-serviced quarterly.The maintenance staff was in-serviced on proper application of the securing straps starting on 5.21.24. 4. The vans will be inspected by the maintenance director, assistant maintenance director, or the administrator for any issues with the straps. This will take place 2 times a week for 4 weeks. Then weekly for 4 weeks followed by monthly inspections. Any issues will be reported to the administrator for further review. The maintenance staff was in-serviced on proper application of the securing straps starting on 5.21.24.The results will be review in Quality	

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F 689	Continued From page 8 During an interview on 5/7/24 at 11:30 AM, with Certified Nursing Aide (CNA) #2, she stated that on 10/4/23, she had strapped Resident #43 into the facility's van and had checked to ensure he was secure. CNA #2 said she had accelerated the gas and the resident's wheelchair overturned and he fell backward onto the floor of the van. CNA #2 explained that she immediately stopped the van to check on the resident and noted the front right belt and the seat belt were not connected. CNA #2 was unsure how the belts could have come apart unless the resident had released them. CNA #2 stated that she notified the facility immediately, assisted the resident back in the wheelchair, and made sure the straps were connected. When the resident arrived at the facility, he was checked by the nurses. During an interview on 5/8/24 at 12:45 PM, with the Director of Nursing (DON), she confirmed Resident #43 had a fall in the transportation van in October 2023. The DON confirmed she had completed the investigation and had interviewed CNA #2 who indicated that she had checked the straps in the van to ensure the resident was secured prior to leaving the doctor's office. The DON stated CNA #2 said the wheelchair overturned when she accelerated the gas to leave the doctor's office. CNA #2 brought the resident back to the facility where he was assessed and found to have no injuries. During the investigation, the DON interviewed Resident #43 and he stated he had hit his head, but he was fine and the resident confirmed the CNA had secured the straps to his wheelchair. The DON and the Maintenance Tech checked the straps on the van to ensure they were working properly, and they found no issues. The DON explained	F 689	Assurance Performance Improvement by the maintenance director on 6.21.24 for 4 months.	

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F 689	Continued From page 9 that she and the previous Administrator did not suspect negligence regarding securing the straps to the wheelchair and she believed Resident #43 may have removed the seat belt and the right front strap from the wheelchair himself. During an interview on 5/09/24 at 02:32 PM, with the Maintenance Tech, he confirmed he had checked the straps on the transportation van when the resident returned after he had fallen in October and did not find any faulty equipment. A record review of the "Face Sheet' revealed the facility admitted Resident #43 on 7/25/23 with current diagnoses including Cerebral Palsy. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/17/24 revealed Resident #43 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated he was cognitively Intact	F 689		
F 802 SS=F	Sufficient Dietary Support Personnel CFR(s): 483.60(a)(3)(b) §483.60(a) Staffing The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.60(a)(3) Support staff. The facility must provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.	F 802		6/21/24

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F 802	Continued From page 10 §483.60(b) A member of the Food and Nutrition Services staff must participate on the interdisciplinary team as required in § 483.21(b)(2)(ii). This REQUIREMENT is not met as evidenced by: Based on observation, staff and resident interview, record review, and facility policy review, the facility failed to have sufficient staff to assemble meal trays timely to prevent meals from being served late and cold for three (3) of four (4) days of survey. Findings include: Review of the facility's policy, "Dietary Services-Staffing", revised 7/21/23, revealed, " ...The facility employs sufficient staff with the appropriate competencies in skill sets to carry out the functions of the Food and Nutrition Services, taking into consideration resident assessments, individual plans of care and the number, acuity, and diagnoses of the facility's resident population in accordance with the facility assessment ...Policy Explanation and Compliance Guidelines for Staffing ...6. The facility will provide sufficient support personnel to carry out the supportive functions of the Food and Nutrition Services. These functions include ...a. Safe and timely meal preparations ..." During an observation of the kitchen on 5/6/24 at 10:00 AM, the Dietary Manager (DM) and a Dietary Aide were present in the kitchen. The DM explained she was working as the cook today because the kitchen was short-staffed, and she had around half the staff out that was required to operate the dietary department. This was due to	F 802	1. The facility will use nurses or certified nursing assistants to assist with meals as needed starting on 5.7.24. 2. All residents who receive meals from the kitchen could have been affected by the alleged deficient practice. 3. The facility will hire sufficient staff for the dietary department. We are running advertisements on the internet since 3.27.24 for the dietary department. The facility will review wages to ascertain that we are in the appropriate wage range starting on 5.28.24. We will strive to seek and employ qualified competent employees.An in-service was held by the administrator on who to call if there is not sufficent staff in the dietary department for dietary employees on 5.28.24. 4. The administrator or dietary manager will review staffing for the dietary department 5 days a week for 4 weeks. Then it will be monitored 2 days a week for 4 weeks, then monthly for 2 months. The administrator or dietary manager will report the findings in Quality Assurance	

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F 802	Continued From page 11 staff sickness and staff resignations. The DM said that although the kitchen was short of staff, all the functions of the kitchen services were expected to be carried out by the two members that were working and they were doing their best but "could only do so much with little staff." During an observation and interview on 5/7/24 at 07:30 AM, the DM was the only staff member working in the kitchen and was cooking lunch and washing the breakfast dishes. The DM explained the Dietary Aide that was scheduled to work had called in due to sickness, but Dietary Aide #1 was coming in at 9:00 AM to assist. During an observation of the kitchen on 5/7/24 at 11:45 AM, there were two (2) nurses assisting in the kitchen by drying the trays and wrapping the silverware in napkins. Dietary #1 began plating the food according to the dietary slips and all the food was on the trays at 12:00 PM. The DM added the drinks to the trays, and they were ready at 12:15 PM. The meal trays were passed out to the residents at 12:25 PM. While trays were being served, there were several residents who asked the kitchen to re-warm their food. The last meal cart for the hall trays was sent out at 12:35 PM. The nurse checked the trays and dietary slips and the cart arrived at the hall at 12:45 PM. The last tray was delivered to a resident at 12:55 PM. During an observation and interview on 5/8/24, the hall trays arrived at F-hall arrived at 6:30 PM. The residents complained the food was cold. Resident #109 complained the Mexican rice was cold and the hamburger meat on the taco salad was cold. Resident #109 said she "does not like cold hamburger meat or cold rice."	F 802	Performance Improvement on 6.21.24 for 4 months.	

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	255179	A. BUILDING _____ B. WING _____	05/09/2024

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F 802	Continued From page 12	F 802		

Review of the facility's, "Mealtimes" revealed Breakfast was served from 7:30 AM to 7:45 AM, Lunch 11:30 AM to 11:45 AM and Dinner 5:30 PM to 5:45 PM.

During an interview on 5/6/24 at 11:00 AM, Certified Nursing Aide (CNA) #1 stated that the residents complained most of the time that the food was cold. She explained to the residents that the kitchen had one (1) person working several times a week.

During the resident council meeting on 5/7/24 at 10:00 AM, the residents stated the food was cold most of the time because the facility did not have enough staff working in the kitchen. The residents also complained the food was late being served, especially at dinner.

During an interview on 5/8/24 at 9:00 AM, Dietary #2 stated the facility needed to hire more dietary aides because it was difficult setting up meals and washing dishes and she had been working a lot of hours trying cover for not having staff.

During an interview on 5/8/24 at 9:30 AM, Dietary #3 stated the facility was short-staffed and the current staff had to work extra hours until the facility could get some help.

During an interview on 5/8/24 at 9:45 AM, the DM said she had openings for three (3) cooks and four (4) dietary aides. She confirmed the residents had been complaining that the food was cold.

During an interview on 5/8/24 at 10:00 AM, the Administrator confirmed the facility had been

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F 802	Continued From page 13 short of kitchen staff and he was trying to recruit cooks and dietary aides.	F 802		
F 804 SS=F	Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record review, and facility policy review, the facility failed to provide resident meals at an appetizing temperature for two (2) of two residents reviewed for food. Resident #32 and Resident #109. This had the potential to affect all residents who receive meals from the kitchen. Findings include: A record review of the facility's policy, "Food and Nutrition Services", revised 10/2017, revealed " ... Each resident is provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs ...Policy Interpretation and Implementation: ... 7. Food and nutrition services staff will inspect food trays to ensure ...the food ...is served at a safe and appetizing temperature ..." Resident #32	F 804	1. Resident#32 had his food re warmed on 5.7.24 and Resident#109 was offered another tray on 5.8.24. 2. All residents who receive meals from the kitchen could have been affected by the alleged deficient practice. 3. The facility will work to assure meals are ready, palatable and served on time.The RD in-serviced the dietary staff on proper food temperture delivery on 5.22.24. 4. The food temperatures will be taken on trays 2 meals a day 5 times per week for 4 weeks starting 5.27.24. After 4 weeks the temperture will be taken 4 meals per week for 3 months. The dietary manager, registered dietition(RD) or the administrator will take the tempertures. The results will be reviewed in Quality	6/21/24

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F 804	Continued From page 14 On 05/06/24 at 11:35 AM, during an interview with Resident #32, he complained the food was served cold daily at all meals. On 5/07/24 at 12:15 PM, during an observation, the facility staff were in the dining room with the meal tray carts and were reviewing trays. One (1) cart had six (6) trays and one (1) cart and nine (9) trays. The carts were open carts and the trays had insulated plate covers used on the plates. The first cart with nine (9) trays went to the floor at 12:19 PM for the A and B hall. A cart with three (3) trays went to the floor at 12:20 PM for E hall. A cart with six (6) trays went to A and B hall at 12:22 PM and the last tray was removed at 12:27 PM. At 12:29 PM Resident #32 received his lunch tray and he had a fork in his silverware. He asked Certified Nurse Aide (CNA) #6 to bring him a spoon and since she was still delivering trays, she asked a nurse to provide him with a spoon. Resident #32 received a spoon at 12:35 PM, and complained the food was cold and requested staff to take the food back and warm it up. Resident #32's meal included chopped meat, green beans, and a baked potato on his meal tray. On 5/07/24 at 2:00 PM, during an interview with CNA #6, she explained residents had complained about cold food for several months and some residents had requested food to be rewarmed. She confirmed Resident #32 had asked for his food to be rewarmed. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date of 2/22/24 revealed Resident #32 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated he was cognitively intact.	F 804	Assurance Performance Improvement on 6.21.24 for 4 months.	

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F 804	Continued From page 15 Resident #109 During an interview on 5/6/24 at 10:36 AM, Resident #109 complained the food was cold and explained that she often had to ask the staff to warm it up. In an interview on 5/6/24 at 11:00 AM, with CNA #1, she stated the residents complain most of the time about the food being cold. She said she explained to the residents that the kitchen only had one person working several times a week. An observation of a test tray and interview with the Dietary Manager (DM) on 5/7/24 at 1:00 PM, revealed temperature of the baked potato was 118, the meat was 103, and the green beans were 101, and the food was lukewarm when tasted. The DM reported she had problems with residents complaining the food was cold and explained it took the staff a long time to get the food to the residents. She confirmed she currently had staffing challenges in the kitchen, and she was training a new cook. She also confirmed she had attended resident council meetings where there had been complaints about cold food, and she was working to correct the situation. On 5/8/24, in an observation, the meal trays arrived on F-hall at 6:30 PM. The residents complained the food was cold. Resident #109 complained the Mexican rice was cold and the hamburger meat to go on the taco salad was cold. Resident #109 said she does not like cold hamburger meat or cold rice. During an interview on 5/09/24 at 10:51 AM, with the DM she confirmed the food that was served	F 804		

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F 804	Continued From page 16 for dinner on 5/8/24 was cold because the new cook in training, Dietary #1, had placed the hamburger meat in with the lettuce and tomato and put it into the refrigerator because she thought the salad and meat should be cold. On 5/9/24 at 3:30 PM, during an interview with the Administrator, he confirmed residents had complained about cold food and on 5/07/24 it had taken a long time for staff to get the trays on the floor and he confirmed he heard about the cold taco salad served on 5/08/24 for dinner. He expected residents to be served food that is palatable, attractive, and at a safe and appetizing temperature.	F 804		