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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) COMPLETE DATE
{N 000}	Initial Comments On 05/05/2025 with additional information gathered through 05/12/2025, Surveyors conducted a complaint investigation and verification visit at Wyndemere Birch House. As a result the previous deficiency was corrected, with two new deficiencies identified. The complaint was substantiated. Per state statutes a $200.00 revisit fee was assessed. Census: 15	{N 000}		
N 431	83.38(1)(g) Health monitoring. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any	N 431		

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

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N 431	Continued From page 1 changes in the resident ' s health or mental health status in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not monitor the physical health of residents for Resident 3. Resident 3 was diagnosed with type 2 diabetes mellitus with orders to follow a specific diabetic protocol to perform a blood sugar recheck in 30 minutes when blood sugars were low. Additionally, the facility's diabetic protocol stated rechecks should be completed in 15 minutes. Blood sugar rechecks were not completed within the specified timeframes of the prescribed diabetic protocol or facility protocol. Findings Include: On 10/07/2024, the department received a complaint alleging blood sugar checks were not being completed and documented. On 05/06/2025, at 11:45AM, Surveyor reviewed Resident 3's August 2024 and September 2024 medication administration record (MAR). The MAR contained an order to use One Touch Verio Test Strips to check blood sugars 4 times daily. Additionally, the MAR noted orders for insulin administration with blood sugar parameters as follows: Scheduled for 8:00AM and 8:00PM: LANTUS SOLOSTAR 100 UNITS / ML PRIME W/ 2 UNITS. INJECT 20 UNITS SUB-Q BID (DM2) Hold if Bs <110. If <70 Give 8oz Orange Juice and Recheck in 30 Min. Call Md if Still <70. If <50	N 431		

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N 431	Continued From page 2 Give Glucagon Tablet and Transport to Ed: Start date 08/06/24. End date 08/30/24 Scheduled for 8:00AM and 8:00PM: LANTUS SOLOSTAR 100 UNITS / ML PRIME W/ 2 UNITS. INJECT 18 UNITS SUB-Q BID (DM2) Hold if Bs <110. If <70 Give 8oz Orange Juice and Recheck in 30 Min. Call Md if Still <70. If <50 Give Glucagon Tablet and Transport to Ed: Start date: 08/30/2024. No end date noted. On 05/06/2024, at 12:30PM, Surveyor reviewed Resident 3's August 2024 and September 2024 blood sugar vital history log from the electronic record system ECP and observation notes. Review of the documentation revealed instances of blood sugars under 70 that were not rechecked in accordance with the physician's order or facility protocol. The instances were as follows: Blood Sugar Log for 08/04/2024 8:56AM: blood sugar was 56 The next blood sugar check was documented in the log at 12:15PM. The time between checks was 3 hours and 20 minutes. No further blood sugar checks were identified in the observation notes. Blood Sugar Log for 08/05/2024 11:51AM: 61 The next blood sugar check was documented in the log a 1:41PM. The time between checks was 1 hour and 50 minutes. No further blood sugar checks were documented in the observation notes. Blood Sugar Log for 08/15/2024 12:01PM: 54 The next blood sugar check was documented in the log at 3:30PM. The time between checks was	N 431		

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N 431	Continued From page 3 3 hours and 29 minutes. No further blood sugar checks were documented in the observation notes. Blood Sugar Log 08/16/2024 12:00PM: 42 12:16PM: 42 The next blood sugar check was documented in the log at 3:27PM. The time between checks was 3 hours and 11 minutes. No further blood sugar checks were documented in the observation notes. Blood Sugar Log for 08/20/2024 7:31PM: 67 The next blood sugar check was documented in the log on 08/21/2024, at 9:13AM. Time between checks was 13 hours and 42 minutes. No further blood sugar checks were documented in the observation notes. Blood Sugar Log for 08/25/2024 1:34PM: 65 The next blood sugar check was documented in the log at 3:27PM. The time between checks was 1 hour and 53 minutes. No further blood sugar checks were documented in the observation notes. Blood Sugar Log for 08/26/2024 3:32PM: 62 The next blood sugar check was documented in the log at 7:35PM. Time between checks was 4 hours and 3 minutes. No further blood sugar checks were documented in the observation notes. Blood Sugar Log for 08/28/2024 7:45PM: 46 7:58PM: 46	N 431		

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The next blood sugar check was documented in the log on 08/29/2024 at 7:57AM. The time between documented checks was approximately 12 hours. No further blood sugar checks were documented in the observation notes.

Blood Sugar Log for 08/30/2024
5:00PM: 39
The next blood sugar check was documented in the log at 6:01PM. The time between documented checks was 1 hour and 1 minute. No further blood sugar checks were documented in the observation notes.

Blood Sugar Log for 09/07/2024
3:24PM: 45
The next blood sugar check was documented in the log at 7:33PM. The time between documented checks was 4 hours and 9 minutes. No further blood sugar checks were documented in the observation notes.

On 05/06/2025, at approximately 1:00PM, Surveyor reviewed Resident 3's Individual Service Plan (ISP), dated 06/25/2024. The ISP noted Resident 3 was diagnosed with Type 2 diabetes mellitus. There was no information documented in the section titled, "Diabetic Status." Surveyor noted Resident 3's ISP did not identify the resident's signs and symptoms of hypoglycemia and hyperglycemia or the protocols to manage hypoglycemia and hyperglycemia incidents. On 05/08/2025 at approximately 10:00AM, Administrator C verified the ISP dated 06/25/2024 was Resident 3's most current ISP.

On 05/08/2025, at approximately 10:00AM, Surveyor interviewed Administrator C regarding Resident 3's blood sugar checks. Administrator C advised caregivers are required to follow the

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facility's diabetic protocol. Administrator C explained the facility's protocol stated if blood sugar is below 70, they notify management. Management advises them to provide orange juice or some kind of carbohydrate to elevate the blood sugar and recheck in 15 minutes. Administrator C reported scheduled blood sugars are documented in the electronic record system, ECP and blood sugar rechecks are documented in the observation notes. Administrator C confirmed some caregivers are better than others at documenting the rechecks in the observation notes, but the caregivers always follow up with management.

On 05/08/2025, at 2:00PM, Surveyor reviewed the facility's diabetic protocol titled, "Diabetic Education for Delegation," dated 2015. The policy noted the following:

" ...To treat hypoglycemia (low blood sugar):
>Give the resident a fast acting sugar (e.g 4 ounces of orange juice, 4 oz regular soda) (NOTE: Chocolate is NOT a fast acting sugar because of high fat content)
>Recheck blood sugar in 15 minutes after first giving fast-acting sugar
>If blood sugar is still low (less than 70), repeat fast acting sugar until greater than 70
>If blood sugar is higher than 70, give the resident a snack with carbohydrates and protein (e.g peanut butter crackers, cheese and crackers, turkey sandwich, ham sandwich, etc) ...

"Call 911 for hypoglycemic crisis if:
>If unable to get blood sugar greater than 70 within 30 minutes of giving the first fast-acting sugar
>If resident is unable to swallow
>If the resident loses consciousness

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N 431	Continued From page 6 >If the MD, RN, Wellness Coordinator or Administrator directs you to call 911 ..." According to information found at https://www.mayoclinic.org/diseases-conditions/hypoglycemia/symptoms-causes/syc-20373685, dated 11/18/2023, "Hypoglycemia is a condition in which your blood sugar (glucose) level is lower than the standard range. Glucose is your body's main energy source. Hypoglycemia is often related to diabetes treatment...Hypoglycemia needs immediate treatment. For many people, a fasting blood sugar of 70 milligrams per deciliter (mg/dL), or below should serve as an alert for hypoglycemia...If blood sugar levels become too low, hypoglycemia signs and symptoms can include: looking pale, shakiness, sweating, headache, hunger or nausea, an irregular or fast heartbeat, fatigue, irritability or anxiety, difficulty concentrating, dizziness or lightheadedness, tingling or numbness of the lips, tongue or cheek. As hypoglycemia worsens, signs and symptoms can include: confusion, unusual behavior or both, such as the inability to complete routine tasks, loss of coordination, slurred speech, blurry vision or tunnel vision, nightmares, if asleep. Severe hypoglycemia may cause: unresponsiveness (loss of consciousness) and seizures...Untreated hypoglycemia can lead to: seizure, coma and death ..." ***Information was obtained on 05/08/2025 at 10:57AM Resident 3 has physician's orders to recheck low blood sugars within 30 minutes. Additionally, the provider's protocol stated low blood sugars should be rechecked in 15 minutes. There were 10 instances when Resident 3's blood sugars were not documented as rechecked within the	N 431		

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N 431	Continued From page 7 timeframes of the physician's order or the provider's diabetic protocol.	N 431		
N 448	83.41(2)(a) Nutrition: diet. Diets. 1. The CBRF shall provide each resident with palatable food that meets the recommended dietary allowance based on current dietary guidelines for Americans and any special dietary needs of each resident. 2. The CBRF shall provide a therapeutic diet as ordered by a resident ' s physician. This Rule is not met as evidenced by: Based on observation, interviews and record review the provider did not provide a therapeutic diet as prescribed by the physician for 1 of 1 sampled resident who required an altered diet. Resident 2 had been assessed as a choking risk and had known behaviors of refusing to wear his/her dentures and shoveling food into his/her mouth. Resident 2 had a physician's order to receive a mechanical soft diet. On 01/10/2025, Activity Director K purchased and served Resident 2 a sandwich from Subway and the resident experienced a choking incident. Resident 2 required the Heimlich maneuver and became unresponsive, EMS (Emergency Medical Services) was called, and the resident was intubated and transferred to the ED (Emergency Department). Resident 2 was hospitalized for ten (10) days for acute hypoxemic respiratory failure and aspiration pneumonia and discharged back to the facility on hospice services.	N 448		

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N 448	Continued From page 8 Findings include: The facility's policy and procedure titled, "Dysphagia and Therapeutic Diets" undated indicated, "...Dietary Modifications are often needed to improve swallowing and avoid aspiration...Modified Food Textures- Diet modifications are made to attempt to prevent choking and to avoid food being stuck in the mouth, throat or esophagus. Challenging foods include: ...Meat may be hard to chew, cause significant fatigue or get stuck in throat or esophagus...Foods to avoid: Bread: People tend to swallow bread before it is really "swallow-ready." Bread can stay in a sticky ball in the throat and block the airway...Mechanical soft (Minced and Moist): A food's texture is altered to require less chewing than a regular diet. These foods have different textures and thickness, including chopped, minced and ground. These textures are achieved by manually chopping or mincing with a knife or pulsing food in a food processor. Very soft, small moist lumps, minimal chewing ability needed. The lump size should be 1/6 inch and hold its shape on a spoon. The modified food should fall off a spoon easily if it is tilted or lightly flicked. Examples of Mechanical Soft: Meat-Served finely minced or chopped to ¼ inch lump size and served in a thick, smooth, non-pouring sauce or gravy...No Regular Dry Bread: Bread is considered a high choking risk..." https://www.iddsi.org, revised March 2025 indicated, "The National Dysphagia Diet (NDD) of 2002 was replaced with the International Dysphagia Diet Standardization Initiative (IDDSI) Framework. This document explores the development of the IDDSI framework and the identification of diet levels. IDDSI is the only professionally recognized and supported diet	N 448		

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framework as of October 2021. Comparing the NDD to the IDDSI Framework... 1. Both NDD and IDDSI are based on modifying food and drink textures for people with chewing and/or swallowing difficulties. 2. The intention of the NDD was simply to begin the idea of standardization, while pushing for evolution/revisions pending new research and best practice. A systematic review found an urgent need to develop a global standardized terminology and definitions to describe texture modified foods and thickened liquids used for individuals with dysphagia of all ages, in all care settings, and all cultures. 3. NDD and IDDSI have some similar content, but the final IDDSI framework consists of 8 more clearly defined levels (0-7) of drinks through foods. Drinks and foods are tested using IDDSI Testing Methods...NDD, Level 2 Mechanically Altered to IDDSI, Minced and Moist, Level 5- The NDD name of "Mechanically Altered" was vague and hard to interpret and the NDD description stated: "moist," "minced," "cohesive," and "easily mashed." The IDDSI label of "Minced and Moist" is what NDD intended, but this IDDSI label is more descriptive and specific of how kitchens should prepare and serve foods. IDDSI provides Testing Methods for exact sizes of food pieces consistent with a safe swallow based on research in children and adults. Added moisture is a must to make this level moist, cohesive, and not crumbly!...Minced and Moist: MEAT: Finely minced or chopped, soft mince, serve in mildly, moderately or extremely thick, smooth, sauce or gravy, draining excess. If texture cannot be finely minced it should be pureed...BREAD-No regular, dry bread, sandwiches or toast of any kind...FOOD TEXTURES THAT POSE A CHOKING RISK examples are drawn from international autopsy reports: ...Complex food

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textures are a choking risk because they require an ability to chew and manipulate a variety of food textures in one mouthful. Examples of complex food textures include: hamburger, hot dog, sandwich..."

On 05/07/2025, Surveyor reviewed a facility self-report which indicated, "This letter is to inform you of a choking incident that happened in the community dining room...[Resident 2] experienced a choking episode on 01/10/2025, [Resident 2] was having lunch with residents and our activity director for takeout lunch experience, [Resident 2] requested subway ...Care plan stated [Resident 2] was a choking hazard and current diet was listed as mechanical soft, staff were responsible for cutting up [Resident 2's] food and this was done. [Resident 2] has not had any choking incidents since move in 09/01/2021, preventions in place at the time were monitor resident during meal times, diet of mechanical soft...At approximately 1 PM in the afternoon, [Resident 2] was eating Subway with other residents and our activity director for takeout lunch day, [Resident 2's] food was cut up prior to eating and [Resident 2] eats independently with supervision, staff noticed [Resident 2] was not swallowing per normal and kept putting more in mouth. [Resident 2] began to choke and measures to remove food were taken, [Resident 2] was patted on back and 911 was called... [Resident 2] was sent to the hospital where the object (turkey) was removed from airway and [Resident 2] was admitted for further observation. [Resident 2] returned to facility on hospice..."

On 05/07/2025, Surveyor reviewed Resident 2's medical record. The record indicated Resident 2 was admitted to the facility on 09/01/2021 with diagnoses to include schizoaffective disorder,

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asthma and GERD (Gastro-esophageal reflux disease). In addition, the record indicated Resident 2 had a guardian and a physician's order dated 09/01/2022 for a mechanical soft diet.

On 05/07/2025, Surveyor reviewed Resident 2's ISP (Individual Service Plan) dated 10/08/2024. The ISP indicated, Resident 2 had top and bottom dentures, was independent with dining and required no assistance with eating meals. Additionally the ISP stated, "[Resident 2] has choking episodes at times is on a mechanical soft diet...[Resident 2] had dentures that did break, resident has been back to dentist a few times and has refused treatment for new dentures." On 05/07/2025 at 10:30 AM, Administrator C verified the above ISP dated 10/08/2024 was the ISP in place for Resident 2 prior to the 01/10/2025 choking event.

Review of Resident 2's "Event Report" dated 01/10/2025 at 1:46 PM indicated, "Choking Episode...[Resident 2] requested a sub from Subway and began choking on [her/his] bite. [Resident 2] was transferred by EMS to the hospital."

On 05/07/2025, Surveyor reviewed Resident 2's observation notes from 01/10/2025 through 03/19/2025 and the following was noted:

*01/10/2025- "Writer called St. Vincent's to get an update on [Resident 2] and nurse stated [Resident 2] has been intubated and is being admitted..."

*01/13/2025- "Writer called St. Vincent's hospital to get an update on resident and nurse stated resident is not on Ventilator anymore. [Resident

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2] is on 1 liter of oxygen at this time and is also not sedated, and has been talking. No discharge plan at this time. [Resident 2] is still in ICU..."

*01/15/2025- "St. Vincent's called...Nurse stated they will try to wean [Resident 2] off oxygen in the next day and see how [s/he] does. Nurse stated upon discharge, resident will be followed by PT/OT and Speech therapy with St. Vincent's home health. [Resident 2] was diagnosed with aspiration pneumonia, sepsis from choking but no brain injury. [Resident 2] has been eating 25-75% of meals and is following puree and mildly thickened liquids. Still on oxygen at 2 liters..."

*01/20/2025- "Resident discharged from St. Vincent Hospital: [Resident 2] was intubated on January 10th due to choking on a turkey sandwich [s/he] bought from Subway. Large chunk of food was removed from airway. On 4L of 02 as needed for comfort and kept pulling 02 off. Staff are to check 02 as if fluctuates between 88-90%. Bronchoscopy was done in ICU. [Resident 2] is a two assist and is now signed on to Moments Hospice...Puree and thick it diet. Total feed assist..."

*03/19/2025- "[Resident 2] is off hospice as of 03/18/2025."

On 05/12/2025, Surveyor reviewed the "Critical Care Medicine Admission Note" for Resident 2 dated 01/10/2025 which indicated, "CHIEF COMPLAINT: Choking episode. HISTORY PRESENT ILLNESS: [Resident 2] with past medical history of dementia, hypertension, depression, anxiety who presented from nursing facility after choking episode...[Resident 2] was having lunch today and had a choking episode.

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WYNDEMERE BIRCH HOUSE	2999 RIVERSIDE DR GREEN BAY, WI 54301

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N 448	Continued From page 13 [Resident 2] was eating a sandwich and could not breathe. EMS was called due to hypoxemia, EMS intubated resident and found significant food debris within [her/his] posterior pharynx. [Resident 2] presented to the ED following intubation from EMS. In the ED, [Resident 2] was noted to be DNR/DNI. Thus, ED physician removed ET tube. However, resident was poorly oxygenating on nonrebreather. [Resident 2] was on 15 L nonrebreather and saturating 83%. CT chest showed soft tissue attenuation in the left mainstem bronchus, causing focal occlusion of the distal mainstem bronchus likely commendation of aspirated mucold secretions and aspirated food. Thus, pulmonology was consulted for emergent bronchoscopy given hypoxemia due to aspiration episode. Discussed case with the ED physician. [Resident 2] is DNR/DNI, however, given acute episode, discussed with resident's guardian. Resident's guardian indicated [s/he] would be okay with a short-term intubation for performed procedure. Discussed possible 1 day ventilator use for procedure if resident tolerates. Thus, resident was intubated by ED physician. Bronchoscopy was performed..." On 05/12/2025, Surveyor reviewed the hospital "Discharge Summary" note for Resident 2 dated 01/20/2025 which indicated, "Admission date: 01/10/2025. Resident is discharged to hospice care. Admission Diagnoses: Acute hypoxemic respiratory failure, Aspiration episode, left mainstem bronchus occlusion...Discharge Diagnoses: 1. Aspiration pneumonia 2. Left mainstem bronchus occlusion. Indication for Admission: Hypoxic Respiratory Failure...Hospital Course: Probable aspiration pneumonia. Sepsis on the mission secondary to above left mainstem bronchus occlusion. Extubated 1/10. Reportedly	N 448		

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on room air at baseline. Completed 5 days of Rocephin and azithromycin. Choking episode with subsequent aspiration and left mainstem bronchus occlusion status post foreign body removal from left mainstem bronchus 1/10. Speech therapy consultation appreciated, continue dysphagia diet 4...Will discharge back to Wyndemere with Moments hospice. Acute on chronic hypoxemic respiratory failure secondary to aspiration and probable pneumonia, resident will need intermittent oxygen 2 L at rest...Guardian is agreeable with being discharged today to hospice care..."

Interviews

On 05/05/2025 and 05/07/2025, Surveyor observed and talked to Resident 2. Resident 2 was not wearing her/his upper and lower dentures, and no natural teeth were observed. Resident 2 indicated s/he does not like to wear her/his dentures.

On 05/07/2025 at 1:50 PM, Surveyor interviewed Life Enrichment L who was a witness to Resident 2's choking episode on 01/10/2025. Life Enrichment L indicated [Resident 2] has tendencies to shovel [her/his] food into [her/his] mouth and not wear [her/his] dentures. Life Enrichment L stated, "On 01/10/2025, [Activity Director K] was on [her/his] way out the door when [Resident 2] asked [Activity Director K] to get [her/him] a sandwich from Subway because [Resident 2] had a gift card for Subway. [Activity Director K] went to Subway, purchased the sandwich [Resident 2] wanted and then served it to [Resident 2]." Life Enrichment L went on to say, "I was in the back office when a heard someone was choking. I went into the dining room and saw [Former Caregiver O] attempting

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the Heimlich maneuver on [Resident 2]... [Resident 2] passed out and went to the floor. [Activity Director K] called 911 right away. [Resident 2] turned blue and looked dead to me. I remember trying to get food out of [Resident 2's] mouth and I pulled out a lot of chewed up food..." Surveyor then asked Life Enrichment L is s/he was asked to write a statement of what s/he witnessed after the above event occurred. Life Enrichment L stated, "No."

On 05/07/2025 at 2:10 PM, Surveyor interviewed Activity Director K regarding the choking episode with Resident 2 on 01/10/2025. Activity Director K stated, "[Resident 2] has a thing with choking on food. [Resident 2] shovels [her/his] food and doesn't like to wear [her/his] dentures. [Resident 2] will take other residents' food from their plates...On 01/10/2025, [Resident 2] approached me and asked me to go to Subway because [s/he] had a gift card. I purchased [Resident 2] a flatbread sandwich with turkey, cheese and mayo. When I gave [Resident 2] the sandwich, I cut the sandwich up into little pieces and then went into the back office to eat my food...Someone started yelling [Resident 2] was choking. I ran out into the dining room and [Former Caregiver O] was doing the Heimlich maneuver on [Resident 2]. Resident 2 passed out and turned blue, and I called 911." Surveyor asked Activity Director K if s/he was asked to write a statement of what s/he witnessed and knew after the above event occurred. Activity Director K stated, "No, I did not write a statement. [Administrator C] and [Wellness Director M] talked to me after the incident and told me Subway was not a good choice for [Resident 2] because [s/he] was on a mechanical soft diet. I was also told I need to check with [DSD (Dietary Services Director)-N] and management before purchasing food from an

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outside restaurant and to make sure I look at residents' ISPs in the computer because diets change." Surveyor showed Activity Director K the above facility policy regarding therapeutic diets and asked if s/he received training on the policy. Activity Director K could not recall if s/he received training on the policy and indicated her/his job description did not include dietary duties. Surveyor then asked Activity Director K if s/he was aware bread was considered a high choking risk food and residents prescribed a mechanical soft diet should not receive regular dry bread. Activity Director K stated, "I was not aware bread was a food to avoid when a resident is on a mechanical soft diet...At my previous job residents could have bread."

On 05/07/2025 at 2:50 PM, Surveyor interviewed DSD-N. DSD-N stated, "I cook for the facility, but staff are responsible for ensuring the food texture is altered according to the diet ordered by the physician...If a resident is on a mechanical soft diet, meats should be finely chopped in the blender and served with gravy or the sauce it's cooked in, vegetables should be cooked and finely chopped, and bread should not be served." Surveyor then asked DSD-N about the choking incident with Resident 2 on 01/10/2025. DSD-N stated, "I know [Resident 2] shovels and inhales [her/his] food and doesn't like to wear [his/her] dentures...No one consulted with me prior to purchasing and serving [Resident 2] the sandwich from Subway."

On 05/07/2025, at 10:24 AM, Surveyors interviewed Administrator C and Wellness Director M regarding the choking incident with Resident 2 on 01/10/2025. Administrator C confirmed the incident was reported to the department containing all the information as to

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what happened within the report. Administrator C stated, "[Resident 2] is a choking risk because [s/he] refuses to wear [her/his] dentures, [s/he] will shovel food into [her/his] mouth and will take food off other residents plates." Administrator C confirmed [Resident 2] was ordered a mechanical soft diet on 09/01/2022 and the order was in place at the time of the choking incident on 01/10/2025. Administrator C went on to say, "[Resident 2] had a Subway gift card and wanted to use it. A sandwich was purchased and cut up by [Activity Director K]. [Resident 2] kept putting food in [her/his] mouth and choked." Administrator C and Wellness Director M indicated they received a phone call saying [Resident 2] was choking and unconscious. Wellness Director M stated, "The EMTs were pulling out big chunks of turkey from [Resident 2's] mouth." Administrator C stated, "[Activity Director K] was giving [Resident 2] what [s/he] wanted, but possibly did not cut up the sandwich enough ...[Activity Director K] knew [Resident 2] was on a mechanical soft diet, but didn't know bread was a big thing with mechanical soft diets." Both Administrator C and Wellness Director M agreed [Resident 2] should not have been given the sandwich from Subway. Surveyors then asked what steps the facility took following this incident. Administrator C indicated s/he provided verbal re-education to Activity Director K regarding the importance of checking the electronic ISP diet orders and consulting with dietary or management first before giving residents food. Administrator C verified no other staff were re-educated on therapeutic diets following this incident. Administrator C stated a "change of condition" ISP was completed for Resident 2 on 01/20/2025 following the choking incident.

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N 448	Continued From page 18 In conclusion, Resident 2 was a choking risk and had known behaviors of refusing to wear his/her dentures and shoveling food into his/her mouth. Additionally, Resident 2 had a mechanical soft diet prescribed by the physician. On 01/10/2025, Activity Director K did not provide Resident 2 the prescribed mechanical soft diet, which resulted in Resident 2 choking and being hospitalized for ten (10) days for acute hypoxemic respiratory failure and aspiration pneumonia.	N 448		