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	0018810	A. BUILDING: _____ B. WING _____	R-C 05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAYTON TERRACE	9200 W LAYTON AVENUE GREENFIELD, WI 53228

(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 04/30/2025, with information gathered through 05/12/2025, Surveyor completed a verification visit and a complaint investigation at Layton Terrace. As a result, 2 of the previous 4 deficiencies were corrected. Two of the previous deficiencies were re-cited with 2 new deficiencies; therefore, 4 total deficiencies were identified. The complaint was substantiated. Census: 59	{N 000}		
N 158	83.12(2)(a) Caregiver: Investigating abuse & neglect Investigating and reporting abuse, neglect, or misappropriation of property. Caregiver. 1. When a CBRF receives a report of an allegation of abuse or neglect of a resident, or misappropriation of property, the CBRF shall take immediate steps to ensure the safety of all residents. 2. The CBRF shall investigate and document any allegation of abuse or neglect of a resident, or misappropriation of property by a caregiver. If the CBRF ' s investigation concludes that the alleged abuse, or neglect of a resident or misappropriation of property meets the definition of abuse or neglect of a resident, or of misappropriation of property, the CBRF shall report the incident to the department on a form provided by the department, within 7 calendar days from the date the CBRF knew or should have known about the abuse, neglect, or misappropriation of property. The CBRF shall maintain documentation of any investigation. This Rule is not met as evidenced by: Based on record review and interview, the provider received a report of an allegation of	N 158		

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

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misappropriation of property, and did not take immediate steps to ensure the safety of all residents. The provider did not conduct and document a thorough investigation for the allegations of misappropriation of property for 1 of 1 incident. Allegations were made Resident 5's iPhone and clothing were stolen from her/his room. This had the potential to affect 59 of 59 residents.

Findings include:

On 02/25/2025, the Department received a complaint which alleged misappropriation.

On 04/30/2025, Surveyor reviewed department records and did not find a self-report or caregiver misconduct report in the facility's e-file involving the misappropriation of resident property.

On 04/30/2025, at 2:07 PM, Surveyor requested, from Executive Director (ED) C, to review any facility investigation related to the misappropriation of property for Resident 5.

On 04/30/2025, at 2:36 PM, Surveyor was handed and reviewed a document titled, "Layton Terrace Grievance Form." Attached to the document was an email, dated 01/17/2025, from Person T (family member of Resident 5) to ED C. Surveyor reviewed the documents. The summary on the grievance form documented Resident 5's cell phone and clothing were missing. The form documented the following: "Interventions to Resolve Grievance: Will work with police as much as possible. We do not have any residents [sic] around the address the phone is at. We have looked in rooms and laundry room area for clothing belonging to [Resident 5]. We are having the RCC (Resident Care Coordinator) continue to

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search rooms for more clothing. Date of Resolution: 1/24/25 [sic]; Follow up notes: No more info on the missing phone. It will be up to the police to address with the police report. Will continue looking for clothes. As we come across them we return them. We are working on the laundry process. Having each room done separately [sic]." The email contained Greenfield Police incident case number for the police report Person T had filed.

On 04/30/2025, at approximately 2:40 PM, Surveyor interviewed ED C, and s/he reported the following:

Person T reported the allegations of misappropriation of Resident 5's property to ED C, on or around 01/16/2025. ED C advised Person T to report the incident to the police, with the understanding Resident 5 was a victim of misappropriation. On 01/16/2025, Person T filed a police report. The police department did not follow-up with the provider, nor did the provider follow-up with the police department. ED C held an all-staff meeting, on an unknown date, and asked staff if they had any information regarding Resident 5's cell phone. None of the staff indicated they had any information. During the meeting the facility's theft policy was reviewed with staff. ED C reported s/he had reviewed staffing for 01/16/2025, and had a "general conversation" with the staff working with Resident 5 on 01/16/2025. No piece of information pointed ED C to a specific individual, and the date the phone went missing was unknown, so s/he did not proceed further with the investigation. ED C stated, "I assumed the police would reach out to us." S/He reported s/he was aware of self-reporting requirements, but did not know this incident required a self-report to be filed.

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N 158	Continued From page 3 On 05/01/2025, at 10:25 AM, Surveyor obtained and reviewed Greenfield Police report 25-001260. The incident was documented as having occurred on 01/08/2025, at 12:00 AM, and was listed as a theft investigation. Person T had reported to police s/he was unsure of the exact date and time the iPhone had gone missing, but on 01/16/2025, at 11:28 AM, s/he was able to track the phone to an address in Milwaukee. The police report did not list any suspects or further information on an investigation. On 05/07/2025, at 11:30 AM, Surveyor interviewed ED C and s/he confirmed s/he was responsible for submitting self-reports to the Department, and conducting investigations of allegations of misappropriation of property. ED C confirmed s/he did not submit a self-report for this incident and did not report to nor follow-up with the police department. Wis. Admin. Code § DHS 13.05(3), Entity Internal Investigation Responsibilities, states the following: "All entities regulated by DQA must conduct a thorough internal investigation and document the findings for all allegations or incidents at the entity. A thorough internal investigation may include: - Collecting and preserving any physical and documentary evidence including videos; - Interviewing alleged victims and witnesses; - Collecting other corroborating/disproving evidence; - Involving other regulatory authorities who can assist (e.g., local law enforcement, elder abuse agency, Adult Protective Service agency, DQA, Board on Aging Ombudsmen, Client Right's	N 158		

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N 158	Continued From page 4 Specialist, etc.); and - Documenting each step taken during the internal investigation. These steps should be taken as part of the entity's initial attempt to determine what, if anything, happened and to determine the complete factual circumstances surrounding the alleged incident. An entity's internal investigation will assist in determining if an incident must be reported to DQA (see 6.5.0. - 6.6.0.). If the incident is reported to DQA, the entity's internal investigation becomes part of the DQA caregiver misconduct investigation (see 6.7.0.)." ED C was responsible for conducting internal investigations. ED C did not conduct an interview of Resident 5 (alleged victim); S/He did not collect corroborating/disproving evidence; S/He did not involve other regulatory authorities who could have assisted; and s/he did not document each step taken during the internal investigation. ED C did not have documented evidence of interviews/meetings held during an investigation. The allegations indicated a criminal offense may have occurred, and the provider did not take steps to protect residents from possible subsequent incidents.	N 158		
{N 415}	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name,	{N 415}		

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{N 415}	Continued From page 5 dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each residents' medication administration record (MAR) was accurately maintained for 1 of 3 residents (Resident 5) reviewed. The provider did not accurately document when Resident 5 was or was not administered her/his medications on 16 occasions. This deficiency is being cited for a 3rd time. See Statement of Deficiency (SOD) JJ9F11, dated 06/26/2024, and SOD JJ9F12, dated 11/01/2024. Findings include: On 04/30/2025, at approximately 1:14 PM, Surveyor reviewed Resident 5's record and identified the following: Resident 5 was admitted to the facility on 08/30/2024, with diagnoses including anxiety, depression, arthritis, asthma, breast cancer, carpal tunnel, chronic back pain, colon polyps, Dyslipidemia, eczema, endometriosis, hypertension, gastroesophageal reflux disease (GERD), hypothyroidism, impaired fasting glucose (IFG), urinary incontinence, vitamin d deficiency, and zinc deficiency.	{N 415}		

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{N 415}	Continued From page 6 Surveyor reviewed Resident 5's MAR for the month of April 2025. Surveyor observed on 04/12/2025 and 04/22/2025, for the 8:00 PM medication passes, dashes were recorded, which was indicated by the key as, "not recorded." Each of the following medications were not recorded at 8:00 PM, on 04/12/2025 and 04/22/2025: - atorvastatin 10 milligram (mg) tablet (tab) - take one tab by mouth once a day - buspirone 10 mg tab - take 2 tabs by mouth twice daily for anxiety - diltiazem extended release (ER) 60 mg capsule (cap) - take 1 cap by mouth twice daily - fluticasone/salmeterol 250/50 - inhale 1 puff into the lungs twice daily - hydroxyzine hydrochloride (HCL) 25 mg tab - take 1 tablet by mouth 3 times daily - nystatin 100,000 units (U) powder 15 grams (g) - apply topically to affected area of redness/irritation twice daily until healed - pregabalin 50 mg cap - take 1 cap by mouth 3 times daily - trospium 20 mg tab - take 1 tab by mouth twice daily On 04/30/2025, at 3:36 PM, Surveyor interviewed Director of Nursing U. Surveyor inquired about Resident 5's MAR for the month of April. Director of Nursing U reported the dash meant the medication administration was not recorded. S/He referred to her/his notes and confirmed on 04/12/2025 and 04/22/2025, at the 8:00 PM medication passes, Medication (Med) Passer Z did not record Resident 5's medication administration. Director of Nursing U reported s/he audited the MARS and spoke with Med Passer Z and Resident 5. Both Resident 5 and Med Passer Z indicated Resident 5 received her/his medications on both days. Med Passer Z told Director of Nursing U s/he documented it in	{N 415}		

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{N 415}	Continued From page 7 the computer, but there must have been a glitch that it didn't record. Director of Nursing U confirmed Med Passer Z made the errors and did not document medication administrations. Director of Nursing U reported having a conversation and retraining on medication administration documentation with staff when s/he located errors.	{N 415}		
{N 432}	83.38(1)(h) Medication administration. 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: Medication administration. The CBRF shall provide medication administration appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 3 residents were provided medication administration appropriate to their needs. The provider did not ensure Resident 6 and Resident 7 received all of their prescribed medications from 04/01/2025 through 04/29/2025. This is a repeat deficiency. See Statement of Deficiency (SOD) JJ9F12, dated 11/01/2024. Findings include:	{N 432}		

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{N 432}	Continued From page 8 On 04/30/2025, at approximately 1:14 PM, Surveyor reviewed Resident 6's records and identified the following: Resident 6 was admitted to the facility on 08/31/2021, with diagnoses including dementia, severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. Surveyor reviewed Resident 6's medication administration record (MAR) for the month of April 2025. Surveyor observed on 04/15/2025, at 8:00 PM, the MAR indicated there was an exception for clotrimazole 1% cream - 30 grams (g). The notes documented, "Other - awaiting delivery." On 04/15/2025, at 8:00 PM, the MAR indicated there was an exception for nystatin 100,000 units/gram (U/g) cream 30 g. The notes documented, "Other - area healed." On 04/30/2025, at approximately 4:23 PM, Surveyor reviewed Resident 7's records and identified the following: Resident 7 was admitted to the facility on 12/13/2024, with diagnoses including parkinsonism unspecified, polyneuropathy, acute kidney failure, diverticulitis of large intestine without perforation or abscess without bleeding, generalized anxiety disorder, unspecified osteoarthritis, unspecified site, hyperlipemia, transient cerebral ischemic attack, malignant neoplasm of prostate, adjustment disorder with mild anxiety and depressed mood, major depressive disorder, single episode mild muscle weakness generalized, dysphagia, oral phaser, and cognitive communication deficit. Surveyor reviewed Resident 7's medication	{N 432}		

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{N 432}	Continued From page 9 administration record (MAR) for the month of April 2025. Surveyor observed on 04/06/2025, at 8:00 PM, the MAR indicated there was an exception for miconazole 2% powder. The notes documented, "Medication not available." On 04/30/2025, at approximately 4:30 PM, Surveyor interviewed Director of Nursing U. Surveyor inquired about Resident 6's and Resident 7's MARs for the month of April. Director of Nursing U reported the following: - Resident 6 did not receive clotrimazole 1% cream - 30 g on 04/15/2025, at 8:00 PM, due to the medication not on the cart and awaiting shipment. - Resident 6 did not receive nystatin 100,000 U/g cream 30 g on 04/15/2025, at 8:00 PM. The medication was used to treat an area of the skin and Director of Nursing U did not want to have it discontinued as the skin cleared, due to potentially needing it for a future breakout. Resident 6's MAR notes documented the reason for not administering the medication was the area healed. This was documented by Care Coordinator V. Director of Nursing U confirmed Care Coordinator V was not authorized to determine if a resident had healed and no longer required the medication. The medication should have been administered. Director of Nursing U confirmed s/he and the prescribing physician were to make the decision on discontinuing medications. - Resident 7 did not receive miconazole 2% powder on 04/06/2025, at 8:00 PM. Director of Nursing U confirmed the medication was not on the medication cart to administer. - Medication administration training and documentation was planned for May 2025, for all medication passers.	{N 432}		

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{N 432}	Continued From page 10 On 05/07/2025, at approximately 12:00 PM, Surveyor reviewed the provider's job description for Resident Care Coordinator, which was Care Coordinator V's position. The job title indicated this was a "non-nurse" position. The essential job functions included the following: - Reports observations, concerns, and changes in resident condition to Health Services Director (HSD) or Administrator - Records and implements physician orders, following appropriate procedures for fax and telephone orders - Sets up, dispenses, and documents all resident medications - Responsible for maintaining orderly medication cart, medication room, and accurate medication administration records Care Coordinator V's job description did not include authorizing the discontinuance of medications.	{N 432}		
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 record review, observation, and interview the provider did not ensure residents were provided with palatable food which met the	N 448		

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recommended dietary allowance based on current dietary guidelines for Americans and any special dietary needs of each resident. This had the potential to affect 59 of 59 residents.

Also, the provider did not ensure 3 of 6 residents were provided with a therapeutic diet as ordered by the residents' physician. The provider did not ensure the diabetic dietary needs of Resident 9, Resident 12, and Resident 13 were provided.

Findings include:

The provider is licensed as a Class CNA (non-ambulatory) Community Based Residential Facility (CBRF) serving up to 80 residents in the following client groups: irreversible dementia/Alzheimer's and advanced age.

On 02/25/2025, the Department received a complaint alleging dietary needs were not being addressed and residents were not receiving meal choices as outlined by the facility.

On 04/30/2025, at approximately 12:05 PM, Surveyor reviewed the facility's food menu from 03/02/2025 through 05/03/2025. The lunch menu for 04/30/2025 included ham and potato soup, bratwurst on a bun, pickle spear, chips, and assorted cookies. There were no alternatives or sugar free options offered on the menus from 03/02/2025 through 05/03/2025.

On 04/30/2025, at 12:10 PM, Surveyor toured the facility with Community Director W and observed lunch service in memory care. Surveyor observed approximately 15 residents eating lunch in the dining room of the memory care floor. All the plates Surveyor observed included some variation of the food items listed on the facility's lunch

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menu for 04/30/2025. Surveyor did not observe any plates which included the pickle spear, and changes to the menu were not documented. Surveyor did not observe any half portions of desserts.

Interviews:

On 04/30/2025, at approximately 12:15 PM, Surveyor interviewed Resident 5 in her/his apartment. Community Director W reported Resident 5 often ate in her/his room due to her/his anxiety. Resident 5 did not have lunch in her/his room and was waiting on care staff to bring her/him lunch. Resident 5 asked Community Director W what was on the menu for lunch. Resident 5 expressed s/he did not want what was being offered for lunch. Community Director W explained to Resident 5 s/he could request an alternative, such as a burger. Resident 5 reported s/he did not know an alternative request was an option and understood the menu items to be her/his only option for a meal.

On 04/30/2025, at approximately 12:25 PM, Surveyor interviewed Resident 8, while s/he was eating lunch. Surveyor inquired if Resident 8 was enjoying her/his lunch. Resident 8 stated it was "good." Surveyor inquired what Resident 8 does for a meal if s/he doesn't like what was on the menu. Resident 8 stated, "I go hungry if I don't eat what's offered." Resident 8 was unaware of any alternative options offered for meals.

On 04/30/2025, at 12:36 PM, Surveyor inquired if the facility had residents with special diets and Community Director W reported Resident 9 did. Surveyor interviewed Resident 9 and Resident 10 in their apartment. Family Member X was visiting

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N 448	Continued From page 13 Resident 9 and Resident 10 and they were eating lunch in their apartment. Resident 9 reported s/he required a diabetic and low potassium diet. The boxed lunches Resident 9 and Resident 10 were eating were provided by the care staff. Resident 9's lunch consisted of a bratwurst, a bag of chips, and a cookie. Resident 9 stated s/he would only be eating the bratwurst and not the chips and cookie due to her diabetic and low potassium diet. Resident 10 was receiving assistance from Family Member X to eat the brat which was served to her/him whole (see the record review below for information on Resident 10's soft mechanical diet). Family Member X reported when Resident 9 and Resident 10 first moved in they were told alternative meal choices were available. Family Member X reported Resident 9 and Resident 10 have not been given choices of meals. Family Member X pointed out Resident 10 was supposed to get ham and potato soup for lunch, and s/he was not served soup. Resident 9 and Family Member X also reported the following: Fresh fruit was rarely offered; snacks offered were "sweets;" and desserts were provided at lunch and dinner, but did not include a sugar-free option. Family Member X purchased Ensure nutrition drinks for Resident 9 to supplement her/his nutrition when the facility offered meals which did not accommodate her/his special diet. Resident 9 had a copy of the weekly menu from 04/27/2025 through 05/03/2025, which included changes s/he made to the menu with Care Coordinator V. Resident 9 reported s/he works with Care Coordinator V to pick alternative menu options to accommodate her/his special diet. The altered menu showed ham and potato soup, bun, and assorted cookies crossed out, and an alternative choice of fruit or Jell-O for dessert. Resident 9 reported occasionally s/he will receive Jell-O for her dessert, but s/he was unsure if it	N 448		

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was sugar-free, so s/he often would not eat it. Resident 9 had not received the meal choice s/he selected with Care Coordinator V.

On 04/30/2025, at 12:50 PM, Surveyor interviewed Care Coordinator V and s/he reported the following:

S/He assists Resident 9 in choosing alternative options for her/his meals. Together, they looked at the chef's provided menu and made changes accordingly. Resident 9, Care Coordinator V, and kitchen staff are all provided with copies of the altered menu. It was Care Coordinator V's responsibility to communicate with kitchen staff when Resident 9 did not receive food which accommodated her/his special diet. Care Coordinator V was unsure why Resident 9 had not received her/his requested meal, as the kitchen staff are aware s/he makes changes to accommodate her/his special diet, and they always have a copy of the altered menu.

On 04/30/2025, at 1:02 PM, Surveyor interviewed Chef Y and s/he reported the following:

Surveyor inquired about special diets and how the kitchen was accommodating residents with special diets. Chef Y reported the facility did not have many residents who required special diets. Some of the special diets were new and s/he was "working through it." Surveyor inquired what sugar-free options Chef Y had available for diabetic residents. Chef Y reported s/he kept sugar-free ice cream, fruit punch, and Jell-O. S/He was working with care staff with how to wait on tables. Chef Y confirmed the facility menu, which was posted in the lounge area, included the food the kitchen was serving. The menu did not contain an alternative option, nor did it contain

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diabetic friendly options. Surveyor toured the kitchen with Chef Y. Chef Y was unable to locate the sugar-free foods s/he told Surveyor were stocked. Chef Y reported it was difficult to order sugar-free items in small quantities. Chef Y reported s/he would order more of the shelf stable sugar-free items to keep on hand for the diabetic residents.

On 05/01/2025, at 4:03 PM, Surveyor interviewed Executive Director C, via email. Surveyor inquired how many residents the CBRF had which required special diets. Executive Director C reported 6 residents (Resident 9, Resident 11, Resident 12, Resident 13, Resident 14, and Resident 15) were diabetic, and no other residents required special diets.

Record Review:

On 05/05/2025, at 8:00 AM, Surveyor reviewed Resident 9's records and identified the following:

Resident 9 was admitted to the facility on 04/15/2025, with diagnoses including type 2 diabetes, stage 3 chronic kidney disease, hypertension, hyperlipidemia, and history of transcatheter aortic valve replacement. Resident 9's physician diet orders documented, "Limited concentrated sweets (sugar free dessert or half portion dessert)." Resident 9's Individual Service Plan (ISP), dated 04/01/2025, documented her/his primary diagnosis was diabetes and a new heart valve, and s/he required a low potassium diet.

On 05/12/2025, at 9:30 AM, Surveyor reviewed Resident 10's, Resident 12's and Resident 13's records and identified the following:

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N 448	Continued From page 16 Resident 10 was admitted to the facility on 04/14/2025, with diagnoses including Parkinson's disease, dementia, and sinus issues. Resident 10's ISP, dated 04/01/2025, documented s/he required a mechanical soft diet. The ISP documented Resident 10 had a need for "special diet requiring orders." Resident 10's ISP also documented s/he required "set-up assistance - the resident's meal will be set up to ensure a smooth dining experience and maintain proper diet and nutrition." The ISP documented it was staff's responsibility to ensure Resident 10's diet followed physician orders and to set up Resident 10's meals. It is unknown when Resident 12 was admitted to the facility. Resident 12's diagnoses included mixed hyperlipidemia. Resident 12's physician diet orders documented, "Limited concentrated sweets (sugar free dessert or half portion dessert)." Resident 13 was admitted to the facility on 05/29/2024, with diagnoses including type 2 diabetes mellitus with diabetic neuropathy and chronic kidney disease, and morbid (severe) obesity with alveolar hypoventilation. Resident 13's physician diet orders documented, "Limited concentrated sweets (sugar free dessert or half portion dessert)." Resident 13's ISP, dated 04/16/2025, documented s/he required a low concentrated sweets diet. The ISP documented it was staff's responsibility to ensure Resident 13's diet followed physician orders. Sources: Dietary Guidelines for Americans 2020 - 2025 stated the following:	N 448		

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N 448	Continued From page 17 "Focus on meeting food group needs with nutrient-dense foods and beverages, and stay within calorie limits. An underlying premise of the Dietary Guidelines is that nutritional needs should be met primarily from foods and beverages-specifically, nutrient-dense foods and beverages. Nutrient-dense foods provide vitamins, minerals, and other health-promoting components and have no or little added sugars, saturated fat, and sodium. A healthy dietary pattern consists of nutrient-dense forms of foods and beverages across all food groups, in recommended amounts, and within calorie limits. The core elements that make up a healthy dietary pattern include: - Vegetables of all types-dark green; red and orange; beans, peas, and lentils; starchy; and other vegetables - Fruits, especially whole fruit - Grains, at least half of which are whole grain - Dairy, including fat-free or low-fat milk, yogurt, and cheese, and/or lactose-free versions and fortified soy beverages and yogurt as alternatives - Protein foods, including lean meats, poultry, and eggs; seafood; beans, peas, and lentils; and nuts, seeds, and soy products - Oils, including vegetable oils and oils in food, such as seafood and nuts Limit foods and beverages higher in added sugars, saturated fat, and sodium, and limit alcoholic beverages. At every life stage, meeting food group recommendations-even with nutrientdense choices-requires most of a person's daily calorie needs and sodium limits. A healthy dietary pattern doesn't have much room for extra added sugars, saturated fat, or sodium-or for alcoholic beverages. A small amount of added sugars, saturated fat, or sodium can be added to nutrient-dense foods and beverages to help meet food group recommendations, but foods and	N 448		

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beverages high in these components should be limited. Limits are:
- Added sugars-Less than 10 percent of calories per day starting at age 2. Avoid foods and beverages with added sugars for those younger than age 2.
- Saturated fat-Less than 10 percent of calories per day starting at age 2.
- Sodium-Less than 2,300 milligrams per day-and even less for children younger than age 14."
(Source: Dietary Guidelines for Americans 2020 - 2025, Dietaryguidelines.gov (retrieval date: 05/05/2025).)

American Diabetes Association stated the following:

"Get smart on carbs.
When you eat or drink foods that have carbohydrate-also known as carbs-your body breaks those carbs down into glucose (a type of sugar), which then raises the level of glucose in your blood. Your body uses that glucose for fuel to keep you going throughout the day. This is what you probably know of as your 'blood glucose' or 'blood sugar.' When it comes to managing diabetes, the carbs you eat play an important role. After your body breaks down those carbs into glucose, your pancreas releases insulin to help your cells absorb that glucose.

When someone's blood glucose is too high, it is called hyperglycemia. There are a few causes for 'highs,' including not having enough insulin in your body to process the glucose in the blood or the cells in your body not effectively reacting to the insulin that is released, leaving extra glucose in the blood. A low blood glucose is known as hypoglycemia. 'Lows' can sometimes be caused by not consuming enough carbohydrates, or an

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imbalance in medications. In short, the carbs we consume impact our blood glucose-so balance is key!

Carbohydrates in food:
There are three main types of carbohydrates in food-starches, sugar, and fiber. As you'll see on the nutrition labels for the food you buy, the term 'total carbohydrate' refers to all three of these types. The goal is to choose carbs that are nutrient-dense, which means they are rich in fiber, vitamins and minerals, and low in added sugars, sodium, and unhealthy fats. When choosing carbohydrate foods:

- Eat the most of these: whole, unprocessed, non-starchy vegetables. Non-starchy vegetables like lettuce, cucumbers, broccoli, tomatoes, and green beans have a lot of fiber and very little carbohydrate, which results in a smaller impact on your blood glucose. Remember, these should make up half your plate according to the Plate Method!

- Eat some of these: whole, minimally processed carbohydrate foods. These are your starchy carbohydrates, and include fruits like apples, blueberries, strawberries and cantaloupe; whole intact grains like brown rice, whole wheat bread, whole grain pasta and oatmeal; starchy vegetables like corn, green peas, sweet potatoes, pumpkin and plantains; and beans and lentils like black beans, kidney beans, chickpeas and green lentils. If you're using the Plate Method, foods in this category should make up about a quarter of your plate.

- Try to eat less of these: refined, highly processed carbohydrate foods and those with added sugar. These include sugary drinks like

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N 448	Continued From page 20 soda, sweet tea and juice, refined grains like white bread, white rice and sugary cereal, and sweets and snack foods like cake, cookies, candy and chips."(Source: American Diabetes Association, Understanding Carbs, https://diabetes.org/food-nutrition/understanding-carbs (retrieval date: 05/05/2025).) Exit Interview: On 05/07/2025, Surveyor interviewed Executive Director C and Director of Nursing U. Surveyor inquired how Chef Y and her/his kitchen staff were made aware of any residents with special diets. Director of Nursing U reported they hold a morning meeting, coordinate by emails, and a copy of the special diets are given to the kitchen. They confirmed Chef Y was aware of the 6 diabetic residents in the facility. Executive Director C reported menus are posted in the dining rooms and elevators, and the staff were made aware of the menus and alternative options. Executive Director C reported the new program the facility will be using for menus will alleviate the problem with the menus not showing the alternative options available.	N 448		