STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535013	A. BUILDING _____ B. WING _____	C 04/12/2024

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GRANITE REHABILITATION AND WELLNESS	**3128 BOXELDER DRIVE CHEYENNE, WY 82001**

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F 000	INITIAL COMMENTS A complaint survey was conducted by Healthcare Licensing and Surveys on 4/10/24 through 4/12/24. The survey was prompted by complaint intakes WY00003699, WY00003751, WY00003774, WY00003787, WY00003830, WY00003838, WY00003839, and WY00003843. The following common abbreviations are used throughout this document: CNA: Certified Nurse Aide DON: Director of Nursing LPN: Licensed Practical Nurse Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 585 SS=E	Grievances CFR(s): 483.10(j)(1)-(4) §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay. §483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph. §483.10(j)(3) The facility must make information	F 585		5/13/24

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

Electronically Signed | 05/06/2024

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F 585	Continued From page 1 on how to file a grievance or complaint available to the resident. §483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include: (i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system; (ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations;	F 585		

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F 585	Continued From page 2 (iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated; (iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law; (v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued; (vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and (vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision. This REQUIREMENT is not met as evidenced by: Based on observation, resident, resident representative, and staff interview, and grievance log review, the facility failed to ensure prompt efforts were made to resolve grievances for 1 of 4	F 585	Preparation and execution of the response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts	

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F 585	Continued From page 3 grievance areas (food service and palatability). The census was 72. The findings were: 1. Review of a "grievance form" dated 1/9/24 showed the daughter of resident #1 was angry the resident was getting a roommate and stated the resident "was only served a small amount of soup..." Further review showed "Action Taken: Interview with RD [registered dietitian] who was assisting /monitoring meal observed resident bowls appropriately filled...Resident discharged AMA on 1/9/24...prior to resident leaving dinner tray was observed and was consistent with what resident ordered for dinner. Soup bowl empty with soup ring at appropriate level..." 2. Review of a "grievance form" dated 3/12/24 showed resident #2 reported "breakfast is always cold and was promised lunch would be saved and reheated upon arrival from dialysis." The review showed "Department Manager Investigation and Findings: Was brought up at resident meeting. I checked with [resident name] and [s/he] said everything was much better...Action Taken: Kitchen was notified. We are now heating residents [sic] meals appropriately when [s/he] is gone for meetings..." Further review showed the grievance was not marked as resolved or unresolved. 4. Review of a "grievance form" dated 3/21/24 showed resident #3 reported "Resident did not like dinner meal, [s/he] was very disappointed and refused to eat, [s/he] was offered an alternate and as refused that because [s/he] said [his/her] appetite was ruined." Further review showed "Department Manager Investigation and Findings: Spoke with resident [s/he] stated [s/he] would just start eating McDonalds because management	F 585	alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of the state and federal law. For the purposes of any allegation that the facility is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the facility□s allegation of compliance in accordance with the State Operations Manual. F585 Grievances CORRECTIVE ACTION Resident #1 was discharged home on 1/9/24. Resident #2 was interviewed by the ED on 4/30/24. She stated that her grievance from 3/12/24 has been resolved. She stated things are much better. The grievance has been marked as resolved. Resident #3 was interviewed by the ED on 4/30/24. He stated that he is pleased with the change in the menu from the French Onion soup. Resident #4 was interviewed by the ED on 4/30/34. He stated he didn't like the French Onion soup but likes the change in the menu and that French Onion. Discussed the list of soups that are served, and he said this was a big variety of soups. Tray card was updated to not	

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F 585	Continued From page 4 sucks...Action taken: We are changing this meal to grilled cheese and tomato soup from now on..." 5. Review of a "grievance form" dated 3/21/24 showed resident #4 reported "Resident said [his/her] dinner was not fit to eat. The dinner was French onion soup with grilled cheese sandwich and German cucumber salad." Further review showed "Department Manager Investigation and Findings: Spoke with resident. [S/he] did not remember the grievance but was thankful the menu would be changed...Action Taken: We are on a new menu and will be changing this menu to tomato soup and grilled cheese..." 6. Review of a "grievance form" dated 4/2/24 showed 5 residents reported "chicken over cooked, meal slow, not flavorful." Further review showed "Department Manager Investigation and Findings: Cook no longer here, new cook hired..." 7. Review of a "grievance form" dated 4/2/24 showed resident #5 reported "Dinner was supposed to start at 4:30 PM. It is now 6 PM and we have yet to be served anything other than beverages." Further review showed "Department Manager Investigation and Findings: Dinner service starts at 5:30, Working with staff on timing." 8. Review of a "grievance form" dated 4/7/24 showed resident #6 reported "clearly ordered turkey sandwich no cheese was given ham. Further review showed "Department Manager Investigation and Findings: Resident was given turkey sandwich after was served ham...Action Taken: Staff was instructed to serve the proper meal that was ordered."	F 585	include French Onion soup. All 5 residents on the grievance dated 4/2/24 were interviewed by the ED on 4/30/24. All 5 indicated that their concern has been resolved. Resident #5 was interviewed by the activity director on 5/1/24. Discussed the dinner doesn't start at 4:30. She stated that she understands the times. The ED spoke with resident #6 on 4/30/24 regarding his grievance on 4/7/24. He stated that the issue has been resolved. His tray card was updated on 4/30/24. Resident #7 was interviewed on 5/3/24. Stated that her concern has been resolved. Breakfast on this day was delicious. Mealtimes are much better. The ED interviewed resident #2 on 4/30/24 regarding her grievance dated 4/9/24. She stated that this concern has been resolved. The grilled cheese is cooked to her liking, and she doesn't have a need for an alternative when she orders this choice. Clarified meal service times posted on 4/29/24 as to room tray start times and dining room start times. Times for when food is to be out of the kitchen and on the steam table was posted in the kitchen for reference for kitchen staff on 5/1/24. Hoagie buns were located and used for	

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F 585	Continued From page 5 9. Review of a "grievance form" dated 4/8/24 showed resident #7 reported "tomato soup is burned. Food is late and cold. I don't always get what I order." Further review showed "Department Manager Investigation and Findings: Statements are true. Corrective actions have been taken. Corrective action taken with staff...Action Taken: Retrain staff." 10. Review of a "grievance form" dated 4/9/24 showed resident #2 reported "Grill [sic] cheese sandwich was burnt again. Bosses went home and no one else would fix another one. Had 1/2 egg salad sand and 4 strips chic [chicken] for dinner." Further review showed "Department Manager Investigation and Findings: Meeting was held. assured [him/her] I am here long days. New cook is cooking manager in center for all 3 meals. Served Cesar [sic] salad [with] chicken...Action Taken: New cook making grilled cheese Egg salad sand [sandwich] served as snack only. Alternates were available." 11. Observation on 4/10/24 showed residents on second floor were seated at tables, waiting for lunch service, by 12 PM. Further observation showed the meal service in the 2nd floor dining room began at 1 PM. 12. Observation on 4/11/24 showed lunch service on second floor began at 1:02 PM. Further observation showed the meal service was stopped at 1:12 PM to obtain additional hoagie buns and 1 resident was served a meatball sandwich on a hamburger bun at 1:30 PM because the facility ran out of hoagie buns a second time during meal service. All meals were served by 1:30 PM. Interview with resident #8 at that time revealed the meal was cold.	F 585	the remainder of the service on 4/11/24. Resident #35 was interviewed by the ED on 5/3/24. She stated the portion size was to her liking, the hot food was hot and cold food was cold. States she doesn□t order alternatives very often and sticks to the main menu. She said the meal service times are much better and the food is appetizing. The Executive Director interviewed Resident #34 on 5/2/24. He stated he has not had any undercooked meat since he voiced his concern. He also stated he is aware of all of the alternatives that are available and he had a paper that lists all of the alternatives. Resident #30 discharged home on 4/12/24. Resident #31 was interviewed by the Activity Director on 5/2/24. He stated that the food is well cooked, and the timeliness of meals has improved. IDENTIFICATION OF OTHERS The Dietary Manager and Registered Dietician completed preferences on Center residents prior to 5/3/24. Any new preferences have been added to the resident□s tray cards to reflect current partialities. The Executive Director reviewed the grievances related to food for current	

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F 585	Continued From page 6 13. Interview with resident #35 on 4/10/24 at 11:59 AM revealed residents had recently discussed meal concerns during resident council; however, they were trying to be "understanding" of a recent tragedy suffered by dietary staff members. 14. Interview with resident #34 on 4/10/24 at 2:50 PM revealed meat served with meals was not thoroughly cooked and the only alternatives offered were sandwiches or soup. The resident revealed the facility reported dining concerns were related to not having enough staff and not being able to hire new staff. Further interview revealed the meals were always late, up to an hour, and the facility did not respond to resident concerns. 15. Interview with resident #30 on 4/10/24 at 3:09 PM revealed meals were always late, were not cooked properly, did not follow the menu, and had small portions. 16. Interview with resident #31 on 4/10/24 at 3:10 PM revealed the facility reported they had seven dietary staff members recently quit and the food was not cooked well. The resident revealed meals were served an hour after they were supposed to be and the portions kept getting smaller. 17. Interview with the administrator and dietary manager on 4/12/24 at 9:15 AM revealed meals were scheduled to be served at 7:30 AM, 12 PM, and 5:30 PM. They revealed the dietary department had turned over "pretty much all the staff" and had recently changed food providers. The new menu required meals to be made from	F 585	residents for the last 60 days with the residents to verify that the concern has been resolved on 5/3/24. SYSTEMIC CHANGE The Grievance process is now directed and facilitated by the Executive Director to ensure that prompt efforts are made to resolve grievances. Grievances are reviewed in the morning meeting 5 days per week to discuss the identified concern and assigned to the appropriate Department Leader for resolution. The resolution is reviewed with the resident/representative to verify satisfaction. The grievance is then returned to the Executive Director for review and signature verifying resolution. In-service education was provided to the Interdisciplinary Team on 4/18/24 regarding the Grievance process. Including prompt follow-up and resolution to all grievances. The Executive Director monitors grievances for patterns or trends and the effectiveness of resolutions. MONITORING The Executive Director brings the results grievance resolution and trending to the Quality Assurance Performance Improvement Committee monthly for their review and resolution. These audits will continue weekly for 3 months. If no concerns are identified these audits will be discontinued at that time unless the QAPI	

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F 585	Continued From page 7 scratch and they were still training new staff. They revealed 2 staff members in dietary were off due to a traumatic event and food service issues had been ongoing. Further interview revealed there were three additional staff openings in dietary and performance improvement plan had been developed; however, it had not been fully implemented at that time and the dietary concerns had not been resolved. 18. Interview with the social services director on 4/12/24 at 11:50 AM revealed residents could verbalize or write down grievances. After grievances were received, they were passed on to the department manager to address. The social services director revealed the department manager was responsible for resolution and notification of individuals who filed the grievance. Further interview confirmed the meal concerns had not been resolved.	F 585	Committee deems it prudent to continue.	
F 677 SS=E	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, resident, resident representative, and staff interview, medical record review, and facility grievance review, the facility failed to ensure bathing was performed per the plan of care on 2 of 2 resident care units (second floor, third floor). The census was 72. The findings were: 1. Review of a "Grievance Form" dated 3/12/24	F 677	F677 ADL Care CORRECTIVE ACTION Resident #7 was interviewed on 4/29/24 by the Director of Nursing Services. The	5/13/24

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F 677	Continued From page 8 showed resident #7 reported s/he was not being asked if s/he wanted a shower; however, it was documented s/he refused. Further review showed "Department Manager Investigation and Findings: Times the I'm asked don't work with activities, I would like later showers" and "Actions/Recommendations: Shower times changed to evenings" 2. Review of the "...ADL self-care performance..." care plan last revised on 1/10/24 showed resident #1 "prefers to bathe/shower twice weekly and PRN" and "Provide sponge bath when a full bath or shower cannot be tolerated." The following concerns were identified: a. Review of the bathing record between 12/1/23 and 1/15/24 showed the resident had showers documented as being provided on 14 times during the period and a bed bath was documented twice on the same day. b. Interview with the resident on 4/11/24 at 12:46 PM revealed s/he discharged from the facility following care and food concerns by him/her and family. S/he revealed s/he only received 2 showers during his/her short stay, the first shower was provided 3 weeks after s/he admitted to the facility and the second was given 2 weeks later. Further interview revealed the resident's daughter voiced concerns about care and food to the facility; however, nothing was done to correct it. c. Interview with the resident's representative on 4/11/24 at 3:18 PM confirmed the resident was discharged due to concerns with care and food while the resident was at the facility. Further interview revealed the resident did not receive showers as frequently as s/he was supposed to. 3. Review of the "... ADL self-care performance..."	F 677	resident has no preference on days or times, though requests to have showers at a time that do not interfere with activities of resident's choice. In order to prevent showers from interfering with activities, showers are offered multiple times throughout the day in order to allow resident time to freely participate in activities of choice. Resident #1 was discharged from the center on 1/9/24. Resident # 22 was interviewed by the Director of Nursing Services and then later by the Social Services Director in regard to bathing preferences. Resident #22 stated in both interviews that he prefers a bed bath over a shower. Resident #22, DNS and SSD met together to discuss this, and resident agreed that a shower would be offered first and if refused a bed bath would be completed per the resident's choice. Resident #6 was interviewed on 4/29/24 by the DNS and states preference is to have a shower when getting out of bed in the AM between 9AM and 11AM. He states that he is too uncomfortable at the end of the day to take a shower. The resident does state that he often prefers a bed bath regardless of the time of day as it is easier for him. Staff offer showers prior to offering bed bath. Resident #29 was interviewed on 4/29/24 by the DNS regarding bathing preferences. The resident would like to	

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F 677	Continued From page 9 care plan last revised on 3/30/24 showed resident #22 "prefers to bathe/shower twice weekly and PRN." The following concerns were identified: a. Observation on 4/10/24 at 11:51 AM showed a sour body odor smell was present in the hallway, on second floor "B hall," near the room of resident #22. b. Observation on 4/10/24 at 3:02 PM showed the resident had a sour body odor present in his/her room. Interview with the resident at that time revealed s/he received bed baths in lieu of showers due to showers being hard on him/her. Further interview revealed s/he would prefer to take a shower; however, it was easier on him/her and for staff to perform a bed bath. c. Review of the bathing record between 1/11/24 and 4/8/24 showed the resident received a shower 6 times on 1/17/24, 2/1/24, 2/15/24, 2/28/24, 3/4/24, 3/10/24 and 4/1/24; however, the resident was also documented as refused on 2/1/24. Further review showed the resident received a bed bath 23 times during the time period. 4. Review of the medical record showed resident #6 was admitted on 6/16/23 and was scheduled for bathing on Tuesday and Fridays. The following concerns were identified: a. Observation on 4/10/24 at 3:10 PM showed the resident required a lift and 2 people to transfer, assist with positioning and hygiene/grooming assistance. The resident was provided a partial bed bath, during the transfer, to include peri-care with wipes. Interview with the resident at that time revealed the resident would prefer a shower; however, the water got cold before the shower is completed so a bed bath was routinely performed.	F 677	be offered a shower and may choose a bed bath instead 2 X per week. The resident states prefers showers after dinner. Resident #17 received a shower on 4/13/24. Staff provided verbal education on bathing policy for residents who are Covid-19 positive. Resident #17 was interviewed on 4/29/24 by the DNS regarding shower preferences. The resident stated that the preferred shower time is in the morning prior to lunch. Resident #36 was interviewed by the DNS on 4/16/24 regarding shower preferences. The resident stated that he does not want to take a shower and wants to receive a bed bath once a week. The resident was encouraged to accept bathing more often and the resident voiced his choice was once per week. Bed baths will be offered 2 times per week utilizing a shower cap for his hair. IDENTIFICATION OF OTHERS Center residents were interviewed as to bathing preference and completed on 5/3/24. Care plans and C.N.A. tasks were updated to reflect preference. SYSTEMIC CHANGE The nursing staff was provided in-service education by the DNS prior to 5/6/24 regarding honoring bathing preferences and completing bathing per the resident's preference.	

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F 677	Continued From page 10 b. Review of the bathing record between 1/11/24 through 4/8/24 showed the resident had not received a shower and had received 18 bed baths. 5. Review of the plan of care showed resident #29 preferred a shower on Tuesday and Friday evenings. The following concerns were identified: a. Observation of the resident on 4/10/24 at 1:05 PM showed the resident was wheelchair bound and dependent on others for ADLs. The resident's hair that was long and appeared greasy. b. Review of the bathing record for February 2024, March 2024, and April 2024 showed the resident received 9 showers, 7 bed baths and had 9 documented refusals. The resident's last shower was provided on 4/5/24. 6. Observation on 4/11/24 at 1:23 PM of resident #17 showed the resident was in isolation for infection prevention, sitting in a wheelchair. Interview with the resident at that time revealed the resident was admitted 2 days prior and was offered a shower the second night s/he was at the facility and the resident stayed up "as late as I could;" however, nobody arrived for the shower." The resident further revealed that on the morning of the interview a CNA offered a shower and when the resident agreed the resident was told that only a bed bath was available, not a shower, so the resident declined the bed bath and stated, "so I am still in my pajamas." Interview with the resident's daughter on 4/11/24 at 11 AM confirmed the resident moved in on Tuesday (4/9/24) and during a visit on Wednesday evening, they were told the resident was on the "shower list" that night; however, the resident did not get a shower.	F 677	The DNS/designee monitors bathing daily 5 days per week to ensure that bathing was completed per the resident's choice. Any identified opportunities for improvement in this process are addressed with the individual. MONITORING The Director of Nursing Services brings the results of the shower monitoring records to the Quality Assurance Performance Improvement Committee monthly for their review and resolution. These audits will continue 5 times a week for 4 weeks, 3 times per week for 4 weeks and then 1 time per week for 4 weeks. If no concerns are identified these audits will be discontinued at that time unless the QAPI Committee deems it prudent to continue.	

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F 677	Continued From page 11 7. Observation on 4/10/24 at 11:49 AM showed a sour body odor smell was present in the hallway, on second floor "B hall," near the room of resident #36. Observation on 4/10/24 at 3:57 PM showed the sour body odor remained present near the room of the resident. Observation on 4/11/24 at 10:30 AM showed the resident's room had a sour body odor present. Interview with the resident at that time revealed the facility only provided the resident with bed baths; however, the resident stated it was his/her choice. 8. Interview with resident #31 on 4/10/24 at 3:10 PM revealed some residents did not receive showers as often as they should and they had bad body odor. Further interview revealed s/he thought it was due to staff not wanting to use the mechanical lift to transfer residents to the shower. 9. Interview with the social services director on 4/12/24 at 12:05 PM confirmed residents should be showered per their preference and if the resident refused a shower, they should receive a bed bath. Further interview revealed that resident #6 may not be aware that the hot water issues have been resolved and showers may be an option again in the future. 10. Interview with the DON on 4/12/24 at 11 AM revealed she expected staff to offer residents a shower and if they refused, offer a bed bath. She revealed the facility found out some staff members were only providing bed baths to residents who were on COVID precautions because they thought the residents could not leave their room for a shower. She revealed the facility had performed staff education because of a high number of resident refusals and	F 677		

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F 677	Continued From page 12 documented bed baths. Further interview revealed the bed baths did not clean residents as thoroughly as a shower.	F 677		
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. §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, resident and staff interview, medical record review, and resident grievance form review, the facility failed to ensure adequate staffing in 1 of 1 kitchen (main kitchen). The census was 72. The findings were: 1. Review of a "grievance form" dated 3/12/24 showed resident #2 reported "breakfast is always cold and was promised lunch would be saved and reheated upon arrival from dialysis." Further review showed "Department Manager	F 802	F 802 Sufficient Dietary Support Personnel CORRECTIVE ACTION One new dietary team member has been hired and 3 additional applicants are in the hiring process.	5/13/24

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F 802	Continued From page 13 Investigation and Findings: Was brought up at resident meeting. I checked with [resident name] and [s/he] said everything was much better...Action Taken: Kitchen was notified. We are now heating residents meals appropriately when [s/he] is gone for meetings..." 2. Review of a "grievance form" dated 4/2/24 showed 5 residents reported "chicken over cooked, meal slow, not flavorful." Further review showed "Department Manager Investigation and Findings: Cook no longer here, new cook hired..." 3. Review of a "grievance form" dated 4/2/24 showed resident #5 reported "Dinner was supposed to start at 4:30 PM. It is now 6 PM and we have yet to be served anything other than beverages." Further review showed "Department Manager Investigation and Findings: Dinner service starts at 5:30, Working with staff on timing." 4. Review of a "grievance form" dated 4/8/24 showed resident #7 reported "tomato soup is burned. Food is late and cold. I don't always get what I order." Further review showed "Department Manager Investigation and Findings: Statements are true. Corrective actions have been taken. Corrective action taken with staff...Action Taken: Retrain staff." 5. Observation of a sign posted on the wall by the elevator on the 3rd floor showed residents meal times were: breakfast at 7:30 AM, lunch at 12 and supper at 5:30 PM. 6. Observation on 4/10/24 showed residents on second floor were seated at tables, waiting for lunch service, by 12 PM. Further observation	F 802	Resident #2 was interviewed by the ED on 4/30/24. She stated that her grievance from 3/12/24 has been resolved. She stated things are much better. The grievance has been marked as resolved. All 5 residents on the grievance dated 4/2/24 were interviewed by the ED on 4/30/24. All 5 indicated that their concern has been resolved. Resident #5 was interviewed by the activity director on 5/1/24. Discussed the dinner doesn't start at 4:30. She stated that she understands the times. Resident #7 was interviewed on 5/3/24. Stated that her concern has been resolved. Breakfast on this day was delicious. Mealtimes are much better. Clarified meal service times posted on 4/29/24 as to room tray start times and dining room start times. Times for when food is to be out of the kitchen and on the steam table was posted in the kitchen for reference for kitchen staff on 5/1/24. The ED spoke with resident #6 on 4/30/24 regarding his grievance on 4/7/24. He stated that the issue has been resolved. His tray card was updated on 4/30/24. The DNS interviewed resident #37 on 5/6/24. She stated that she receives the correct amount of food, the food is the appropriate temperature, she is offered alternatives, the meals are on time and the food is appetizing.	

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F 802	Continued From page 14 showed the meal service, in the 2nd floor dining room, began at 1 PM. 7. Observation on 4/11/24 showed lunch service on second floor began at 1:02 PM. Further observation showed the meal service was stopped at 1:12 PM to obtain additional hoagie buns and 1 resident was served a meatball sandwich on a hamburger bun at 1:30 PM because the facility ran out of hoagie buns a second time during meal service. All meals were served by 1:30 PM. Interview with resident #8 at that time revealed the meal was cold. 8. Observation of the 3rd floor lunch service on 4/10/24 at 11:56 AM the food arrived to the 3rd floor. Lunch service continued until 1:08 AM when the final resident meals were delivered. Observation of the lunch meal on 4/11/24 showed by noon there were 8 residents in the dining room and room trays were being delivered. At 12:40 PM there were 11 residents in the dining room and all residents were served by 12:50 PM. 9. Observation of resident #6 on 4/10/24 at 3:10 PM showed the resident had no teeth. Review of the medical showed the resident required a high protein diet for wound healing. Interview with the resident on 4/10/24 at 3:20 PM revealed the food served at the facility was too tough to chew and/or needed to be cut into bite sized pieces for the resident. The resident complained of the facility serving "food that could not be eaten" and meals that had been served progressively later than the meal time window. The resident had resorted to ordering fast food delivered and supplementing meals with protein shakes to meet food preferences and improve intake.	F 802	The Activity Director interviewed Resident #17 on 5/2/24 about the meal service and meals. She said that the serving size was the correct amount, the hot food was hot, and the cold food was cold. She said she is offered alternatives, and her meals are served on time and are appetizing. She stated the food is really good. Resident #38 was interviewed by the Activity Director on 5/2/24. She stated the food is appetizing at this time and mealtimes are getting better. Resident #35 was interviewed by the ED on 5/3/24. She stated the portion size was to her liking, the hot food was hot and cold food was cold. States she doesn't order alternatives very often and sticks to the main menu. She said the meal service times are much better and the food is appetizing. The Food and Nutrition Services Manager interviewed resident #34 on 5/2/24. He stated he under the variety of items available on the alternate list and that there is more than just soup and sandwiches. He also stated that the meat is much better we are almost there. Resident #30 discharged home on 4/12/24. Resident #31 was interviewed by the Activity Director on 5/2/24. He stated that the food is well cooked, and the timeliness	

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F 802	Continued From page 15 10. Interview with resident #37 on 4/10/24 at 1 PM confirmed the food service was consistently slow and the result was cold food and/or long wait times for the meals to be delivered to the residents. An additional interview on 4/10/24 at 2:52 PM revealed the meals were often delivered "cold" and "tasteless" and the resident considered this a "long time problem." 11. Interview with the daughter of resident #17 on 4/11/24 at 11:05 AM revealed that the food served for dinner on Tuesday night was not appetizing to the resident so the daughter brought dinner in for the resident the second night. Further interview revealed the resident complained about receiving "cold eggs" for breakfast this morning. 12. Interview with resident #38 on 4/11/24 at 10:20 AM revealed the meat served at meals was "dry and tough" and the vegetables were either "mush or raw." 13. Interview with resident #35 on 4/10/24 at 11:59 AM revealed residents had recently discussed meal concerns during resident council; however, they were trying to be "understanding" of a recent tragedy suffered by dietary staff members. 14. Interview with resident #34 on 4/10/24 at 2:50 PM revealed meat served with meals was not thoroughly cooked and the only alternatives offered were sandwiches or soup. The resident revealed the facility reported dining concerns were related to not having enough staff and not being able to hire new staff. Further interview revealed the meals were always late, up to an hour, and the facility did not respond to resident concerns.	F 802	of meals has improved. IDENTIFICATION OF OTHERS The sufficient dining personnel has the potential to affect all Center Residents. SYSTEMIC CHANGE Education was provided to the Food and Nutrition Services Manager on 5/3/24 related to ensuring the hiring of Sufficient Dietary Support Personnel with appropriate competencies. Competencies were completed with dietary personnel prior to 5/6/24. The Center runs consistent ads for cooks and dietary aides. The ads are refreshed weekly to ensure that they have the most prominent positions on the job websites. The advertisement website is checked multiple times per day in order to ensure quick communication with applicants and invite for an interview. The Food and Nutrition Services Manager maintains a flexible schedule in order to interview applicants at times that are most convenient for the applicant. Currently the Center is offering referral bonuses to the current staff for recruiting cooks and dietary aides. The Receptionist tracks all applicants and their progression through the hiring process to assist the applicant with a quick transition from applicant to	

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F 802	Continued From page 16 15. Interview with resident #30 on 4/10/24 at 3:09 PM revealed meals were always late, were not cooked properly, did not follow the menu, and had small portions. 16. Interview with resident #31 on 4/10/24 at 3: 10 PM revealed the facility reported they had seven dietary staff members recently quit and the food was not cooked well. The resident revealed meals were served an hour after they were supposed to be and the portions kept getting smaller. 17. Interview with the administrator and dietary manager on 4/12/24 at 9:15 AM revealed meals were scheduled to be served at 7:30 AM, 12 PM, and 5:30 PM. They revealed the dietary department had turned over "pretty much all the staff" and had recently changed food providers. The new menu required meals to be made from scratch and they were still training new staff. They revealed 2 staff members in dietary were off due to a traumatic event and food service issues had been ongoing. Further interview revealed there were three additional staff openings in dietary and performance improvement plan had been developed; however, it had not been fully implemented at that time.	F 802	employee and to assist them with any obstacles they may encounter. The Receptionist keeps the Food and Nutrition Services Manager up to date on their progression. As well as notify her if the applicant fails to complete the process and why. As soon as the hiring process is complete, orientation is scheduled in order to get the employee on schedule and working. MONITORING The Food and Nutrition Services Manager brings the results of the hiring tracking to the Quality Assurance Performance Improvement Committee monthly to discuss any patterns or trends for their review and resolution. This will continue daily 5 times a week for 3 months. If no concerns are identified these audits will be discontinued at that time unless the QAPI Committee deems it prudent to continue.	
F 804 SS=E	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;	F 804		5/13/24

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F 804	Continued From page 17 §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, resident and staff interview,review of grievance forms, and medical record review, the facility failed to ensure palatable food was served in 1 of 1 kitchen (main kitchen). The census was 72. The findings were: 1. Review of a "grievance form" dated 3/21/24 showed resident #1 reported "tortilla was dry and chewy, could not eat." Further review showed "Discussed with resident. There was nothing unusual about tortilla, maybe it was the brand." 2. Review of a "grievance form" dated 3/12/24 showed resident #2 reported "breakfast is always cold and was promised lunch would be saved and reheated upon arrival from dialysis." Further review showed "Department Manager Investigation and Findings: Was brought up at resident meeting. I checked with [resident name] and [s/he] said everything was much better...Action Taken: Kitchen was notified. We are now heating residents meals appropriately when [s/he] is gone for meetings..." 3. Review of a "grievance form" dated 3/21/24 showed resident #3 reported "Resident did not like dinner meal, [s/he] was very disappointed and refused to eat, [s/he] was offered an alternate and as refused that because [s/he] said [his/her] appetite was ruined." Further review showed "Department Manager Investigation and Findings: Spoke with resident [s/he] stated [s/he] would just start eating McDonalds because management sucks...Action taken: We are changing this meal	F 804	F 804 Nutritive Value/Appear, Palatable/Prefer Temp CORRECTIVE ACTION The 2567 refers to resident #1 related to a chewy tortilla. This is actually resident #11 with the concern dated 3/21/24. The Activity Director interviewed Resident #11 on 5/2/24 who stated that the concern has been resolved. Resident #2 was interviewed by the ED on 4/30/24. She stated that her grievance from 3/12/24 has been resolved. She stated things are much better. The grievance has been marked as resolved. Resident #3 was interviewed by the ED on 4/30/24. He stated that he is pleased with the change in the menu from the French Onion soup. Resident #4 was interviewed by the ED on 4/30/34. He stated he didn't like the French Onion soup but likes the change in the menu and that French Onion will not be served. Discussed the list of soups that are served, and he said this was a big variety of soups. His tray card was updated to reflect desire not to have French Onion soup.	

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F 804	Continued From page 18 to grilled cheese and tomato soup from now on..." 4. Review of a "grievance form" dated 3/21/24 showed resident #4 reported "Resident said [his/her] dinner was not fit to eat. The dinner was French onion soup with grilled cheese sandwich and German cucumber salad." Further review showed "Department Manager Investigation and Findings: Spoke with resident. {S/he did not remember the grievance but was thankful the menu would be changed...Action Taken: We are on a new menu and will be changing this menu to tomato soup and grilled cheese..." 5. Review of a "grievance form" dated 4/2/24 showed 5 residents reported "chicken over cooked, meal slow, not flavorful." Further review showed "Department Manager Investigation and Findings: Cook no longer here, new cook hired..." 6. Review of a "grievance form" dated 4/7/24 showed resident #6 reported "clearly ordered turkey sandwich no cheese was given ham. Further review showed "Department Manager Investigation and Findings: Resident was given turkey sandwich after was served ham...Action Taken: Staff was instructed to serve the proper meal that was ordered." 7. Review of a "grievance form" dated 4/8/24 showed resident #7 reported "tomato soup is burned. Food is late and cold. I don't always get what I order." Further review showed "Department Manager Investigation and Findings: Statements are true. Corrective actions have been taken. Corrective action taken with staff...Action Taken: Retrain staff." 8. Review of a "grievance form" dated 4/9/24	F 804	Resident #5 was interviewed by the activity director on 5/1/24. Discussed the dinner doesn't start at 4:30. She stated that she understands the times. The ED spoke with resident #6 on 4/30/24 regarding his grievance on 4/7/24. He stated that the issue has been resolved. Resident #7 was interviewed on 5/3/24. Stated that her concern has been resolved. Breakfast on this day was delicious. Mealtimes are much better. The ED interviewed resident #2 on 4/30/24 regarding her grievance dated 4/9/24. She stated that this concern has been resolved. The grilled cheese is cooked to her liking, and she doesn't have a need for an alternative when she orders this choice. Clarified meal service times posted on 4/29/24 as to room tray start times and dining room start times. Times for when food is to be out of the kitchen and on the steam table was posted in the kitchen for reference for kitchen staff on 5/1/24. Hoagie buns were located and used for the remainder of the service on 4/11/24. Resident #8 was interviewed on 5/6/24 by the Food and Nutrition Services Manager. Resident #8 stated that he is getting more than enough food and the food is the	

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F 804	Continued From page 19 showed resident #2 reported "Grill [sic] cheese sandwich was burnt again. Bosses went home and no one else would fix another one. Had 1/2 egg salad sand and 4 strips chic [chicken] for dinner." Further review showed "Department Manager Investigation and Findings: Meeting was held. assured [him/her] I am here long days. New cook is cooking manager in center for all 3 meals. Served Cesar salad [with] chicken...Action Taken: New cook making grilled cheese Egg salad sand [sandwich] served as snack only. Alternates were available." 9. Observation on 4/11/24 showed lunch service on second floor began at 1:02 PM. Further observation showed the meal service was stopped at 1:12 PM to obtain additional hoagie buns and 1 resident was served a meatball sandwich on a hamburger bun at 1:30 PM because the facility ran out of hoagie buns a second time during meal service. All meals were served by 1:30 PM. Interview with resident #8 at that time revealed the meal was cold. 10. Observation of resident #6 on 4/10/24 at 3:10 PM showed the resident had no teeth. Review of the medical record showed the resident required a high protein diet for wound healing. Interview with the resident on 4/10/24 at 3:20 PM revealed the food served at the facility was too tough to chew and/or needed to be cut into bite sized pieces for the resident. The resident revealed s/he was served "food that could not be eaten" and meals had been served progressively later than the meal time window. Further interview revealed the resident had resorted to ordering fast food delivery and supplementing meals with protein shakes to meet food preferences and improve intake.	F 804	correct temperature when served, he is being offered alternative food items. He also stated that meals are served on time and the food is appetizing. Interview #6 was interviewed on 5/6/24 by the Food and Nutrition Services Manager. Stated that he was being served the correct amount of food, that the hot food was hot and cold food was cold. He said he was being offered alternatives and that the meals were being served on time and the food is appetizing. He stated he wanted to change his texture to cut up soft and bite sized. The Activity Director interviewed Resident #17 on 5/2/24 about the meal service and meals. She said that the serving size was the correct amount, the hot food was hot, and the cold food was cold. She said she is offered alternatives, and her meals are served on time and are appetizing. She stated the food is really good. The DNS interviewed resident #37 on 5/6/24. She stated that she receives the correct amount of food, the food is the appropriate temperature, she is offered alternatives, the meals are on time and the food is appetizing. The Food and Nutrition Services Manager interviewed resident #34 on 5/2/24. He stated he under the variety of items available on the alternate list and that there is more than just soup and sandwiches. He also stated that the meat is much better we are almost there.	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 804	Continued From page 20 11. Interview with the daughter of resident #17 on 4/11/24 at 11:05 AM revealed that the food served for dinner on Tuesday night was not appetizing to the resident so the daughter brought dinner in for the resident the second night, in addition, that the resident complained about receiving "cold eggs" for breakfast this morning. 12. Interview with resident #37 on 4/10/24 at 1 PM confirmed the food service was consistently slow and the result was cold food and/or long wait times for the meals to be delivered to the residents. An additional interview on 4/10/24 at 2:52 PM revealed the meals were often delivered "cold" and "tasteless" and the resident considered this a "long time problem." 13. Interview with resident #34 on 4/10/24 at 2:50 PM revealed meat served with meals was not thoroughly cooked and the only alternatives offered were sandwiches or soup. The resident revealed the facility reported dining concerns were related to not having enough staff and not being able to hire new staff. Further interview revealed the meals were always late, up to an hour, and the facility did not respond to resident concerns. 14. Interview with resident #30 on 4/10/24 at 3:09 PM revealed meals were always late, were not cooked properly, did not follow the menu, and had small portions. 15. Interview with resident #31 on 4/10/24 at 3: 10 PM revealed the facility reported they had seven dietary staff members recently quit and the food was not cooked well. The resident revealed meals were served an hour after they were	F 804	Resident # 30 discharged home on 4/12/24. Resident #31 was interviewed by the Activity Director on 5/2/24. He stated that the food is well cooked, and the timeliness of meals has improved. Resident #38 was interviewed by the Activity Director on 5/2/24. She stated the food is appetizing at this time and mealtimes are getting better. IDENTIFICATION OF OTHERS All Center residents have the potential to be affected by this practice. SYSTEMIC CHANGE In-service education was provided to the dietary staff related to portion size, meal temperatures, availability of alternates, ensuring palatability of the food, not over cooking food, meal start times, preparing enough alternates, ensuring beverage carts are available prior to the service, ensuring equipment is available to nursing staff to prepare for the meal service and verifying that all items needed for the service are available for the meal service prior to the start of the meal on 5/1/24 by the Executive Director. The Food and Nutrition Services Manager monitors random meals for portion size,	

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	535013	A. BUILDING _____ B. WING _____	C 04/12/2024

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F 804	Continued From page 21 supposed to be and the portions kept getting smaller. 16. Interview with resident #38 on 4/11/24 at 10:20 AM revealed the meat served at meals was "dry and tough" and the vegetables were either "mush or raw." 17. Interview with the administrator and dietary manager on 4/12/24 at 9:15 AM revealed dietary department had turned over "pretty much all the staff" and had recently changed food providers. The new menu required meals to be made from scratch and they were still training new staff. They revealed 2 staff members in dietary were off due to a traumatic event and confirmed food service issues had been ongoing. Further interview revealed performance improvement plan had been developed; however, it had not been fully implemented at that time. They confirmed the meal issues had not been corrected.	F 804	temperatures, alternates, palatability of food, meal start times, availability of beverages, and proper equipment to serve the meal. If concerns are identified, it is addressed with the appropriate staff member for correction. MONITORING The Food and Nutrition Services Manager brings the results of the Food Monitoring records to the Quality Assurance Performance Improvement Committee monthly for their review and resolution. These audits will continue 5 times a week for 4 weeks, 3 times per week for 4 weeks and then 1 time per week for 4 weeks. If no concerns are identified these audits will be discontinued at that time unless the QAPI Committee deems it prudent to continue.	
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:	F 880		5/13/24

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F 880	Continued From page 22 §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.	F 880		

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F 880	Continued From page 23 §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and review of the facility's policy, the facility failed to ensure staff correctly donned personal protective equipment (PPE) prior to resident care for 1 of 5 sample residents (#17) who were on transmission-based precautions. The findings were: 1. Observation on 4/10/24 at 12:05 PM showed resident #17 had a sign on the outside of the room that indicated the resident was on "droplet/contact" precautions and a PPE cart was outside the door that contained gowns, masks, gloves, and eye shields. Staff member #1 was observed at that time donning PPE and entered the room with the gown on backwards, tied at the neck and open in the front leaving the staff member unprotected by the gown as she entered the resident's room. An additional observation at 12:07 PM showed the gown was open in the front and clothing was exposed when the staff member opened the door to exit and removed the PPE inside the room. 2. Interview with staff member #1 on 4/10/24 at	F 880	F 880 Infection Prevention and Control CORRECTIVE ACTION Staff member #1 educated on 4/10/2024 by the Director of Nursing Services regarding appropriate application of PPE. IDENTIFICATION OF OTHERS All Center residents have the potential to be affected by this practice. SYSTEMIC CHANGE Center staff were provided in-service education on appropriate application of PPE prior to 5/6/2024 by the Director of Nursing Services/Designee. Random audits of residents on isolation to be conducted by the Director of Nursing Services/designee observing staff application of PPE These observations	

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F 880	Continued From page 24 12:07 PM confirmed the resident was on transmission-based precautions but she was not concerned about the improper donning of the gown because the resident was "not symptomatic." 3. Interview with LPN #1 on 4/10/24 at 12:13 PM regarding the observation revealed the staff member needed "education" regarding the "proper way to wear" the gown before entering the room of residents in isolation. 4. Interview with the nurse manager #1 on 4/10/24 at 4:15 PM verified remedial training for donning and doffing PPE was being conducted in the facility, at that time, and it would include staff member #1. 5. Review of the facility's policy, "Standard Precautions", dated May, 2015 showed "1. Standard Precautions apply to the care of all residents regardless of their diagnosis, or suspected or confirmed infectious status...4 ...a. Wear a gown (clean, non-sterile) to protect skin and prevent soiling of clothing during procedures and resident care activities..."	F 880	will be conducted 5 times a week for 4 weeks, 3 times per week for 4 weeks and then 1 time per week for 4 weeks. MONITORING The Director of Nursing Services brings the results of the PPE application audits to the Quality Assurance Performance Improvement Committee monthly for their review and resolution. These audits will continue 5 times a week for 4 weeks, 3 times per week for 4 weeks and then 1 time per week for 4 weeks. If no concerns are identified these audits will be discontinued at that time unless the QAPI Committee deems it prudent to continue.	