F 365 483.35(d)(3) FOOD IN FORM TO MEET INDIVIDUAL NEEDS
SS=D

Each resident receives and the facility provides food prepared in a form designed to meet individual needs.

This REQUIREMENT is not met as evidenced by:
Intakes: TN00030840

Based on policy review, medical record review, observation and interview, it was determined the facility failed to provide a diet to meet individual needs for 1 of 3 (Resident #1) sampled residents with dietary orders for thickened liquids.

The findings included:

Review of the facility's "THICKENED LIQUIDS FOR PATIENTS WITH DYSPHAGIA" policy documented, "1. Dining services must provide appropriate thickened liquids for meals and between meal fluids."

Medical record review for Resident #1 documented a an admission date of 8/28/12 and a readmission date of 11/29/12 with diagnoses of Alzheimer's Disease, Hypertension, Anxiety, Adult Failure to Thrive and Aspiration Pneumonia. Review of the "PHYSICIAN'S ORDER SHEET (FOR ADMISSIONS & [and] HOSPITAL RETURNS)" dated 11/29/12 documented, "Mech [mechanical] soft with thickened liquids."

Observations in the dining room on 12/3/12 at 12:20 PM, revealed certified nursing assistant (CNA) #1 setting up the meal tray for Resident #1.

Corrective Action:
1. Resident #1 did not consume any non-thickened liquids. No resident was found to be affected by the alleged deficient practice.
2. Residents on thickened liquids had their medical records reviewed by nursing administration to ensure diet orders including orders for thickened liquids were accurately transcribed and communicated to the dietary department.
3. In-service was conducted 1/3/13 by the DON/Designee with nursing department on the meal service procedures including proper passing of food trays and how to accurately check each food tray. Residents with orders for thickened liquids will have liquids thickened by the dietary department prior to sending each tray out. Doctor ordered diet changes will be sent to the dietary department by the licensed nurse via a communication slip or by the Dietician.

 Residents on thickened liquids were noted on their resident dietary card.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

The same form was found 11/4/13.
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and putting a straw in and stirring the thin liquid iced tea on the tray; then CNA #1 began assisting to feed Resident #1.

During and interview conducted in the dining room on 12/3/12 at 12:21 PM, CNA #1 was asked if the ice tea was a thin liquid consistency. CNA #1 stated, “Yes, I think he [Resident #1] is suppose to have thickened...” CNA #1 was then asked if the nursing staff usually adds the thickener product to the liquids or does the dietary department send the liquids already thickened on the meal tray. CNA #1 stated, “The dietary department sends it out to us thickened...”

During an interview conducted in the administrators office on 12/4/12 at 2:00 PM, the Director of Nursing stated the nursing staff knew Resident #1 needed thickened liquids and obtained the thicker product and added it to the thin liquids before giving Resident #1 any liquids during the noon meal on 12/3/12.

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In-service was conducted on 1/2/13 by the Dietician with the dietary staff on diet card accuracy. New hire nursing and dietary staff will be oriented on proper meal service including food tray passing and thickened liquids.

4. Nursing and Dietary administration will monitor at least 3 times weekly for the next 3 months for compliance with immediate correction of any identified issues. Nursing administration will forward findings to the QA Committee for review.

Completion Date: 1/15/13