

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/15/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495096</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/25/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>WESTMINSTER-CANTERBURY OF RICHMOND</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1600 WESTBROOK AVE RICHMOND, VA 23227</b>	
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E 000	Initial Comments	E 000		
F 000	INITIAL COMMENTS	F 000		
F 625 SS=F	<p>A Recertification survey was conducted by Healthcare Management Solutions, LLC on behalf of the Virginia Department of Health - Office of Licensure and Certification from 03/22/21 through 03/25/21. The facility was found to be in compliance with 42 CFR 483.73.</p> <p>A Recertification survey was conducted by Healthcare Management Solutions, LLC on behalf of the Virginia Department of Health - Office of Licensure and Certification. There were no complaints investigated during the survey. The facility was found not to be in substantial compliance with 42 CFR 483, subpart B.</p> <p>Survey Dates: 03/22/21 through 03/25/21 Survey Census: 125 Sample size: 25 Supplemental Residents: None</p> <p>Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2)</p> <p>§483.15(d) Notice of bed-hold policy and return-</p> <p>§483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies-</p> <p>(i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;</p> <p>(ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;</p>	F 625		5/9/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

04/13/2021

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.

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F 625	<p>Continued From page 1</p> <p>(iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and</p> <p>(iv) The information specified in paragraph (e)(1) of this section.</p> <p>§483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interviews and record reviews, it was determined the facility failed to ensure residents were provided a written notice which specified the duration of the bed-hold policy at the time of transfer to the hospital for one of 25 sampled residents (Resident (R) 33). On 12/29/21, R33 was transferred to the hospital because she developed paralysis and hematuria; however, she was not given the written notice that addressed holding the resident's bed during her absence.</p> <p>Findings include:</p> <p>Review of R33's "Physicians Progress Note," dated 12/29/21, located in the resident's EMR under the progress notes tab, revealed the resident was sent to the hospital per her physician's recommendation due to a change in condition. It was documented that the Physician notified the resident's daughter.</p> <p>Review of R33's EMR showed a written notice of transfer to the emergency room was sent to the</p>	F 625	<p>F625 Notice of Bed Hold Policy Before/Upon Transfer</p> <p>1. Address how correction will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>(a) Resident #33 has a Life Care Contract and pays a monthly fee and is therefore not subject to holding a bed when discharged to the hospital. Her bed is automatically held by the facility as part of her monthly fee.</p> <p>2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>(a) 100% of all current residents will receive a copy of the bed hold policy form. The form will identify if the resident is responsible for a bed hold in the event of discharge, or if the bed hold is waived as part of their life care contract.</p>		

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F 625	<p>Continued From page 2 family by the Director of Nursing (DON).</p> <p>During an interview with the DON on 3/24/21 at 4:00 PM the bed hold notification was requested for R33's transfer to the hospital; however, the DON was not able to produce verification R33 was given a bed hold notice.</p> <p>Interview on 03/25/21 at 9:00 AM with the Vice President/Administrator, he stated the facility did not issue bed hold notices because they do not give the room away. The Vice President/Administrator stated the facility had a "bed hold policy," but the policies were never used. The Vice President/Administrator also stated, " We are not like an institution; the room is theirs; we just leave the furniture in the room and have it ready for their return. We are nice." We are a CCRC (continuing care retirement community)."</p> <p>Review of an admission packet showed Bed Hold is addressed in the admission packet. The form labeled Bed Hold supplied by the VP shows. Bed holds will be in accordance with CMS and corporate protocol. The section #4 The resident's representative will be given the option of continuing payment or having the resident discharged. #5 If a resident's leave of absence is greater than the period for which they have already paid and the resident representative choose not to continue payment, the resident will be discharged. The VP said they never do this, so they do not give bed hold notifications.</p>	F 625	<p>05/09/2021 (b) All new admissions will sign a bed hold policy form upon admission and will receive a copy of this policy form if the resident is discharged to another facility. 05/09/2021</p> <p>3. Address what measures will be put into place, or systematic changes made, to ensure that the deficient practice will not recur. (a) The new bed hold policy form will be sent to all residents/resident representatives and a signed copy will be returned to the facility and added to the resident's medical record. 04/29/2021 (b) Any resident that the facility does not receive a signed bed hold form back, will be contacted by the Social Worker, reviewed with the resident representative, signed by the Social Worker and another witness and placed in the resident's medical record. 05/09/2021 (c) The new bed hold policy form will be part of the admission packet to the facility and reviewed with the resident/resident representative, signed and made a part of the resident's medical record. 05/09/2021 (d) The Facility Educator will educate licensed nursing staff on the bed hold policy and the need to give a copy of the bed hold policy form to the resident/resident representative with any transfer/discharge from the facility. 05/09/2021 (e) The IT department will add that a</p>		

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F 625	Continued From page 3	F 625	<p>copy of the bed hold policy form was given to the resident/resident representative into the transfer note template under the progress notes. A nurse note will show that a copy of the bed hold policy form was given to and sent with the resident/resident representative upon transfer out of the facility. 05/09/2021</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained: (a) The Social Workers will submit an audit showing 100% of the residents/resident representatives have been provided a copy of the bed hold policy form and submit findings and recommendations to the QAPI committee at the next regularly scheduled QAPI meeting. 05/09/2021 (b) The Social Workers will audit new admissions to assure that the bed hold policy form was reviewed and signed by the resident/resident representative weekly x 4 weeks, then every other week x 4 months. These audits will be reviewed with the QAPI committee at the next regularly scheduled meeting for further recommendations as needed. 05/09/2021 (c) The Facility Educator/Designee will report on the education provided to licensed nursing staff on the new bed hold policy form and required charting to show a copy was given to and sent with the resident/resident representative. The</p>		

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F 625	Continued From page 4	F 625	Facility Educator will report any feedback or recommendations to the QAPI committee for further recommendations as needed. 05/09/2021 (d) The Health Information Supervisor/Designee will monitor that the bed hold information is given to resident/resident representative upon facility-initiated transfer. 05/09/2021		
F 677 SS=D	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, interviews, and record review, the facility failed to provide activities of daily living (ADL) care for one of two sampled residents reviewed for hospice care (Resident (R) 32). This failure has the potential of other residents in hospice care to not receive assistance with ADLs.  Findings include:  Review of R32's annual "Minimum Data Set (MDS)" with an assessment reference date (ARD) of 01/07/21, located in the resident's electronic medical record (EMR) under the MDS tab, revealed the resident was admitted to the facility on 02/04/20 with diagnoses which included Alzheimer's disease, dementia, and legal blindness. Continued review of the MDS revealed	F 677	F677 ADL Care Provided to Dependent Resident  1. Address how correction will be accomplished for those residents found to have been affected by the deficient practice: (a) Resident #32 went to the Beauty Salon and received a shampoo, cut and style on 04/06/2021. Resident's face was clear of any crust or matting of eyelashes of right eye on 04/06/2021; She has very few eyelashes. Resident was noted to have a skin tag on her right upper eyelash line. 04/06/2021  2. Address how the facility will identify	5/9/21	

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F 677	<p>Continued From page 5</p> <p>R32 was totally dependent on staff for bathing and all personal hygiene. R32's MDS also revealed the facility assessed the resident to have a "Brief Interview for Mental Status (BIMS)" score of nine out of 15 which indicated the resident was moderately cognitively impaired.</p> <p>Observation and interview with R32 on 03/22/21 at 11:30 AM, revealed the resident was dressed and her hair was combed; however, R32's hair appeared to be unwashed and greasy. Interview with R32 revealed she would like more care assistance.</p> <p>Review of R32's "Care Plan" located in the resident's EMR under the care plan tab, revealed R32 was not care planned for refusing care from staff. Continued review of R32's care plan also revealed the resident was to be washed daily.</p> <p>Interview on 03/22/21 at 11:30 AM with Family Member (FM)1 revealed that three weeks prior, while visiting R32, the resident had crusty skin along the hair line. FM1 stated she notified staff of this and then R32's face and hair were washed.</p> <p>Interview on 03/23/21 at 8:40 AM with Licenses Practical Nurse (LPN) 1 revealed R32 only received bed baths. LPN one stated that R32 had not been out of bed in the past few days.</p> <p>Observation on 03//23/21 at 8:29 AM, revealed R32's hair was combed back with the same greasy appearance.</p> <p>Observation on 03/24/21 at 11:00 AM, revealed R32 in a wheelchair with a FM2 present. Continued observation revealed R32 was</p>	F 677	<p>other residents having the potential to be affected by the same deficient practice:</p> <p>(a) Resident care will be provided as appropriate with consideration for resident preferences. 04/08/2021</p> <p>3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.</p> <p>(a) Unit Managers/Designee will make rounds on all current residents on their unit to specifically check the cleanliness of their hair and their overall appearance for proper hygiene and grooming and report any abnormal findings to the Director of Nursing/Designee. 04/20/2021</p> <p>(b) The Facility Educator will provide inservice training to Nursing personnel on how to wash the hair of residents who are unable to get out of bed due to illness, via dry shampoo caps or inflatable hair washing devices. 05/09/2021</p> <p>(c) The Facility Educator will inservice nursing staff on proper facial washing, grooming and hygienic needs of residents. 05/09/2021</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:</p> <p>(a) Unit Managers/Designee will make rounds on all current residents on their unit to specifically check the cleanliness of their hair and their overall appearance for</p>		

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F 677	Continued From page 6 dressed, and her hair was combed; however, the resident's hair still appeared unwashed with same greasy appearance. Additionally, R32's right eye lashes were thick and matted.  Interview on 03/24/21 at 11:00 AM with FM2 revealed R32 would like more care assistance.  Review of R32's "Progress Notes," dated 03/23/21, located in the resident's EMR revealed " R32 was cleaned up and dressed for the day."	F 677	proper hygiene and grooming twice a week x 4 weeks then weekly x 4 weeks then monthly x 2 months. Any abnormal findings will be reported to the Director of Nursing/Designee and reviewed at the next regularly scheduled QAPI meeting for further recommendations. 04/20/2021 (b) The Facility Educator/Designee will report on the education provided to Nursing personnel on proper cleansing of a residents hair when in bed. The Facility Educator will report any feedback or recommendations to the QAPI committee for further recommendations as needed. 05/09/2021 (c) The Facility Educator/Designee will report on the education provided to nursing personnel on proper grooming and hygienic needs of residents. The Facility Educator will report any feedback or recommendations to the QAPI committee for further recommendations as needed. 05/09/2021		
F 803 SS=F	Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7)  §483.60(c) Menus and nutritional adequacy. Menus must-  §483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.;  §483.60(c)(2) Be prepared in advance;  §483.60(c)(3) Be followed;	F 803		5/9/21	

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F 803	<p>Continued From page 7</p> <p>§483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups;</p> <p>§483.60(c)(5) Be updated periodically;</p> <p>§483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and</p> <p>§483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff interviews, and review of the facility menus, it was determined the facility failed to prepare menus to include portion sizes to ensure residents received adequate amounts of menu items to meet their nutritional needs. This failed practice had the potential to affect the nutritional status of the 125 residents in the facility.</p> <p>The facility also failed to ensure menus were not repetitive in food items. Review of the menus revealed chicken in some form was on the menu for lunch and dinner daily four of four residents (Resident (R) 12, R68, R19, and R110) who ccomplained about the lack of variety if food options.</p> <p>Findings include:</p> <p>1. On 03/22/21 at 10:45 AM, during observation and interview with R12, the resident indicated she</p>	F 803	<p>F803 Meet the Nutritional Needs of Resident Ensure menus not Repetitive in Food Items</p> <p>1. Address how correction will be accomplished for those residents found to have been affected by the deficient practice: (a) There were no residents adversely affected by having different serving spoons used. The facility recognizes that all residents have the potential to be affected by this practice. (b) Resident #□s 12, 19, 68 &amp; 110 will have a 1:1 meeting with the Dietitian, which will be documented in their medical record, to discuss food choice alternatives and how to request different meal options. 05/09/2021</p>		



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F 803	<p>Continued From page 8</p> <p>was unhappy with the menu. R12 stated they have chicken at every meal. The resident stated she was tired of the baked chicken and chicken entrées like casseroles.</p> <p>2. On 03/22/21 at 12:10 PM, observation and interview of R68 revealed he was eating a chicken casserole. When asked how lunch was today, R68 stated they have chicken all the time. R68 stated he would like comfort foods, like meatloaf and beef stew.</p> <p>3. Review of R19's "Detailed Summary [Face Sheet]," located in the resident's electronic medical record (EMR) revealed R19 was admitted on 08/28/19 with diagnoses that included acute embolism and thrombosis of unspecified femoral artery [blood clot], vitamin D deficiency, anxiety and hypertension.</p> <p>Review of R19's "Physician Orders" revealed the resident's diet order, dated 09/27/19 is for a regular diet.</p> <p>Review of R19's quarterly "Minimum Data Set (MDS),) with an Assessment Reference Date (ARD) of 12/23/20, Brief Interview of Mental Status (BIMS) score was 15 out of 15, indicating no cognitive impairment. Further review of the MDS revealed R19 did not exhibit behaviors including refusing care and has not had any weight loss. The section for resident's preferences was not assessed.</p> <p>Review of R19's annual MDS with an ARD of 9/25/20, stated it was very important for the resident to make decisions on her preferences related to meals and snacks.</p>	F 803	<p>2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>(a) The facility went out and purchased new portioned sized serving utensils at Factory Direct Food Service Equipment, as soon as the concerns were identified. Parsons Health Care Dietary staff were educated on the use of the serving utensils and proper portion sizes. 03/24/2021 and 3/25/2021</p> <p>(b) All residents have the potential to need protein substitutions on their menus to meet resident's personal preferences.</p> <p>3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.</p> <p>(a) The Dietitian/Designee will ensure that dietary staff in Parsons Health Care Center are educated on proper serving sizes and use of portioned serving utensils to ensure all residents are given equal portions, unless contraindicated by their Physician. 03/24/2021 and 3/25/2021</p> <p>(b) All new dietary employees will be educated on proper serving sizes and use of portioned serving utensils to ensure all residents are given equal portions, unless contraindicated by their Physician. 05/09/2021</p> <p>(c) The Dietary menus will be reviewed and revised to ensure that there will not be two similar proteins offered at the same meal. 05/09/2021</p> <p>(d) Residents/resident representatives</p>		

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F 803	<p>Continued From page 9</p> <p>Review of R19's "Dietary Intake Report" supplied by the facility for the period of 01/24/21 through 03/25/21 indicated the resident's intake was an average of 90-93 percent [%].</p> <p>Review of R19's "Care Plan" for nutrition located in the EMR stated "offer between meals snacks, give appropriate portions for appetite, offer food preferences and provide selective menu at each meal."</p> <p>During an interview conducted on 03/23/21 at 11:10 AM, while being questioned concerning the facility food, R19 stated "have been eating a lot of chicken. I told my son I was going to turn into a chicken if I ate anymore of it." When questioned if she could ask for the alternative meal? R19 stated, "yes, but it's just more chicken. After a while I just quit asking."</p> <p>4. Review of R110's "Detailed Summary" located in the EMR, revealed the resident was initially admitted to the facility on 03/28/18, with a current readmission date of 02/23/21. R19's diagnoses included type 2 diabetes mellitus with unspecified complications, hypertensive heart disease with heart failure, chronic kidney disease, moderate.</p> <p>Review of R19's "Physician Orders" located in the EMR, revealed the resident's diet order dated 02/23/21 is "cardiac, regular, no added salt (NAS)."</p> <p>Review of R19's admission MDS with an ARD of 03/02/21, revealed the resident was assessed to have a BIMS score of 15 out of 15, indicating no cognitive impairment. The resident's behavioral and mood assessment revealed the resident was not resistant to care and the resident's</p>	F 803	<p>will be educated on meal substitutions and process to get foods of choice. 05/09/2021</p> <p>(e) The Dietitian/Designee will send a memo out to residents and responsible parties explaining that the changes are being made to the menu ensuring that residents/resident representatives understand that different protein foods will be offered at each meal to ensure variety, and that their department is available to discuss any concerns. Any resident or resident representative concerns will be brought to the QAPI committee for review. 05/09/2021</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained: (a) The Dietitian/Designee will randomly monitor a dining room on each unit twice per day to ensure proper use of serving utensils and serving sizes daily x 5 days, weekly x 4 weeks then monthly x 2 months. Any observed variances will be immediately corrected, and staff member re-educated. Any discrepancies will be forwarded to the QAPI committee for recommendation. 05/09/2021</p> <p>(b) The Dietitian/Designee will ensure that serving size and serving utensil education is added to the new employee orientation agenda for new Parsons Health Center employees. 05/09/2021</p> <p>(c) The Dietitian/Designee will review weekly menus weekly x 6 weeks to ensure that there are never two like</p>		

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F 803	<p>Continued From page 10</p> <p>preferences related to meals and snacks are very important to him. Review of the "CAA Analysis for Nutritional Status", description of problem stated " ...current weight 93% Ideal Body Weight [IBW], Body Mass Index [BMI] 22, triggering for weight loss last 30/90/180 days ...intake fair as he does not like the food..."</p> <p>Review of the "Dietary Intake Report" from 01/24/21 through 03/25/21 stated the resident's average food intake was 25-35%.</p> <p>Review of R19's "Care Plan" located in the EMR revealed " ...intake 25-50% of meals as he dislikes the food ..." Approaches instructed staff to "offer in between meal diet appropriate snacks and fluids ...give appropriate portions per appetite ...offer food preferences ...prefers comfort foods ..."</p> <p>During an observation and interview with R19 on 03/22/21 at 12:45 PM in the dining area, R19 was observed to be eating a small piece of chicken, [a thigh approximately the size of a female's palm], one half a cup of mashed potatoes and a cup of green beans. The resident was observed pushing his food around his plate. R19 was asked what he thought of the food at the facility? R19 stated, "well, look at this [pointing to his food], I always receive chicken, it's dried out and the skin is like rubber. We are always having chicken." R19 was asked if he could ask for the alternative instead? The resident stated, "yes, I'll get the cheese sandwich, and I am tired of those too." The resident asked if he had discussed this with anyone? R19 stated, "yes, I spoke to administration. Nothing changed, I bet they are all having steak right now."</p>	F 803	<p>proteins offered at the same meal. The Dietician will report any duplications or problems to the QAPI committee for further recommendations as needed. 05/09/2021</p> <p>(d) The Dietitian will report any resident/resident Representative concerns to the QAPI committee for further recommendation as needed at the next regularly scheduled QAPI meeting. 5/09/21</p>		

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F 803	<p>Continued From page 11</p> <p>During an interview conducted with R19 on 03/23/21 at 1:33 PM. the resident was asked what he ate for lunch? The resident stated, "they gave me chicken again, always chicken, lots of chicken."</p> <p>On 03/24/21 at 9:31 AM, the facility's weekly menus for four weeks were obtained and reviewed. Baked chicken was on the menu for lunch and dinner as the Healthy Alternative Entrée for the entire week. If chicken was the main entrée or in the main entrée, then chicken would be the only choice a resident would have. A test tray was obtained at 12:45 PM, with all hot food items. The baked chicken had skin that peeled off in one piece. The skin was rubbery and chewy to taste. The portion size of the chicken was very small once it had been removed from the bone. Observation of 11 kitchens in four days, noted very little chicken being consumed by residents.</p> <p>On 03/24/21 at 10:20 AM, the Registered Dietitian (RD) was interviewed. When questioned about the chicken on the menu for every meal, she stated the residents loved chicken. The RD stated they could not take chicken off the menu or the residents would complain. When asked if this has been brought up in Resident Council meetings, the RD stated they had not had them due to COVID. The RD was asked about the portion sizes and did not respond. The RD was asked how weight loss was determined if they did not have spoon/ladle sizes for portion control. The RD did not have an answer. The RD was asked how you determine a resident ate 50% of the meal when there were no portion sizes; however, the RD did not respond to the question. The RD stated that at any time a resident may</p>	F 803			

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F 803	Continued From page 12 ask for more food. It was revealed by the dietician the facility had no residents on specialized diets.  Observations on 03/22/21, 03/22/23/21, and 03/24/21 starting at 11:45 each day, during the lunch meals of the 11 kitchen/dining areas revealed portion sizes served to the residents varied.  During an interview on 03/24/21 at 4:23 PM with the RD and the Administrator, the RD explained that they run an intake list every day. When asked how they knew what a resident ate if there were no portion control, the RD stated it was subjective analysis. The RD was asked if a list of specialized diets could be obtained and again stated they did not have any residents who were on a specialized diet. When asked about the dialysis resident who resided at the facility, the RD stated the resident was on a regular diet with no concentrated sweets and the that the resident was noncompliant with the diet. When asked about the residents who could not convey their need for more or different food, the RD stated that the aides knew their residents. The RD further stated that due to COVID they had to downsize their menu and there would be a new Spring menu soon. The RD shared the manual used to prepare menu planning. The name of the book was "Simplified Diet Manual" published in 2007. The Administrator stated that they were different here in this community and the diets were liberalized and not institutionalized.	F 803			
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)  §483.60(i) Food safety requirements.	F 812		5/9/21	

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F 812	<p>Continued From page 13</p> <p>The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interviews, and review of facility policies, the facility failed to date foods in the refrigerators according to the facility policy. The facility failed to air dry dishes and pans before being stacked and stored. The facility also failed to date food in resident refrigerators located in the nursing lounge on three of three floors. These failed practices had the potential to affect the 125 residents in the facility.</p> <p>Findings include:</p> <p>1. Labeling and Dating</p> <p>Review of facility's undated policy titled, "Proper Labeling and Dating," all items in refrigerators were to have a date sticker on them. Also, the item must include the open date or prepared date, use by date, time opened or prepared,</p>	F 812	<p>F812 Food Procurement/Store/Prepare/Serve Sanitary - Stacked Pans and Glasses with Water</p> <p>1. Address how correction will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>(a) The undated opened items in the main kitchen freezer and refrigerator were discarded. No residents were impacted by this practice. 03/22/2021</p> <p>(b) The undated items/containers in the Parsons Health Center 1 West kitchen, 3 South kitchen and 3 East kitchen refrigerators/freezers were discarded. No residents were impacted by this practice.</p>		

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F 812	<p>Continued From page 14</p> <p>name of item, and initials of person opening or preparing.</p> <p>This facility had a main kitchen where all food is prepared and then brought to the three floors in large pans. Each floor, except the first floor, has a North, South, East, and West wing with their own kitchen. The first floor does not have a South wing. There are 11 kitchens on the three floors.</p> <p>On 03/22/21 at 9:00 AM, an initial tour of the main kitchen was made with the kitchen manager. Observation of the main freezer noted opened bags of donut bites and sausage that were not dated. Observation of the main refrigerator noted diced tomatoes and lemon vinaigrette that were also not dated. Storage room observation noted opened bags of grits, breadcrumbs, and polenta, with no dating.</p> <p>On 03/22/21 at 9:00 AM, an interview was conducted with the kitchen manager while touring the main kitchen. The Kitchen Manager (KM) confirmed that dating was not completed and that it would be investigated.</p> <p>On 03/22/21 at 1:45 PM, observation of first-floor West kitchen noted a pan of melon in the refrigerator with no date.</p> <p>On 03/22/21 at 2:14 PM, observation was made of the third-floor South kitchen. The ice cream freezer contained two glasses with food particles frozen onto them.</p> <p>On 03/22/21 at 2:25 PM, observation was made of the third-floor East kitchen. A bowl of ice cream was dipped and covered with no date.</p>	F 812	<p>03/22/2021 (c) The undated resident food items in the resident refrigerators on all 3 unit staff lounges were discarded. No residents were impacted by this practice.</p> <p>03/24/2021 (d) The wet pots, pans and glasses that were noted in the main kitchen and on the households were rewashed and air dried before storing.</p> <p>03/24/2021</p> <p>2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice: (a) All residents have the potential to be affected by this practice. There have been no reported observations of symptoms of foodborne illnesses from the residents.</p> <p>3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. (a) The Dietitian/Designee will educate dietary personnel on proper dating and storage of opened products that are stored in the refrigerator, freezer or pantry.</p> <p>05/09/2021 (b) The Dietitian/Designee will educate Parsons Health Center dietary personnel on proper dating and storage of opened products in the Parsons Health Center households.</p> <p>05/09/2021 (c) The Dietitian/Facility Educator will send a memo/email clarification to</p>		

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F 812	<p>Continued From page 15</p> <p>2. Resident Refrigerators</p> <p>Resident refrigerators were located on each of the three floors in the nursing lounge. Review of the facility's undated policy titled, "Use &amp; Storage of Food Brought in by Family/Visitors," if food was not consumed immediately by resident, the resident refrigerator may be used for storage. Staff handling residents' food must label the food with the residents' name, room number and the date of storage.</p> <p>On 03/24/21 at 10:30 AM, observation of the first-floor resident refrigerator contained food with no dates. The food items only contained resident names.</p> <p>On 03/24/21 at 10:50 AM, the second-floor resident refrigerator contained food with no dates. The food items only contained resident names.</p> <p>On 03/24/21 at 11:03 AM, the third-floor resident refrigerator contained food with no dates. The food items only contained resident names.</p> <p>On 03/24/21 at 11:20 AM, an interview with the Director of Nursing indicated that the night shift Certified Nurse Aides (CNAs) were responsible for cleaning of the resident refrigerators and monitoring the temperature log.</p> <p>3. Sanitization and Storage</p> <p>On 03/24/21 at 9:05 AM, observation was made of the main kitchen with the kitchen manager. Stacked pans were observed on a metal rack. The kitchen manager was asked to flip over a pan, and it was wet. Another stack of pans was turned over and they were also wet inside. The</p>	F 812	<p>residents/resident representatives and staff on proper dating, storage and disposal of resident's personal food that is stored in the resident refrigerator or freezer.</p> <p>05/09/2021 (d) The Dietitian/Designee will provide education on the risks of leaving water on stored pots, pans and kitchen items, as well as how to properly air dry washed dish items before storing.</p> <p>05/09/2021</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained: (a) The Dietary Manager/Designee will check the main kitchen freezers, refrigerators and pantries for properly dated items which have been opened daily x 5 days, then twice a week ongoing. Observed variances will be immediately corrected and feedback provided to the staff. Any discrepancies will be brought to the QAPI committee for further review and recommendations at the next regularly scheduled meeting.</p> <p>05/09/2021 (b) The Dietary Manager/Designee will check the Parsons Health Center household freezers, refrigerators and pantries for properly dated items which have been opened daily x 5 days, then twice a week ongoing. Any discrepancies will be brought to the QAPI committee for further review and recommendations at the next regularly scheduled meeting.</p> <p>05/09/2021 (c) The Unit Manager/Designee will</p>		



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F 812	<p>Continued From page 16</p> <p>manager stated that all dishes and food preparation equipment are to be air dried before stacked.</p> <p>On 03/24/21 at 2:55 PM, observation was made of the second-floor West kitchen. A stack of clean plastic glasses was not air dried according to facility policy and was still visibly wet on the inside.</p> <p>On 03/24/21 at 9:15 AM, observation and interview with the KM of the upright ovens revealed the oven door was opened for the oven to cool down. Continued observations revealed cooked pieces of hotdogs were lying directly on the bottom of the oven. Hotdogs were not on the resident's menu this date. Interview with the kitchen manager noted that the Market Place that is open to the staff and independent living residents was having hot dogs and they were also made for staff as well.</p>	F 812	<p>check their household resident refrigerators for properly labeled and dated personal food daily x 5 days, weekly x 4 weeks then monthly x 3 months. Any discrepancies will be brought to the QAPI committee for further review and recommendations at the next regularly scheduled meeting.</p> <p>05/09/2021</p> <p>(d) The Dietary Manager will monitor for pots, pans and dishes that are being stored while still wet and ensure that all items are completely air dried before storage daily x 5 days, twice a week x 2 weeks then monthly x 3 months. Any abnormal findings will be brought to the QAPI committee for further review and recommendations at the next regularly scheduled meeting.</p> <p>05/09/2021</p>		