

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

PRINTED: 04/22/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G049	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/14/2022
NAME OF PROVIDER OR SUPPLIER PINE FOREST ICF/IID			STREET ADDRESS, CITY, STATE, ZIP CODE 2519 PINE FOREST DRIVE CHESTERFIELD, VA 23834		
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E 000	Initial Comments An unannounced Emergency Preparedness (EP) survey was conducted 04/12/2022 through 04/14/2022. The facility was in substantial compliance with 42 CFR Part 483.73, 483.475, Condition of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities. No EP complaints were investigated during the survey	E 000			
W 000	INITIAL COMMENTS An unannounced Fundamental Medicaid re-certification survey was conducted 4/12/2022 through 4/14/2022. Corrections are required for compliance with 42 CFR Part 483 Requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). The Life Safety Code survey/report will follow. No complaints were investigated during the survey.	W 000			
W 336	NURSING SERVICES CFR(s): 483.460(c)(3)(iii) Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. This STANDARD is not met as evidenced by: Based on staff interview, clinical record review and facility documentation review, the facility staff failed to conduct quarterly assessments for three Individuals (Individuals # 1, # 2, and # 3) of three in the survey sample.	W 336	The facility did not have a nurse on staff to complete the required nursing quarterly assessment. To prevent this from recurring, the facility has created a Part-Time RN Position to add to the nursing staff compliment. Additionally, the facility will draft a MOU with agency nursing staff to ensure there is a back-up RN to complete Nursing Services in the absence of the facility nursing staff. The facility administrator will ensure the facility has nursing staff and enact the MOU a first	5/27/2022	

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

Dedra J. Mills

TITLE

Facility Administrator

(X6) DATE

4/29/2022

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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W 336	<p>Continued From page 1</p> <p>The findings include:</p> <p>1. For Individual # 1, the facility staff failed to conduct Quarterly Nursing Assessments during the third quarter of 2021.</p> <p>Review of Individual # 1's clinical record revealed documentation of Quarterly Nursing Assessments for Individual # 1 on 4/13/2021, 10/18/2021 and 1/24/2022.</p> <p>There was no quarterly assessment completed when it was due in July 2021.</p> <p>On 4/13/2022 at 11 a.m., an interview was conducted with the Program Nurse who stated she started working in July 2021 and the facility did not have a nurse for a short period of time, in 2021, prior to her being hired.</p> <p>Review of the Human Resources record revealed the previous nurse left in April 2021.</p> <p>On 4/13/2022 at 11:45 a.m., an interview was conducted with the Program Manager who stated that while the facility did not have a nurse, he consulted with the nurses from their sister ICF (Intermediate Care facilities) for guidance.</p> <p>The Program Manager stated the quarterly Nursing Assessments should have been completed.</p> <p>During the end of day debriefing on 4/14/2022, the Program Manager, Nurse and Clinical Director were informed of the findings. All three stated Nursing Assessments should be done Quarterly.</p>	W 336	notification of nursing staff's separation.		

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W 336	<p>Continued From page 2</p> <p>No further information was provided.</p> <p>2. For Individual # 2, the facility staff failed to conduct Quarterly Nursing Assessments timely.</p> <p>Review of Individual # 2's Clinical Record was conducted 4/13/2022 and 4/14/2022.</p> <p>Review of the Nursing Assessments revealed assessments completed on March 27, 2022, 12/9/2021 and 3/15/202. There were assessments missing in June 2021 and September 2021. The Program nurse provided a copy of the nursing assessment from 8/25/2021. Therefore, there was one missing Nursing Assessment that was due in June 2021.</p> <p>On 4/13/2022 at 11 a.m., an interview was conducted with the Program Nurse who stated she started working in July 2021 and the facility did not have a nurse for a short period of time, in 2021, prior to her being hired.</p> <p>Review of the Human Resources record revealed the previous nurse left in April 2021.</p> <p>On 4/13/2022 at 11:45 a.m., an interview was conducted with the Program Manager who stated that while the facility did not have a nurse, he consulted with the nurses from their sister ICF (Intermediate Care facilities) for guidance.</p> <p>The Program Manager stated the quarterly Nursing Assessments should have been completed.</p>	W 336			

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W 336	<p>Continued From page 3</p> <p>During the end of day debriefing on 4/14/2022, the Program Manager, Nurse and Clinical Director were informed of the findings. All three stated Nursing Assessments should be done Quarterly.</p> <p>No further information was provided.</p> <p>3. For Individual # 3, the facility staff failed to conduct Quarterly Nursing Assessments timely.</p> <p>Review of Individual # 3's clinical record was conducted on 4/13/2022 and 4/14/2022.</p> <p>The Quarterly Nursing Assessment dated 4/14/2021 and 10/18/2021. There was no Quarterly Assessment done in July 2021 when it was due.</p> <p>A comprehensive Nursing Assessment was done on 1/26/22.</p> <p>On 4/13/2022 at 11 a.m., an interview was conducted with the Program Nurse who stated she started working in July 2021 and the facility did not have a nurse for a short period of time, in 2021, prior to her being hired.</p> <p>Review of the Human Resources record revealed the previous nurse left in April 2021.</p> <p>On 4/13/2022 at 11:45 a.m., an interview was conducted with the Program Manager who stated that while the facility did not have a nurse, he consulted with the nurses from their sister ICF (Intermediate Care facilities) for guidance.</p>	W 336			

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W 336	Continued From page 4 The Program Manager stated the quarterly Nursing Assessments should have been completed. During the end of day debriefing on 4/14/2022, the Program Manager, Nurse and Clinical Director were informed of the findings. All three stated Nursing Assessments should be done Quarterly.	W 336			
W 461	No further information was provided. FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(2) A qualified dietitian must be employed either full-time, part-time, or on a consultant basis at the facility's discretion. This STANDARD is not met as evidenced by: Based on staff interview, clinical record review and facility documentation review, the facility staff failed to ensure a qualified dietitian was employed and available for one Individual (Individual # 3) of three Individuals in the Survey Sample. The Findings included: The facility staff did not have a Dietitian on a consultant basis since October 2021. The Contract was still in effect but the contractor had not supplied Dietitians after the former Dietitian retired in October 2021. Review of Individual # 3's clinical record was conducted on 4/13/2022 and 4/14/2022. On 4/14/2022 at 12:05 p.m., an interview was conducted with the Nurse who stated, "We had a dietitian, RD (Registered Dietitian) who retired but	W 461	The facility did not have a dietitian on staff as a result of a retirement, despite having a contract with a staffing agency. The facility administrator is working with the contracted staffing agency to assign a new dietitian. To prevent this from recurring, the facility administrator will maintain contact with contracted staffing agency to ensure a dietitian is familiar with the scope of services required in the facility and able to render those services. The program supervisor/QDDP will ensure the dietitian provides necessary services as required and report any issues to the facility administrator.	5/27/2022	

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W 461	<p>Continued From page 5</p> <p>I am unsure if she has been replaced. They were contracted. They have weekly menus" The surveyor requested a copy of latest nutritional assessment. The Copy of the assessment was presented and reviewed.</p> <p>The Nutritional Assessment for Individual # 3 dated 10/19/2021 stated "will monitor weight and follow quarterly or sooner if needed. No further assessments were done."</p> <p>On 4/14/2022 at 12:30 p.m., an interview was conducted with the Program Manager who confirmed that the facility was under contract with a company for Dietary Services and that a new dietitian had not been hired since the previous one retired.</p> <p>At the time of survey, there had been almost exactly 6 months since the last Nutritional Assessment.</p> <p>Review of the Facility Policy on Special Diets, Effective 4/1/2006, Reapproved 7/1/2021 revealed the following: Policy.."all specialized diets must be prescribed by a physician and monitored by the dietician and nurse" Procedures included: Nurse: 1. Survey and evaluate each individual's progress and/or maintenance relative to nutritional needs and diets. 2. Document all findings and observations on Nursing Care Plan and in daily progress notes. 3. Provide updates and information to dietician as needed. 4. Provide updates to Interdisciplinary Team and Physician.</p>	W 461			

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W 461	<p>Continued From page 6</p> <p>Dietician:</p> <ol style="list-style-type: none"> 1. Survey and evaluate each resident's progress and/or maintenance relative to nutritional needs and diets. 2. Document all findings and observations on consultation form and communicate needs and concerns to nursing personnel and prescribing physician. 3. Review all modified diets and make recommendations as necessary. 4. Review all concerns of food service and make recommendations as necessary. 5. Review all menus quarterly and make recommendations as necessary. " <p>On 4/14/2022 at 2:00 p.m., an interview was conducted with the Clinical Director who stated she had a copy of the Dietary Contract and a letter showing a request for another dietitian. The Clinical Director stated the facility had reached out to the Dietary Consultant Company but had not received consultant services as requested or as per the contract. The Clinical Director stated the Dietary Contract was due to end on 4/30/2022 but the expectation was for the dietary services should have been provided until the end of the contract. The Clinical Director provided a copy of the correspondence to the Dietary Contracting Company.</p> <p>Review of the Dietary Contract revealed the following excerpts under Responsibilities</p> <ol style="list-style-type: none"> "1. Provide accurate and concise information regarding the consumer's dietary needs; 2. Follow all physicians' orders and abide by the Individual Program Plan for each consumer. 3. Follow up on recommendations provide (sic) by the dietitian 4. Facilitate appropriate documentation by 	W 461			

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W 461	<p>Continued From page 7</p> <p>providing necessary consultation forms, assessments, etc.</p> <p>5. Coordinate and integrate services to ensure that consumer's needs are met and</p> <p>6. Maintain a complete, current and accurate medical record for each consumer that includes documentation provided by the dietitian. "</p> <p>Review of the Letter revealed the following information: Date: January 10, 2022 at 2:18 PM, the Dietary Contractor sent a letter to the Clinical Manager and others in the corporate office about the subject "Renewal Questionnaire". The letter stated the contract for Dietary Services Temporary Employee was expiring and was renewable. There were 4 questions to which the Clinical Manager replied on the next day, January 11, 2022.</p> <p>1. Is there still a need for this commodity/service? "Yes"</p> <p>2. Do the current requirements of this contract meet your needs? If no, please explain why. "Yes"</p> <p>3. Did the contractor render competent services? If no, please explain why. "Yes"</p> <p>4. Are there any changes or comments regarding the potential renewal of this contract? If yes, please provide. YES, A new dietician has not been identified and we need one ASAP.</p> <p>A response was requested by February 17, 2022. The Clinical Director responded immediately on the next day 1/11/2022 at 10:56 AM.</p> <p>The Clinical Director stated the company had not sent another Dietitian after the request.</p> <p>The Nutritional Assessment completed on</p>	W 461			

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W 461	Continued From page 8 10/19/2021 did not address the discrepancy in the assessment for Pureed Diet and the actual Physician's Order for Edentulous Mechanical Soft Diet with Honey Thickened Liquids. There were no dietary services provided after October 2021. Therefore no quarterly assessment was completed when due in January 2022 "or sooner if needed". Another assessment was due in April 2022. At the time of survey none had been completed.	W 461			
W 463	No further information was provided. FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(4) The client's interdisciplinary team, including a qualified dietitian and physician must prescribe all modified and special diets. This STANDARD is not met as evidenced by: Based on observation, staff interview, facility documentation review and clinical record review, the facility staff failed to prescribe the modified diet as recommended by the interdisciplinary team for one Individual (Individual # 3) of 3 Individuals in the survey sample The Findings included: The Facility staff failed to order the Pureed Diet as recommended by the Speech Pathologist and Dietitian. Review of Individual # 3's clinical record was conducted on 4/13/2022 and 4/14/2022. The Speech Therapy Assessment - Review of the Speech Pathology Consult dated 4/15/21 while Individual # 3 was hospitalized	W 463	The nursing staff will update the order for a pureed diet in the individual's record. The medical director will sign the updated order of pureed diet with nectar thick liquids for individual #3. The program supervisor and nursing staff will have the individual assessed by appropriate professionals to include PCP, SLP and dietitian to determine the proper food consistency and diet to ensure least restrictions. In the future, the interdisciplinary team will evaluate individuals after all hospital stays and provide necessary updates and orders as required. The program supervisor will notify the interdisciplinary team of hospital stays and discharge. The program supervisor will ensure each team member reviews discharge instructions, assesses the individual, and provides new recommendations and orders as necessary.		5/27/2022

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W 463	<p>Continued From page 9</p> <p>revealed the following recommendations "</p> <p>Recommend puree diet wand NECTAR thick liquids. Medications crushed. Make sure to thicken all nutritional drink supplements.</p> <p>Compensatory swallow strategies of : slow rate, small bites and sips, multiple swallows. Use of straw ok. 1:1 supervision w/all meals and patient needs to be fed. Remain upright at least 1 hour after meals.</p> <p>If increased onset of vocal wetness with nectar think liquids remains consistent, thicken liquid to honey."</p> <p>Also was written "Patient appears to be tolerating his least restrictive diet at this time and is at his baseline to manage and reduce aspiration. No further ST (Speech Therapy) is to follow. Evaluation only."</p> <p>"Patient/caregiver education and instruction: Diagnosis, prognosis Compensatory techniques. Diet modifications, aspiration risk and prevention."</p> <p>The Nursing Assessment- Review of the Comprehensive Nursing Assessment Dated 1/26/2022 revealed the following was written Under "Gastro-intestinal, Special Diet: Foods are pureed, Liquids thickened. Boost supplement BID (twice a day)". The assessment was signed by the nurse on 1/26/2022. The signature section for the Medical Director was blank.</p> <p>The Quarterly Nursing Assessment dated 10/18/2021 under Nutrition was written "Pureed diet with honey thickened liquids. Appetite very good, eats and drinks well with support."</p>	W 463			

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W 463	<p>Continued From page 10</p> <p>The Quarterly Nursing Assessment dated 4/14/2021 under Nutrition was written "Presently on Pureed diet with honey thick liquids. Appetite very good, eats and drinks well with assistance." Under Additional Comments, the following excerpt was written: He was most recently discharged from (name redacted) medical center after a 12 day admission for possible aspiration pneumonia.During his hospitalization, a N/G (nasogastric) tube was placed, and he was NPO (nothing by mouth) for 5 days, the Swallow test was repeated. The second test showed much improved Dysphagia and he was placed back on pureed diet, but liquids changed from Nectar to Honey consistency. Since discharge, he is eating and drinking well..." Under the orders, the diet was written as Edentulous, Pureed with Honey Thickened consistency liquids, NAS (No Added Salt), Boost BID."</p> <p>The Nutritional Assessment- Review of the Nutritional Assessment dated 10/19/2021 completed by the Registered Dietitian revealed documentation of the Diet "Puree with honey thick-liquids." The assessment also listed under diagnosis: CHF (Congestive Heart Failure), Moderate mental retardation, Seizure disorder, Schizo-affective Disorder, HTN (Hypertension), Hypothyroidism, Acid reflux, small hiatal hernia, and osteoporosis. "History of weight fluctuations/loss, needed for mechanically altered diet. Intervention: Continue with thickened Boost supplement BID (twice a day) Continue puree diet with honey thickened liquids and staff feeding as needed.</p> <p>Monitoring: Will monitor weight and follow</p>	W 463			

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W 463	<p>Continued From page 11 quarterly or sooner if needed."</p> <p>The Physicians Orders stated Edentulous, Mechanical Soft (chopped).</p> <p>Observations revealed the facility staff cutting up food by hand as would be expected with a Mechanical Soft Diet.</p> <p>Interviews were conducted with the facility staff who stated Individual # 3 was on a Pureed Diet but the meals prepared were served as a Mechanical Soft texture as evidenced by being cut into small pieces by hand by the facility staff.</p> <p>Review of the Facility Policy on Special Diets, Effective 4/1/2006, Reapproved 7/1/2021 revealed the following: Policy.."all specialized diets must be prescribed by a physician and monitored by the dietician and nurse" Procedures included: Nurse: 1. Survey and evaluate each individual's progress and/or maintenance relative to nutritional needs and diets. 2. Document all findings and observations on Nursing Care Plan and in daily progress notes. 3. Provide updates and information to dietician as needed. 4. Provide updates to Interdisciplinary Team and Physician.</p> <p>Dietician: 1. Survey and evaluate each resident's progress and/or maintenance relative to nutritional needs and diets. 2. Document all findings and observations on consultation form and communicate needs and concerns to nursing personnel and prescribing</p>			W 463			

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G049	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/14/2022
NAME OF PROVIDER OR SUPPLIER PINE FOREST ICF/IID			STREET ADDRESS, CITY, STATE, ZIP CODE 2519 PINE FOREST DRIVE CHESTERFIELD, VA 23834		
(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	
W 463	<p>Continued From page 12</p> <p>physician.</p> <p>3. Review all modified diets and make recommendations as necessary.</p> <p>4. Review all concerns of food service and make recommendations as necessary.</p> <p>5. Review all menus quarterly and make recommendations as necessary. "</p> <p>Review of the Facility Policy on Physicians Orders/Medication Reviews Effective 4/1/2013, Reapproved 7/22/2022 (sic) revealed the following: Policy.." Physician's Orders must be kept on all medications and equipment prescribed to residents. ...</p> <p>Procedure: Included the excerpt: QIDP (Qualified Intellectual Disabilities Professional Counselor/ RN (Registered Nurse)/LPN (licensed Practical Nurse)-"Nursing staff will document all physician's orders."</p> <p>In Summary, the Nutritional Assessment, Speech Therapy Assessment and Nursing Assessments all stated Individual # 3 should have a Pureed Diet. There was no evidence of recent assessments to include a plan to change the Diet from Pureed to Mechanical Soft.</p> <p>During the end of day debriefing on 4/14/2022, the Program Manager, Nurse and Clinical Director were informed of the findings that the facility staff failed to ensure an accurate clinical record, failed to ensure accurate Physicians Orders for diet texture. The Individual # 3's Personal Treatment plan stated Pureed Diet while the physicians orders were for Edentulous Mechanical Soft (chopped) diet.</p> <p>No further information was provided.</p>	W 463			

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W 474	<p>MEAL SERVICES CFR(s): 483.480(b)(2)(iii)</p> <p>Food must be served in a form consistent with the developmental level of the client.</p> <p>This STANDARD is not met as evidenced by: Based on observation, staff interview, facility documentation review and clinical record review, the residential staff failed to ensure that modified food was served as per the assessment to one Individual (Individual # 3) of three Individuals in the survey sample.</p> <p>The findings include:</p> <p>The facility staff failed to provide food consistent with Individual # 3's Nutritional Assessments. There was a conflict in the Physicians Orders, Nutritional Assessment and Individual # 3's Personal Treatment plan (person centered plan).</p> <p>During the initial tour on 4/12/2022, the surveyor asked how if there were any individuals on a Pureed Diet and how many were on altered diets." The Program Manager stated one and named Individual # 3 as having a Pureed Diet.</p> <p>The Day Support Worker (Employee B) was observed preparing the dinner meal. Regular Food was prepared and placed on a plate for Individual # 3. The meat and vegetables were cut by hand by Employee B into very small pieces. A blender or a food processor was not utilized to alter the texture of the food for Individual # 3.</p> <p>Review of Individual # 3's clinical record was conducted on 4/13/2022 and 4/14/2022.</p> <p>Review of the Physician Order Sheet signed on</p>	W 474	<p>Facility staff will provide food to individual #3 in a pureed consistency with nectar thickened liquids as ordered. In the future, the program supervisor and facility nurse will ensure that all individuals' meal cards reflect the accurate diet ordered by SLP, dietitian, and medical director at least monthly. All facility staff will participate in a dietary training that focuses primarily on preparing food in the proper consistencies. The facility will ensure proper equipment is available to provide pureed food at all times. The program supervisor will monitor food served to individuals to ensure the proper consistency.</p>	5/27/2022	

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W 474	<p>Continued From page 14</p> <p>3/2/2022 revealed documentation of the order under "Diet Orders: Edentulous Mechanical Soft (chopped), Boost Drink (2nd if desired).</p> <p>Review of the Comprehensive Nursing Assessment Dated 1/26/2022 revealed the following was written Under "Gastro-intestinal, Special Diet: Foods are pureed, Liquids thickened. Boost supplement BID (twice a day)". The assessment was signed by the nurse on 1/26/2022. The signature section for the Medical Director was blank.</p> <p>The Quarterly Nursing Assessment dated 10/18/2021 under Nutrition was written "Pureed diet with honey thickened liquids. Appetite very good, eats and drinks well with support."</p> <p>The Quarterly Nursing Assessment dated 4/14/2021 under Nutrition was written "Presently on Pureed diet with honey thick liquids. Appetite very good, eats and drinks well with assistance." Under Additional Comments, the following excerpt was written: He was most recently discharged from (name redacted) medical center after a 12 day admission for possible aspiration pneumonia.During his hospitalization, a N/G (nasogastric) tube was placed, and he was NPO (nothing by mouth) for 5 days, the Swallow test was repeated. The second test showed much improved Dysphagia and he was placed back on pureed diet, but liquids changed from Nectar to Honey consistency. Since discharge, he is eating and drinking well..." Under the orders, the diet was written as Edentulous, Pureed with Honey Thickened consistency liquids, NAS (No Added Salt), Boost BID."</p>	W 474			

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W 474	<p>Continued From page 15</p> <p>Review of the Individual Treatment Plan for Individual # 3, Revision date 2/20/2022, Page 1 of 5 revealed the following excerpts</p> <p>Objective: "I am at risk for choking and aspiration, I will follow my mealtime protocol daily while consuming my meals or beverages."</p> <p>Under intervention was written:</p> <p>"I am on a pureed diet,with honey thickened liquids. I am edentulous and diagnosed with acid reflux."</p> <p>The surveyor requested a copy of latest nutritional assessment. The Copy of the assessment was presented and reviewed.</p> <p>Review of the Nutritional Assessment dated 10/19/2021 completed by the Registered Dietitian revealed documentation of the Diet "Puree with honey thick-liquids." The assessment also listed under diagnosis: CHF (Congestive Heart Failure), Moderate mental retardation, Seizure disorder, Schizo-affective Disorder, HTN (Hypertension), Hypothyroidism, Acid reflux, small hiatal hernia, and osteoporosis. "History of weight fluctuations/loss, needed for mechanically altered diet. Intervention: Continue with thickened Boost supplement BID (twice a day) Continue puree diet with honey thickened liquids and staff feeding as needed.</p> <p>Monitoring: Will monitor weight and follow quarterly or sooner if needed."</p> <p>Review of the Speech Pathology Consult dated 4/15/21 while Individual # 3 was hospitalized revealed the following recommendations "</p> <p>Recommend puree diet wand NECTAR thick liquids. Medications crushed. Make sure to thicken all nutritional drink supplements.</p>	W 474			

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W 474	<p>Continued From page 16</p> <p>Compensatory swallow strategies of : slow rate, small bites and sips, multiple swallows. Use of straw ok. 1:1 supervision w/all meals and patient needs to be fed. Remain upright at least 1 hour after meals.</p> <p>If increased onset of vocal wetness with nectar think liquids remains consistent, thicken liquid to honey."</p> <p>Also was written "Patient appears to be tolerating his least restrictive diet at this time and is at his baseline to manage and reduce aspiration. No further ST (Speech Therapy) is to follow. Evaluation only."</p> <p>On 4/13/2022 at 10:20 a.m., an interview was conducted with the residential Program Manager (Admin-A) who stated there was a Dietitian who attended meetings with the staff and discussed how to modify the texture of foods.</p> <p>The meals served during lunch and dinner on all 3 days of the survey at the Residential home was observed to be regular food cut by hand (by the Day Support Workers) into very small pieces. Individual # 3 did not show any signs of swallowing difficulty while eating.</p> <p>The Program Manager prepared the lunch meal for the Individuals on 4/14/2022. The Program Manager was observed cutting the food by hand into small pieces for Individual # 3 who fed himself with his adaptive equipment.</p> <p>During the lunch meal on 4/14/2022, observed that the DSW (Employee B) added milk to the top of the cake and chopped it into small pieces. The DSW (Employee B) assisted Individual # 1 with eating the cake. The DSW (employee B) stated it was done to make swallowing easier.</p>	W 474			

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W 474	<p>Continued From page 17</p> <p>On 4/14/2022 at 2:00 p.m., the two Day Support Workers were asked about the type of diet for Individual # 3's meals. One (Employee C) stated Individual # 3 was on a Pureed Diet. The other (Employee D) stated Individual # 3 was on a Regular Diet but soft. She then stated it was Pureed.</p> <p>The Program Manager stated he knew that Individual # 3 was supposed to be on a Pureed Diet. The Nurse stated she used the terms Pureed and Mechanical Soft interchangeably but knew they were different. The Program Manager stated Pureed and Mechanical Soft Diets were different.</p> <p>During the end of day debriefing on 4/14/2022, the Program Manager, Clinical Director and Nurse were informed of the findings that the food served during the survey was described as Pureed by the staff but observed to be served as Mechanically Soft, and cut by hand by the residential staff. This was consistent with the valid signed Physicians Orders of Edentulous Mechanical Soft.</p> <p>There were no observations of a blender or food processor being utilized to prepare foods for Individual # 3 as would be required for a Pureed Diet. The staff stated they cut the foods by hand into small pieces for Individual # 3. Therefore, the meals were served as Mechanically Soft as ordered by the Physician. The staff reported there had been no noted episodes of choking, difficulty swallowing or aspiration.</p>	W 474			

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W 474	Continued From page 18 On 4/14/2022, during the exit conference, the Program Manager, Nurse and Clinical Director were informed of the findings. No further information was provided.	W 474			