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	315221	A. BUILDING _____ B. WING _____	C 02/20/2018

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HAMILTON PLAZA NURSING & REHABILITATION CENTER	56 HAMILTON AVENUE PASSAIC, NJ 07055

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F 000	INITIAL COMMENTS Complaint: # NJ 106919 Census: 96 Sample Size: 5 Based on observation, interviews, and record review, as well as review of pertinent facility documents on 2/20/18, it was determined that the facility failed to protect the safety of the residents by ensuring that the correct diet consistency was provided for 1 of 5 sampled residents (Resident #1), who was at risk for aspiration and on nectar thickened liquids (NTL), who was served thin liquid soup instead of pureed soup. This deficient practice created an Immediate Jeopardy (IJ) to the health and well being of Resident #1 and the potential to affect all residents who were on a Dysphagia Puree Diet with Thickened Liquids. The IJ was identified on 2/20/18 at 4:16 p.m., when Resident #1 was served with a thin liquid consistency soup instead of pureed soup. The IJ was lifted the same day on 2/20/18 at 6:00 p.m., when the facility in-serviced the staff that included but was not limited to: checking tray accuracy, serving accurate diet according to the physician's order, and accurate use of the thickening powder according to the packet's directions.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and	F 656		3/28/18

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

Electronically Signed | 03/29/2018

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 656	Continued From page 1 §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Complaint: # NJ 106919	F 656	How the corrective action will be accomplished for those residents found to	

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F 656	Continued From page 2 Based on interviews and review of medical records, and other facility documentation, it was determined that the facility failed to follow its policy on Person-Centered Care Plan's or include Speech Therapy (ST) goals and compensatory strategies within a care plan for 1 of 5 sampled residents (Resident #1) with Dysphagia that was at risk for aspiration. This deficient practice was evidenced by: 1. According to the "Admission Record" Resident #1 was admitted to the facility on 2/9/18, with diagnosis that included but were not limited to: Dysphagia, Dementia, Essential (Primary) Hypertension, Type 2 Diabetes Mellitus, and Muscle Weakness. A review of the "Physician Admission Orders" (PAO) 2/9/18, revealed an order for "Dysphagia Puree, Nectar Like Liquids" under Diet/Supplements. Further review of the PAO showed an order for OT and Speech Consultant Services. According to the ST Initial Evaluation dated 2/12/18, Resident #1 had "severe oropharyngeal phase dysphagia as characterized by prolonged mastication/bolus formation extended bolus hold, reduced AP [anterior/posterior] transport, lingual residue, reduced hyolaryngeal elevation, pharyngeal swallow trigger suspected to be delayed which results in s/s [signs and symptoms] of aspiration and during po [by mouth] intake." ST had the following goal for Resident #1: Resident #1 will utilize	F 656	have been affected by the deficient practice: 1. Care plan and POC kardex of Resident #1 was updated by a Licensed Nurse on 3/20/18 to include strategies recommended by the speech therapist regarding aspiration precautions for dysphagia. How the facility will identify other residents having potential to be affected by the deficient practice: 1. Residents with Dysphagia have the potential to be affected. 2. Management nurses will complete and audit to identify residents with a diagnosis of dysphagia. Care plans and POC kardex will be updated to include speech therapy recommendations and precautions as appropriate for residents identified with dysphagia. What measures will be put into place on systemic changes made, to ensure that deficient practice will not recur: 1. Center Nurse Executive or designee will complete re-education with the Licensed Nurses regarding maintaining an up to date care plan and POC kardex specific to aspiration precautions and managing a resident with dysphagia started on 3/20/2018. 2. Speech therapy recommendations	

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F 656	Continued From page 3 compensatory strategies (i.e. seated upright during and 30 minutes after meal, effortful swallowing, small bites, and small sips) with minimal verbal cues to reduce risk of aspiration. Further review of the evaluation showed, but were not limited to, the following strategies utilized: seated upright, hard swallowing, small bites, small sips, and liquid wash. According to the OT Initial Evaluation dated 2/12/18, Resident #1 required maximal assistance with feeding requiring 1:1 staff physical assistance to eat. According to Resident #1's Care Plan (CP) initiated on 2/13/18, Resident #1 required Dysphagia (dys) pureed diet with nectar like liquids as ordered and meal monitoring. Further review of the CP revealed Resident #1 required extensive/total assistance for Activities of Daily Living (ADL's) which included but were not limited to eating. Further review of the CP revealed no CP's for aspiration risk or Dysphagia in place, as stated in the ST evaluation. As well as no CP incorporating the ST evaluation findings, goals, and compensatory strategies as stated above. According to the "Visual/Bedside Kardex Report" Resident #1 required Dysphagia (dys) pureed diet with nectar like liquids as ordered and meal monitoring. Further review of the Visual/Bedside Kardex Report revealed no interventions related to aspiration or Dysphagia in place and none of the ST compensatory strategies stated above as interventions. In an interview on 2/20/18 at 3:08 p.m. the Speech Therapist reported that ST department does not do their own care plan for residents or	F 656	regarding precautions and dysphagia will be given to Unit Manager and Center Nurse Executive using Therapy communication form. Unit Managers will update/validate care plan and POC kardex has been updated appropriately. How the facility will monitor it's corrective actions to ensure that the deficient practice is being corrected and will not recur I.E. what program will be put into place to monitor the continued effectiveness of the systemic changes: 1. Center Nurse Executive will audit those residents with dysphagia weekly x 4 weeks to validate care and POC kardex include appropriate speech recommendations along with appropriate care planning for dysphagia. 2. Weekly audits will be reviewed in the QAPI held monthly by the Center Executive Director and acted on if indicated.	

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update resident care plans with problems, goals and interventions. The Speech Therapist stated that nursing made the care plans for the resident not therapy.

In a post survey e-mail on 2/28/18 at 3:18 p.m. the DON stated that "meal monitoring is when the nurse checks the meal tray of a specific resident, against the meal ticket ensuring that the meal served is consistent with the meal ordered."

According to the facility policy titled, "Person-Centered Care Plan" (PCCP) effective 11/28/16, "The center must develop and implement a baseline person-centered care plan within 48 hours for each patient that includes the instructions needed to provide effective and person centered care that meet professional standards of quality care." The PCCP also includes that "A comprehensive, individualized care plan will be developed within 7 days after completion of the comprehensive assessment for each patient that includes measurable objectives and timetables to meet a patients medical, nursing, nutrition, and mental and psychosocial needs that are identified in the comprehensive assessments. The care plan will be prepared by the interdisciplinary team that includes: -the attending physician, - a registered nurse with responsibility for the patient, - a nurse aide with responsibility for the patient, - food and nutrition services staff, - to the extent practicable, the participation of the patient and the residents representative(s)..., - other appropriate staff in disciplines determined by the patient's needs..."

NJAC 8:39-11.2 (e)(1)

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F 808	Continued From page 5	F 808		
F 808 SS=J	Therapeutic Diet Prescribed by Physician CFR(s): 483.60(e)(1)(2) §483.60(e) Therapeutic Diets §483.60(e)(1) Therapeutic diets must be prescribed by the attending physician. §483.60(e)(2) The attending physician may delegate to a registered or licensed dietitian the task of prescribing a resident's diet, including a therapeutic diet, to the extent allowed by State law. This REQUIREMENT is not met as evidenced by: Complaint # NJ 106919 Based on observation, interviews, and record review, as well as review of pertinent facility documents on 2/20/18, it was determined that the facility failed to protect the safety of the residents by ensuring that the correct diet consistency was provided for 1 of 5 sampled residents (Resident #1), who was at risk for aspiration and on nectar thickened liquids (NTL), who was served thin liquid soup instead of pureed soup. This deficient practice created an Immediate Jeopardy (IJ) to the health and well being of Resident #1 and the potential to affect all residents who were on a Dysphagia Puree Diet with Thickened Liquids. The IJ was identified on 2/20/18 at 4:16 p.m., when Resident #1 was served with a thin liquid consistency soup instead of pureed soup. The IJ was lifted the same day on 2/20/18 at 6:00 p.m., when the facility in-serviced the staff that included but was not limited to: checking tray accuracy, serving accurate diet according to the physician's order, and accurate use of the thickening powder according to the packet's directions.	F 808	How the corrective action will be accomplished for those residents found to have been affected by the deficient practice: 1) Chart review (done 2/20/2018) of resident #1 who was offered the wrong soup consistency was completed. Dysphagia puree diet with nectar thick liquid was ordered by the attending physician on 02/09/2018.(He/She) was seen and examined by the MD (Medical Director)on 02/21/2018 and he noted on the progress note that no SOB (shortness of breath)or sign of aspiration was noted on exam. 2) In-service was initiated on 02/20/2018 by the Food Service Director and Dietician with the dietary Dept. on portion size and amount of thickening agent to achieve Nectar Consistency and tray accuracy. 3) In-service was initiated on 02/20/2018 by the DON and ADON with the Nursing Dept. on Dysphagia Diet and Thickening protocol and portion size using the different liquid vessel/container used to	2/28/18

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F 808	Continued From page 6 1. According to the "Admission Record" Resident #1 was admitted to the facility on 2/9/18, with diagnosis that included but were not limited to: Dysphagia, and Dementia In Other Disease Classified Elsewhere Without Behavioral Disturbance. The Minimum Data Set (MDS), an assessment tool dated 2/16/18, showed that the Resident had a Brief Interview for Mental Status (BIMS) score of 04/15, which indicated that the Resident was severely cognitively impaired. The MDS also indicated that the Resident required total assistance from staff with Activities of Daily Living (ADLs). According to Resident #1's Care Plan (CP) dated 2/13/18, showed that Resident #1 was at nutritional/hydration risk related to poor intake. The CP showed interventions which included but were not limited to: Provide Dysphagia (dys) pureed diet with nectar like liquids as ordered and meal monitoring. A review of the "Physician Admission Orders" (PAO) 2/9/18, revealed an order for "Dysphagia Puree, Nectar Like Liquids" under Diet/Supplements. Further review of the PAO showed an order for Occupational Therapy (OT) and Speech Consultant Services. According to the Speech Therapy (ST) Initial Evaluation dated 2/12/18, revealed under "Clinical Impression: Patient presents with severe oropharyngeal phase dysphagia..." Further review of the ST evaluation showed under "Recommended Diet Level: Pureed foods, Nectar-thick liquid."	F 808	offer fluids to the residents in the facility. 4) The three dietary staff working on the tray line at lunchtime were given 1:1 In-service on 02/20/2018 on ensuring tray accuracy for residents on Dysphagia puree diet and thickening protocol focusing on Nectar Consistency Diet. 5) The Nurse who mixed the thickening agent on the soup given to resident #1 at lunchtime on 2/20/2018 was counseled and 1:1 in-service conducted on Dysphagia Puree Diet and Thickening Protocol focusing on Nectar Consistency Diet. How the facility will identify other residents having the potential to be affected by the same practice: 1) All residents on Dysphagia puree diet and thickened liquids have the potential to be affected by the deficient practice. 2) A list of residents on Dysphagia puree diet and thickened liquid will be maintained and updated by nursing and the Dietician or designee. This will be used as a tool to check accuracy of diet on tray at the tray line by the Food Service Director or designee and during meal pass on the unit by the Unit manager or Designee at meal time and during food related activities by the Director of Recreation or Designee. 3) A copy of the list will be posted behind the tray truck door to be used by nursing staff during meal pass. What measures will be put into place or systemic changes made to ensure that	

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F 808	Continued From page 7 During the meal observation on 2/20/18 at 12:11 p.m., the surveyor observed Certified Nurse Assistant (CNA #1), place the tray on Resident #1's overbed table and prepared to give the Resident the tray. Upon observation of Resident #1's meal tray with the meal ticket which indicated that the Diet Order (DO) was for "Dysphagia Puree, Nectar Like" liquids and that the Resident should have received "Puree Soup of the Day - 3/4 cup [6 ounces]." The surveyor also observed one round yellow sticker and one round green sticker on the meal ticket. However, the soup on the tray was observed at thin liquid consistency, not puree. The surveyor asked CNA #1 what type of liquid consistency does the Resident has in his/her soup. The CNA stated "Not sure, I don't know." The surveyor requested that the Unit Manager (UM), who was a Registered Nurse (RN), come into the Resident's room, and the UM confirmed to the surveyor that the soup on Resident 1's tray was thin liquid soup. The UM proceeded to step out of the room and returned with a packet of "Hormel & EASY Instant Food & Beverage Thickener Nectar Consistency," and placed it on Resident 1's tray and went on to state "I will feed the Resident." In an interview on 2/20/18 at 12:24 p.m. the Director of Nursing (DON) stated that all thickened liquids come up from the kitchen pre thickened including the soups. When asked by the surveyor what Dysphagia Advanced and Dysphagia Puree Diet meant the DON stated she did not know and would have to ask the dietitian. The DON also stated that the CNA staff on the units passed the meal trays, this included checking the meal trays for accuracy and thickening items on the trays as needed.	F 808	the deficient practice will not recur: 1) The Facility will re-educate all staff on Dysphagia Puree Diet and Thickened liquid protocol, tray accuracy, and how to measure liquids offered to the residents using different containers. 2) All the Dietary staff will be in-serviced by the Food Service Director or Designee on tray accuracy and meal pass policy and procedures focusing on Diet order while on tray line to prevent errors. 3) The Unit manager or Designee will supervise meal pass on the unit the unit at all times and use the list of residents on thickener and Dysphagia puree to check for accuracy of the tray including liquid consistency. 4) In- service on Dysphagia Diet and Thickening Protocol will be done quarterly by the Staff Educator or Designee. 5) In-service of Tray line protocol and Dysphagia Puree Diet and Thickened liquids will be done by the Food Service Director or Designee quarterly. How the facility will monitor it's corrective actions to ensure that the deficient practice is being corrected and will not recur. I.E. What program will be put into place to monitor the continued effectiveness of the systemic change: 1) The DON or Designee will monitor meals and focus on trays of residents using thickened liquid and on Dysphagia Puree Diet to determine tray accuracy. This will be done 3 meals a day for 1 week then twice a day for 2 weeks then	

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F 808	Continued From page 8 In an interview with the Food Service Director (FSD) on 2/20/18 at 12:40 p.m., the FSD stated the resident's meal ticket was checked and compared with the resident's meal on a tray line either by the FSD and/or designee before the tray leaves the kitchen. The FSD explained that the green dot on the resident's ticket meant that the resident must have thickened liquids and the yellow dot meant residents on a puree diet. In an interview on 2/20/18 at 1:49 p.m. CNA #1 reported that the facility had trained him/her on the difference between the types of thickened liquids, the meaning of the green dots (thickened liquids) and yellow dots (puree diet) on the meal tickets, and on the proper procedure for thickening. CNA #1 reported that the kitchen sends up all liquids, including hot beverages and soups already thickened. However, when the kitchen messed up and did not send items thickened then the CNA has to do it on the unit. CNA #1 also stated that the difference between nectar thick liquid and honey thick liquid consistency was that honey thick liquid has a yellowish color to it where nectar thick did not. During a follow-up interview with the FSD on 2/20/18 at 1:51 p.m., the FSD stated that residents on pureed diets must have pureed soup and the kitchen staff puree the soup. The FSD further explained that the pureed soup that comes up on the resident's tray has a thickened, creamy, tomato paste like consistency. The FSD revealed that the staff on the floor should know what a pureed soup looked like and stated "Tomato paste like." The FSD went on to state that Resident #1 must receive pureed soup and the staff should not thicken it on the floor because	F 808	monthly there after. 2) The Nursing staff will be interviewed by the DON or designee regarding the thickened liquid protocol and how much liquid of each container the facility uses for liquids/fluids. This will be done daily q shift for 1 week then monthly there after. 3) The Food Service Director or designee will monitor tray accuracy of residents on Dysphagia Puree and thickened liquids daily all meals x2 weeks, twice a day x1 week then bi-weekly there after. 4) The result of these Audits will be reviewed @ the monthly QAPI meeting x12 months	

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the soup comes up from the kitchen already thickened.

According to the instructions on the Hormel Thick & Easy Nectar Consistency thickener, "Add 1 packet (4.5 [grams]) THICK & EASY Instant Food & Beverage Thickener to 4 fl oz [fluid ounces] of liquid and stir for 15 seconds..."

On 2/20/18 at 2:00 p.m. the surveyor requested CNA #1 to return demonstrate the proper procedure for thickening liquid to nectar thick consistency. The surveyor observed CNA #1, who presented a full cup of water as being a 4 oz cup and containing 4oz of water, add one packet of Hormel Thick & Easy Nectar Consistency thickener. CNA #1 then stirred the mixture stating that it must be mixed for about 2 minutes to reach the correct consistency.

In an interview on 2/20/18 at 2:02 p.m. LPN #1 provided the package for the cup used by CNA #1 during the above mentioned return demonstration and reported that the cup was actually a 7 oz cup, not a 4 oz cup. The surveyor observed the packaging that advertised the cups as 7 oz cups as well. This revealed that CNA #1 did not follow the correct procedure for thickening as per the packet instructions.

In an interview on 2/20/18 at 2:14 p.m. CNA #2 reported that the facility had trained him/her on the difference between the types of thickened liquids, the meaning of the green dots (thickened liquids) and yellow dots (puree diet) on the meal tickets, and on the proper procedure for thickening. CNA #2 also stated that the difference between regular thin liquid is that nectar thick liquid was thicker than the water and honey thick

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liquid consistency was not thicker than the nectar thick but sweeter like honey.

Reference: According to the University of Pittsburgh Schools of the Health Sciences web site: Nectar-thick liquids are easily pourable and are comparable to apricot nectar or thicker cream soups, and Honey-thick liquids are slightly thicker, are less pourable, and drizzle from a cup or bowl.

On 2/20/18 at 2:20 p.m. the surveyor requested CNA #2 to return demonstrate the proper procedure for thickening liquid to nectar thick consistency. The surveyor observed CNA #2 fill the 7 oz cup with water, add one packet of Hormel Thick & Easy Nectar Consistency thickener, and stirred the mixture stating that it must sit for 1-2 minutes after mixing to reach the correct consistency. The surveyor asked how much liquid the cup contained and CNA #2 stated he/she did not know. CNA #2 not follow the correct procedure for thickening as per the packet instructions noted above.

In an interview with the UM on 2/20/18 at 2:28 p.m., the surveyor asked the UM what did he/she observed on Resident #1's lunch tray today. The UM stated that he/she observed that Resident #1 soup was not thickened and stated "It was more of thin liquid soup. I actually told the nurse to give me a thickened powder...Resident #1's tray did not come with pureed soup, it's like broth like that's why I added a thickener. You saw how it looks like."

Further interview with the UM on 2/20/18 at 2:29 p.m., the UM indicated that not every resident on an thickened liquids comes with thickened powder on their tray, the reason why they keep

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thickened powders on the floor/unit. The UM revealed that 1 bowl of soup is equivalent to 4 oz (ounces) and went on to state "I don't pour the whole 1 packet of thickener in Resident #1's soup because the Resident won't eat it, maybe the consistency is too thick for her. I only used half of the thickened powder today. All our drinking cups for medication pass is equivalent to 4 oz." The surveyor asked if the the UM was aware of the pureed soup. The UM stated "Yes, but the kitchen don't send it all the time, that's why we thickened them like today, you saw it (referring to the surveyor)." The UM also specified that she was trained on how to thicken liquids by another RN, FSD and the dietician. The UM also indicated that he/she was aware of different types of liquid consistencies.

During the subsequent interview with the UM and the FSD on 2/2/0/18 at 2:40 p.m., the surveyor requested the UM to point at the soup (1 pureed soup and 1 thin liquid/broth like) that he/she saw on the Resident #1's tray during lunch time. The UM pointed at the thin liquid/broth like soup and stated "They saw it (referring to the surveyor), that's why I thickened it, it's a mistake, they saw it (referring to the surveyor)." The FSD stated "I was not on the tray line today, staff on the tray line should know, it's probably a miss."

In an interview with the Speech Therapist (ST) on 2/20/18 at 2:51 p.m., the ST stated that they had to keep Resident #1 on puree nectar like because the Resident was a "high risk for aspiration."

According to the facility policy titled "Meal Service in Patient's Room" with a revision date of 01/02/14, included but was not limited to, staff are responsible to "Check items on tray against diet

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card to ensure correct meal is served."

According to the facility policy titled "9.10 Dysphagia Diet - Liquids" with a revision date of 06/15/16, included but was not limited to, under "Process: #3... Each facility establishes a written thickening protocol for thickening liquids. The protocol includes specific directions as well as a training plan for staff members." An Addendum to #3 revealed "...Nursing thickens the hot beverages and soup on the unit once the tray is served. (all pureed soup comes up thickened)." In another "Addendum to Policy 9.10" listed "Directions for liquids thickened at point of service: Nectar like consistency: Add 1 packet (4.5g) of nectar consistency Thick & Easy thickener per 4 oz of thin liquid and stir for 15 seconds. Allow 1-4 minutes for liquid to reach optimal thickness."

The facility's failure to ensure the correct consistency diet was provided according to physician's orders resulted in an Immediate Jeopardy (IJ) to the resident's health and well being and had the potential to affect Resident #1, and other 14 unsampled residents who were also receiving Dysphagia pureed and/or thickened liquid diets.

The IJ was identified on 2/20/18 at 4:16 p.m., when the Administration was alerted. The IJ was lifted the same day on 2/20/18 at 6:00 p.m., when the facility in-serviced the staff that included but was not limited to: checking tray accuracy, serving accurate diet according to physician's order, and accurate use of the thickening powder according to the packet's directions. An acceptable plan of correction was received on 2/22/2018 at 10:55 a.m., as follows:

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"1. HOW CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN EFFECTED BY THE DEFICIENT PRACTICE:
1) Chart review (done 2/20/2018) of Resident #1 who was offered the wrong soup consistency was completed. Dysphagia puree Diet with nectar thick liquid was ordered by the physician on admission date 02/09/2018. (He/She) was assessed for any adverse effects related to the incident and no adverse effects was noted. (He/She) was seen and examined by the MD (Medical Doctor) on 02/21/2018 and he noted on the progress note that no SOB [shortness of breath] of sign of aspiration was noted on exam
2) In-service was initiated on 02/20/2018 by Food Service Director and Dietician with the Dietary Department on portion size and amount of thickening agent to archive Nectar consistency and tray accuracy.
3)In-service was initiated on 02/20/18 by the DON and ADON (Assistant Director of Nursing) with the Nursing staff about Dysphagia Diet and Thickening Protocol and portion size using the different liquid vessel/container used to offer fluids to the resident in the facility.
4) The three dietary staff working on the tray line at lunchtime were given 1:1 in service on 2/20/2018 on Ensuring tray accuracy for residents on Dysphagia Puree Diet with Nectar Consistency Liquid.
5) The Nurse who mixed the thickening agent of the soup given to Resident #1 at lunchtime on 02/20/2018 was counseled and was 1:1 in service conducted on Dysphagia Puree Diet and Thickening Protocol focusing on Nectar Consistency Diet.

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2. HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME PRACTICE:
1) All residents on Dysphagia puree diet and thickened liquids have the potential to be affected by the deficient practice.
2) A list of residents on Dysphagia Puree Diet and thickened liquid will be maintained and updated by Nursing and the Dietician or designee. This will be used as a tool to check accuracy of diet on tray at the tray line by the Food Service Director or Designee and during meal pass on the unit by the Unit Manager or Designee at meal time and during Food related activities by the Director of Recreation or Designee.
3) A copy of the list will be posted behind the tray truck door to be used by the nursing staff during the meal pass.

3. WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WITH NOT RECUR:
1) The facility will re-educate all staff on Dysphagia Puree Diet and Thickened liquid protocol, tray accuracy and how to measure liquids offered to the residents using different containers.
2) All the Dietary staff will be in serviced by the Food Service Director of Designee on tray accuracy and meal pass policy and procedures focusing on Diet order while on the line to prevent errors.
3) The Unit Manager or Designee will supervise meal pass on the unit at all times and use the list of residents on thickener and Dysphagia puree to check for accuracy of the tray of residents, including liquid consistency.
4) In service on Dysphagia Diet and Thickening

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Protocol will be done quarterly by the Staff Educator or Designee.
5) In service of Tray line protocol and Dysphagia Puree Diets and Thickened Liquids will be done by the Food Service Director or Designee quarterly.

4. HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE IS BEING CORRECTED AND WILL NOT RECUR, I.E. WHAT PROGRAM WILL BE PUT INTO PLACE TO MONITOR THE CONTINUED EFFECTIVENESS OF THE SYSTEMIC CHANGE:
1) The DON or Designee will monitor meals and focus on trays of residents using thickened liquid and on Dysphagia Puree Diet to determine tray accurateness. This will be done 3 meals a day for 1 week then twice a day for 2 weeks then monthly there after.
2) Nursing staff will be interviewed by the DON or Designee regarding the thickened liquid protocol and how much liquid each container the facility uses for fluids/fluids. This will be done daily every shift for 1 week then monthly there after.
3) The Food Service Director or Designee will monitor tray accuracy for residents on Dysphagia Puree and Thickened Liquids daily all meals for 2 weeks, twice a day for 1 week then bi-weekly there after
4) The results of these Audits will be reviewed @ (at) the monthly QAPI (Quality Assurance Performance Improvement) meeting for 12 months.

5. TIME FRAME:
02/28/2018

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