



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
June 27, 2023

Administrator
The Villas At Brookview
7505 Country Club Drive
Golden Valley, MN 55427

RE: CCN: 245186
Cycle Start Date: April 5, 2023

Dear Administrator:

On May 25, 2023, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

June 27, 2023

Administrator
The Villas At Brookview
7505 Country Club Drive
Golden Valley, MN 55427

Re: Reinspection Results
Event ID: WDD612

Dear Administrator:

On May 25, 2023 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on April 5, 2023. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in blue ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
April 7, 2023

Administrator
Brookview A Villa Center
7505 Country Club Drive
Golden Valley, MN 55427

RE: CCN: 245186
Cycle Start Date: April 5, 2023

Dear Administrator:

On April 5, 2023, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within **ten (10) calendar days** after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting

Brookview A Villa Center

April 7, 2023

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the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by an "F" and/or an "E" tag), i.e., the plan of correction should be directed to:

Annette Winters, Rapid Response Unit Supervisor

Metro 1, Golden Rule Office

Licensing and Certification Program

Health Regulation Division

Minnesota Department of Health

85 East Seventh Place, Suite 220

P.O. Box 64900

Saint Paul, Minnesota 55164-0900

Email: annette.m.winters@state.mn.us

Mobile: (651) 558-7558

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of

the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by July 5, 2023 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by October 5, 2023 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process
Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: https://mdhprovidercontent.web.health.state.mn.us/lrc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

Brookview A Villa Center

April 7, 2023

Page 4

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink that reads "Kamala Fiske-Downing". The signature is written in a cursive, flowing style.

Kamala Fiske-Downing

Minnesota Department of Health

Health Regulation Division

Telephone: (651) 201-4112 Fax: (651) 215-9697

Email: Kamala.Fiske-Downing@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
April 7, 2023

Administrator
Brookview A Villa Center
7505 Country Club Drive
Golden Valley, MN 55427

Re: State Nursing Home Licensing Orders
Event ID: WDD611

Dear Administrator:

The above facility was surveyed on April 5, 2023 through April 5, 2023 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

Annette Winters, Rapid Response Unit Supervisor

Metro 1, Golden Rule Office

Licensing and Certification Program

Health Regulation Division

Minnesota Department of Health

85 East Seventh Place, Suite 220

P.O. Box 64900

Saint Paul, Minnesota 55164-0900

Email: annette.m.winters@state.mn.us

Mobile: (651) 558-7558

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

Please feel free to call me with any questions.

Sincerely,



Kamala Fiske-Downing

Minnesota Department of Health

Health Regulation Division

Telephone: (651) 201-4112 Fax: (651) 215-9697

Email: Kamala.Fiske-Downing@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00112	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/05/2023
NAME OF PROVIDER OR SUPPLIER BROOKVIEW A VILLA CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7505 COUNTRY CLUB DRIVE GOLDEN VALLEY, MN 55427		
(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) COMPLETE DATE
2 000	Initial Comments *****ATTENTION***** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 4/5/23, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found NOT in compliance with the MN State Licensure. Please indicate in your electronic plan of correction you have reviewed these orders and identify the date when they will be completed.	2 000		

Minnesota Department of Health		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		04/17/23

Minnesota Department of Health

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2 000	Continued From page 1 The following complaint was found to be not in compliance: H51869982CC (MN00091385), with a licensing order issued at 4658.0600 Subp.2 0965. AND The following complaints were found to be in compliance: H5186998CC (MN00092449), H51861048C (MN00092226), H51861101C (MN00092464), with no deficiency. The Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction. You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html> The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the	2 000		

Minnesota Department of Health

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2 000	Continued From page 2 heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	2 000		
2 965	MN Rule 4658.0600 Subp. 2 Dietary Service -Nutritional Status Subpart. 2. Nutritional status. The nursing home must ensure that a resident is offered a diet which supplies the caloric and nutrient needs as determined by the comprehensive resident assessment. Substitutes of similar nutritive value must be offered to residents who refuse food served. This MN Requirement is not met as evidenced by: Based on observation, interview, and document review, the facility failed to honor food preferences for 1 of 2 residents (R2) reviewed for food preferences. Findings include: R2's meal ticket observed on 4/5/23 indicated, "Allergies: [Strawberries, Chocolate Coffee (Caffeine)] ...Likes: Low-sodium foods ...Prefers	2 965	corrected	5/2/23

Minnesota Department of Health

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2 965	Continued From page 3 apple juice ...Dislikes: NO coffee, NO Caffeine, NO Chocolate; NO Gravy, NO cheese, NO oatmeal." During observation and interview on 4/5/23 at 9:45 a.m., R2 was eating breakfast in bed. His tray included Cheerios in milk, banana muffin, milk, and orange juice. R2 stated he really likes Cheerios and muffins, but would rather have apple juice versus orange juice. During observation on 4/5/23 at 12:05 p.m., R2's tray was delivered by admissions director (AD). Lunch included salad, apple crisp, milk, and gravy covered chicken and mashed potatoes. AD confirmed R2's chicken and potatoes were covered in gravy. AD confirmed R2's meal card indicated "NO gravy." AD took the tray away. FM-A confirmed the meal ticket indicated R2's selection for lunch was milk, salad, and caramel apple crisp. During observation and interview on 4/5/23 at 12:10 p.m., AD brought in a new tray including chicken and mashed potatoes without gravy. AD stated should have caught the gravy on the first tray and it should not have been delivered. R2's physician order dated 12/29/22, indicated regular diet with regular texture and thin liquid consistency. R2's comprehensive nutrition assessment dated 12/30/22, indicated, "Food preferences: 'plain, bland foods' ...no spice no salt on most to all food ...Nutrition Intervention: Continue Diet as per order; Honor food preferences and offer alternative as able." R2's allergy list in point click care (PCC) last	2 965		

Minnesota Department of Health

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2 965	Continued From page 4 updated 1/21/23, indicated R2 had a chocolate, coffee, and strawberry food allergy with special instructions, "No caffeine per wife." R2's significant change minimum data set (MDS) dated 3/15/23, indicated R2 had moderate cognitive impairment, was independent after set up for eating, did not require a therapeutic diet. R2's MDS indicated it was very important to have choices honored regarding several aspects of care and had diagnoses including progressive leukoencephalopathy (a condition of the brain that may lead to dementia, speech loss and vision loss), localized related symptomatic epilepsy (seizure disorder), adjustment disorder with anxiety and ataxia (impaired coordination or balance). R2's care plan dated 3/30/23, indicated R2 was at risk for weight loss related to inadequate oral intake and instructed staff to provide and serve diet as ordered, allow choices in mealtime, menu selection, dining location, and offer preferred foods when possible. During interview on 4/5/23 at 10:40 a.m., family member (FM)-A stated staff often bring in food that R2 cannot have. FM-A stated they bring something with cheese and items high in salt and R2 cannot have cheese or items high in salt. FM-A further stated all this information was on the meal ticket, but they bring it in anyway. During interview on 4/5/23 at 12:45 p.m., nursing assistant (NA)-A stated the NAs go to each resident with a menu for the upcoming meal and take their order. NA-A stated R2 had a special menu that was kept in the kitchen but would check the meal card when serving the tray to ensure it did not include anything he did not want.	2 965			

Minnesota Department of Health

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2 965	Continued From page 5 During interview on 4/5/23 at 12:49 p.m., licensed practical nurse (LPN)-A stated modified textures or special diets would be a physician order, but preferences should be on the meal ticket. LPN-A stated staff pay attention to residents likes and dislikes and residents should not receive trays with items they are allergic to, dislike or just do not want. LPN-A stated they try to provide R2 with meal items he likes. During interview on 4/5/23 at 12:57 p.m., LPN-B stated there were two checks in the kitchen for each tray and then a third check when the tray was delivered to the resident. Any discrepancies should be identified and not reach the resident. LPN-B stated, R2 did receive gravy on his food today and it should not have happened. During interview on 4/5/23 at 1:11 p.m., culinary services director (CSD) stated the NAs take a menu and meal tickets to each resident and take their order. CSD stated FMA-A provided a menu of meals weekly with preferred adjustments for R2's diet. The special menu was kept in the kitchen; however, they did not have a current menu for R2. CSD stated per R2's lunch meal ticket, R2 should have only received milk, salad, and caramel apple crisp. CSD stated the cook and the server in the kitchen know R2's likes and dislikes but should still look at the ticket to make sure the resident was getting what they want and not getting what they do not want. During interview on 4/5/23 at 1:17 p.m., dietary aide (DA)-A stated the cook provided R2's plate with chicken and mashed potatoes and no gravy. DA-A stated she did not look R2's meal ticket and added the gravy. DA-A stated, "I should have looked at the ticket... I should not have put the	2 965			

Minnesota Department of Health

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2 965	Continued From page 6 gravy on it ...who doesn't like gravy on their potatoes." During interview on 4/5/23 at 2:00 p.m., director of nursing director of nursing (DON) stated expectation preferences would be honored and R2 should not have received gravy. During interview on 4/5/23 at 2:14 p.m., administrator stated R2 had a history of interventions with his menu and the facility recently started an all hands dining program. The program included someone assigned to audit the trays on each floor. Administrator stated AD was one of the assigned auditors on R2's floor and expectation was that AD would have caught the gravy and not deliver to R2. Facility policy Food and Nutrition Services dated October 2017, indicated, "Each resident is provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident." The policy further indicated, "Reasonable efforts will be made to accommodate resident choices and preferences." SUGGESTED METHOD OF CORRECTION: The administrator, registered dietician, or designee could ensure foods given, offered, or consumed by residents reflect the nutritional needs and prevent potential food allergies of residents of the facility. The facility could update or create policies and procedures, and educate staff on specific requirements or interventions related to food allergies. The administrator, registered dietician, or designee could perform audits for a designated amount of time as determined by the Quality Assurance	2 965			

Minnesota Department of Health

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2 965	Continued From page 7 Performance Improvement (QAPI) committee to ensure food items given, offered, or consumed by residents are appropriate. The facility could report those findings to QAPI for further recommendations and determine the need for further monitoring or compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	2 965			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245186	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/05/2023
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F 000	INITIAL COMMENTS On 4/5/23, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaints were reviewed and found to be in compliance: H5186998C (MN92449), H51861048C (MN92226), H51861101C (MN92464). AND The following complaints were reviewed and found to be not in compliance: H51869982C (MN91385) with a deficiency issued at F806 The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000			
F 806 SS=D	Resident Allergies, Preferences, Substitutes CFR(s): 483.60(d)(4)(5) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences; §483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat	F 806			5/2/23

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

Electronically Signed

TITLE

(X6) DATE

04/17/2023

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245186	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/05/2023
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F 806	Continued From page 1 food that is initially served or who request a different meal choice; This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to honor food preferences for 1 of 2 residents (R2) reviewed for food preferences. Findings include: R2's meal ticket observed on 4/5/23 indicated, "Allergies: [Strawberries, Chocolate Coffee (Caffeine)] ...Likes: Low-sodium foods ...Prefers apple juice ...Dislikes: NO coffee, NO Caffeine, NO Chocolate; NO Gravy, NO cheese, NO oatmeal." During observation and interview on 4/5/23 at 9:45 a.m., R2 was eating breakfast in bed. His tray included Cheerios in milk, banana muffin, milk, and orange juice. R2 stated he really likes Cheerios and muffins, but would rather have apple juice versus orange juice. During observation on 4/5/23 at 12:05 p.m., R2's tray was delivered by admissions director (AD). Lunch included salad, apple crisp, milk, and gravy covered chicken and mashed potatoes. AD confirmed R2's chicken and potatoes were covered in gravy. AD confirmed R2's meal card indicated "NO gravy." AD took the tray away. FM-A confirmed the meal ticket indicated R2's selection for lunch was milk, salad, and caramel apple crisp. During observation and interview on 4/5/23 at 12:10 p.m., AD brought in a new tray including chicken and mashed potatoes without gravy. AD	F 806	Resident R1's meal ticket reviewed and is current with preferences. Residents were not affected and provided with preferred meal. All residents in-house have the potential to be affected. All residents' meal tickets reviewed, and preferences are present. Education completed with the dietary department on reading preferences on meal tickets prior to dishing meal to prevent further occurrences. Administrator/designee will complete three meal tray audits weekly x4 weeks and monthly thereafter. Results will be brought to the QAPI committee monthly to review for continued opportunities for quality improvements.		

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F 806	Continued From page 2 stated should have caught the gravy on the first tray and it should not have been delivered. R2's physician order dated 12/29/22, indicated regular diet with regular texture and thin liquid consistency. R2's comprehensive nutrition assessment dated 12/30/22, indicated, "Food preferences: 'plain, bland foods' ...no spice no salt on most to all food ...Nutrition Intervention: Continue Diet as per order; Honor food preferences and offer alternative as able." R2's allergy list in point click care (PCC) last updated 1/21/23, indicated R2 had a chocolate, coffee, and strawberry food allergy with special instructions, "No caffeine per wife." R2's significant change minimum data set (MDS) dated 3/15/23, indicated R2 had moderate cognitive impairment, was independent after set up for eating, did not require a therapeutic diet. R2's MDS indicated it was very important to have choices honored regarding several aspects of care and had diagnoses including progressive leukoencephalopathy (a condition of the brain that may lead to dementia, speech loss and vision loss), localized related symptomatic epilepsy (seizure disorder), adjustment disorder with anxiety and ataxia (impaired coordination or balance). R2's care plan dated 3/30/23, indicated R2 was at risk for weight loss related to inadequate oral intake and instructed staff to provide and serve diet as ordered, allow choices in mealtime, menu selection, dining location, and offer preferred foods when possible.	F 806			

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F 806	Continued From page 3 During interview on 4/5/23 at 10:40 a.m., family member (FM)-A stated staff often bring in food that R2 cannot have. FM-A stated they bring something with cheese and items high in salt and R2 cannot have cheese or items high in salt. FM-A further stated all this information was on the meal ticket, but they bring it in anyway. During interview on 4/5/23 at 12:45 p.m., nursing assistant (NA)-A stated the NAs go to each resident with a menu for the upcoming meal and take their order. NA-A stated R2 had a special menu that was kept in the kitchen but would check the meal card when serving the tray to ensure it did not include anything he did not want. During interview on 4/5/23 at 12:49 p.m., licensed practical nurse (LPN)-A stated modified textures or special diets would be a physician order, but preferences should be on the meal ticket. LPN-A stated staff pay attention to residents likes and dislikes and residents should not receive trays with items they are allergic to, dislike or just do not want. LPN-A stated they try to provide R2 with meal items he likes. During interview on 4/5/23 at 12:57 p.m., LPN-B stated there were two checks in the kitchen for each tray and then a third check when the tray was delivered to the resident. Any discrepancies should be identified and not reach the resident. LPN-B stated, R2 did receive gravy on his food today and it should not have happened. During interview on 4/5/23 at 1:11 p.m., culinary services director (CSD) stated the NAs take a menu and meal tickets to each resident and take their order. CSD stated FMA-A provided a menu	F 806			

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F 806	Continued From page 4 of meals weekly with preferred adjustments for R2's diet. The special menu was kept in the kitchen; however, they did not have a current menu for R2. CSD stated per R2's lunch meal ticket, R2 should have only received milk, salad, and caramel apple crisp. CSD stated the cook and the server in the kitchen know R2's likes and dislikes but should still look at the ticket to make sure the resident was getting what they want and not getting want they do not want. During interview on 4/5/23 at 1:17 p.m., dietary aide (DA)-A stated the cook provided R2's plate with chicken and mashed potatoes and no gravy. DA-A stated she did not look R2's meal ticket and added the gravy. DA-A stated, "I should have looked at the ticket... I should not have put the gravy on it ...who doesn't like gravy on their potatoes." During interview on 4/5/23 at 2:00 p.m., director of nursing director of nursing (DON) stated expectation preferences would be honored and R2 should not have received gravy. During interview on 4/5/23 at 2:14 p.m., administrator stated R2 had a history of interventions with his menu and the facility recently started an all hands dining program. The program included someone assigned to audit the trays on each floor. Administrator stated AD was one of the assigned auditors on R2's floor and expectation was that AD would have caught the gravy and not deliver to R2. Facility policy Food and Nutrition Services dated October 2017, indicated, "Each resident is provided with a nourishing, palatable, well-balanced diet that meets his or her daily	F 806			

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F 806	Continued From page 5 nutritional and special dietary needs, taking into consideration the preferences of each resident." The policy further indicated, "Reasonable efforts will be made to accommodate resident choices and preferences."	F 806			