STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165478	A. Building B. Wing	05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arbor Court	701 East Mapleleaf Drive Mount Pleasant, IA 52641

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26529 Based on record review, and staff and physician interviews, the facility failed to assess a resident upon return from the hospital emergency room (ER) after treatment for a head injury with lacerations sustained from a fall at the facility earlier that day. The facility failed to document or describe the resident's condition for over 2 days after returned from the hospital, and failed to assess and document neurological assessments required post fall when a head injury associated to the fall was suspected or confirmed. The facility reported a census of 53 residents. Findings include: The 5/4/23 Minimum Data Set (MDS) Assessment tool revealed Resident #4 had diagnoses that included history of pulmonary embolism (blood clot in the lung), weakness, unsteadiness on feet with repeated falls, scored 11 out of 15 points possible on the Brief Interview for Mental Status (BIMS) cognitive assessment that indicated moderate cognitive impairment, and required extensive physical assistance of at least 1 staff for transfers to and from bed and chair, ambulation and toileting, walker required for ambulation, and had 1 fall without injury and 1 fall with minor injury since the previous assessment completed 2/10/23. Physician orders included: 2/1/23 - Administer Apixaban (anticoagulant medication also known as Eliquis) 5 milligram (mg) tablet oral twice daily. 5/10/23 - Observe laceration to scalp twice daily. Keep area dry and observe for signs and symptoms of infection where adhesive was used to approximate wound edges. 5/10/23 - Observe laceration on right forehead twice daily. Keep area dry and observe for signs symptoms of infection where adhesive was used to approximate wound edges. The risk for activity of daily living (ADL) self-care performance and mobility deficit problem initiated 2/13/23 on the Nursing Care Plan directed staff: 1. Requires staff assistance to turn and reposition in bed. 2. Staff assist with transferring. (continued on next page)

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.

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

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. Encourage use of call bell for assistance. The risk for falls related to history of falls prior to admission problem initiated 2/13/23 on the Nursing Care Plan directed staff: Interventions initiated 2/13/23 1. Anticipate and meet resident's needs. 2. Be sure The resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. 3. Ensure the resident is wearing appropriate footwear when ambulating or mobilizing in wheelchair. Intervention initiated 5/8/23 4. Apply hipsters when getting resident ready for the day. Intervention initiated 5/10/23 5. Fall mat by bed (right side). The risk for abnormal bleeding, hemorrhage and/or increased/easy bruising related to anticoagulant medication problem initiated 2/13/23 on the Nursing Care Plan directed staff: 1. Administer anticoagulant as prescribed by physician. 2. Report to nursing any symptoms of unusual bleeding or bruising. An Incident Report dated 5/6/23, without time of incident specified, stated the resident stood unassisted in the doorway to her room, a Housekeeper (Staff F) in resident room and had mopped the floor, Staff B, Licensed Practical Nurse (LPN) was across the hall, the resident turned to go in her room and fell on the wet floor before the staff could intervene. The resident fell forward, hit her head on the floor, bled from lacerations on her forehead and right temple area of head, pressure applied to wounds, neurological status (neuro) checks initiated, Nurse Practitioner notified, and staff called 911 for ambulance transport to the ER. A form entitled Neurological Time Checks that states This form is to help remind you when to complete a Neurological Check. All documentation must be completed in PCC (the facility's electronic record documentation program). Instructions on the left side of the form directed the nurse to complete neurological checks, initially at the time of the incident, first 15 minute check, second 15 minute check, third 15 minute check, fourth 15 minute check, first 30 minute check, second 30 minute check, first 1 hour check, second 1 hour check, first 8 hour check, second 8 hour check, third 8 hour check, fourth 8 hour check, fifth 8 hour check, sixth 8 hour check, seventh 8 hour check, eighth 8 hour check and 9th 8 hour check. The right side of the form states Date/Time to Complete, with lines provided for documentation of the assessments at each of the specified assessment intervals. The bottom of the form directed the nurse to shred this document once Neuro's are completed - this is not part of the resident's permanent record. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Staff labeled the Neurological Time Checks form with the resident's name, 5/6/23 at 7:00 a.m. written as the date/time of the incident, and staff wrote the following times on the left side of the form next to the assessment interval instructions: 7:00 a.m. for the initial, 7:15 a.m., 7:30 a.m., 8:00 a.m. (recorded by the third 15 minute check), 8:15 a.m., 8:45 a.m., 9:15 a.m., 10:15 a.m., 11:15 a.m., 6:15 p.m. (recorded by the first 8 hour check), 2:15 a.m., 10:15 a , 6:15 p.m . and 2:35 a.m. (recorded by the fifth 8 hour check). Written entries recorded revealed vital signs and oxygen saturation levels recorded for the 7:00 a.m., 7:15 a.m. and 7:30 a.m. assessment times, without mention of neurological assessments. Hospital was recorded for the 8:00 a.m. 3rd 15 minute check, and [NAME] symbols recorded for the 8:15 a.m., 8:45 a.m. 9:15 a.m., 10:15 a. m. and 11:15 a.m. assessment times. Vital signs with oxygen saturation levels were recorded for the next 5 assessments that began at 6:15 p.m. on 5/6/23, without description of neurological assessments completed, and no assessments recorded for the sixth, seventh, eighth or ninth 8 hour check specified assessment intervals. The 5/6/23 hospital ER Clinical Report described the resident treated for a minor closed head injury that included 2 lacerations on her head, 1 to the scalp that measured 3.5 centimeters (cm) in length, closed with tissue adhesive, and a laceration 1.5 cm long on the forehead, also closed with tissue adhesive. Due to the fall and head injury, computed tomography (CT) scans of the head and cervical spine were required, and both negative for acute findings or changes. The resident was discharged back to the facility by ambulance at 11:51 a.m. with instructions to protect wounds and keep wound areas clean, allow skin adhesive to dissolve over the next 2 weeks, and the resident received a Tetanus-Diphtheria-Pertussis vaccination (Tetanus shot) administered to the right upper arm. A Nursing Progress Note dated 5/6/23 at 2:53 p.m., transcribed by Staff A, Licensed Practical Nurse (LPN) stated: This nurse was notified that resident fell and hit head on floor. When this nurse got to resident's room resident was lying on back. Resident had blood on forehead and at temple on right side. Pressure applied to head wound. Neuro's started. Range of Motion (ROM) within normal limits (WNL). 911 notified and arrived 7:55 a.m Emergency Medical Technicians (EMT's) took resident at 8:10 a.m. to the hospital emergency room (ER) for evaluation and treatment for needs. The next Nursing Progress Note dated 5/9/23 at 12:28 a.m., transcribed by the facility's traveling Director of Nursing (DON) stated: Blood sugar at supper was 540. Nurse Practitioner was updated and new orders for 12 units of Lispro insulin administered subcutaneous now, check blood sugar in 1 hour and Sliding Scale Insulin with meals. Blood sugar was checked at around 10:00 p.m. and it had went down to 264. The facility's Fall Management policy, dated last reviewed 2/28/23 directed staff: 1. Complete neurological evaluation post-fall on residents with potential head injury or unwitnessed fall. 2. Document in resident's medical record and complete Incident Report. 3. Implement Post-Fall Evaluation documentation, all shift evaluation/documentation for 72 hours. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility could not provide any other documentation of neurological or other assessments completed after the 5/6/23 fall. Staff interviews revealed: 5/9/23 at 2:21 p.m. Staff C, Certified Nursing Assistant (CNA) stated on 5/6/23, she wasn't certain of the time, she had been in the resident's room for cares, the resident was in bed and had been more confused lately, she took a gown and linen from the resident's room and hadn't got to the Soiled Utility Room with it (less than a minute) when she heard a page over the Walkie- Talkie they needed a nurse in the resident's room. She ran back to the resident's room, the resident was on the floor by the doorway of her room. 5/9/23 at 12:51 p.m. Staff E, CNA, stated she had cared for the resident before, she required 1 to 1 staff assistance for transfers and ambulation, she was in the dining room feeding residents breakfast on 5/6/23 when she heard the resident had fallen, she got up on her own and fell in the doorway of her room. 5/11/23 at 7:28 a.m. Staff B, LPN, stated she was doing blood sugars across the hall from the resident's room on the morning of 5/6/23, not sure of the time, the Housekeeper was in her room and had mopped the floor, the resident stood in the doorway of her room barefoot, turned to go into her room, she tried telling the resident not to go in there because of the wet floor) and before she could get to the resident she fell forward and hit her head on the floor. Staff B yelled for help, went to the resident and noticed right away that she bled from her head. 5/9/23 at 3:26 p.m. Staff A, LPN, stated on the morning of 5/6/23 she was notified by another nurse the resident fell , she thought around 7:30 a.m., she went to the resident, started the assessment and neuro's on her, sent her to the ER, Staff A was in the middle of medication administration when the resident returned around noon and why she didn't chart anything but did remember getting the resident's vital signs. Staff A stated she was informed the resident didn't have a cerebral bleed from the fall, the head wounds were glued, and staff should have continued the post-fall vital and neuro checks per protocol. 5/11/23 at 8:04 a.m. Staff F, Housekeeper, stated the resident stood in the doorway of her room on 5/6/23 when she mopped the floor and cleaned her room, and fell by the doorway. 5/9/23 at 1:20 p.m., the Director of Nursing (DON) stated she expected nursing staff to assess a resident when they returned from the hospital or ER, document the assessment in the Nursing Progress Notes and continue to monitor the resident at least every shift for 2 to 3 days, see if there were orders, put them in the computer and fax the orders to the pharmacy, if there were no orders that should also be documented. 5/9/23 at 1:51 p.m., the physician that cared for the resident in theER on [DATE] stated she didn't write specific orders upon the resident's discharge back to the facility, other than to monitor the lacerations that were closed with adhesive, and follow-up with the resident's primary care physician. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	5/9/23 at 1:15 p.m., the facility's Corporate Nurse stated nurses were supposed to document neuro checks on the post fall vital sign/neuro sheet, knew there was a problem because neuro assessments weren't done and weren't documented, and had initiated immediate staff education to all nurses about required assessments post-fall on 5/9/23.

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F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 26529 Based on clinical record review, hospital record review, staff interviews, and facility policy review the facility failed to provide a safe environment, and follow interventions which resulted in Resident#4 sustaining injuries from a preventable fall for 1 of 3 residents reviewed for supervision. The facility reported a resident census of 53. Findings include: The 5/4/23 Minimum Data Set (MDS) Assessment tool revealed Resident #4 had diagnoses that included history of pulmonary embolism (blood clot in the lung), weakness, unsteadiness on feet with repeated falls, scored 11 out of 15 points possible on the Brief Interview for Mental Status (BIMS) cognitive assessment that indicated moderate cognitive impairment, and required extensive physical assistance of at least 1 staff for transfers to and from bed and chair, ambulation and toileting, walker required for ambulation, and had 1 fall without injury and 1 fall with minor injury since the previous assessment completed 2/10/23. The risk for activity of daily living (ADL) self-care performance and mobility deficit problem initiated 2/13/23 on the Nursing Care Plan directed staff: 1. Requires staff assistance to turn and reposition in bed. 2. Staff assist with transferring. 3. Encourage use of call bell for assistance. 4. Assist with toileting tasks 5. Continue to remind resident/offer and give resident her walker when ambulating in room/hall The risk for falls related to history of falls prior to admission problem initiated 2/13/23 on the Nursing Care Plan directed staff: Interventions initiated 2/13/23 1. Anticipate and meet resident's needs. 2. Be sure The resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. 3. Ensure the resident is wearing appropriate footwear when ambulating or mobilizing in wheelchair. Intervention initiated 5/8/23 4. Apply hipsters when getting resident ready for the day. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	Intervention initiated 5/10/23 5. Fall mat by bed (right side). An Incident Report dated 5/6/23, without time of incident specified, stated the resident stood unassisted in the doorway to her room, a Housekeeper (Staff F) in resident room and had mopped the floor, Staff B, Licensed Practical Nurse (LPN) was across the hall, the resident turned to go in her room and fell on the wet floor before the staff could intervene. The resident fell forward, hit her head on the floor, bled from lacerations on her forehead and right temple area of head, pressure applied to wounds, neurological status (neuro) checks initiated, Nurse Practitioner notified, and staff called 911 for ambulance transport to the ER. A document dated May 10, 2023 related to Resident#4 contained the following; a. On 5/06/23 at approximately 7:00 a.m. Staff F, Housekeeper entered Resident#4's room, and alerted nursing that the resident ambulated independently in her room. b. During an interview Staff F, reported the floor was mopped and still damp when the resident turned around in the doorway and started to walk across the floor and lost her balance falling forward. Staff F reported that she had called out to redirect the resident. c. Upon completion of the investigation, it was determined that Resident#4's injury was a result of independent ambulation and loss of balance on a wet surface. The 5/6/23 hospital ER Clinical Report described the resident treated for a minor closed head injury that included 2 lacerations on her head, 1 to the scalp that measured 3.5 centimeters (cm) in length, closed with tissue adhesive, and a laceration 1.5 cm long on the forehead, also closed with tissue adhesive. Due to the fall and head injury, computed tomography (CT) scans of the head and cervical spine were required, and both negative for acute findings or changes. The resident was discharged back to the facility by ambulance at 11:51 a.m. with instructions to protect wounds and keep wound areas clean, allow skin adhesive to dissolve over the next 2 weeks, and the resident received a Tetanus-Diphtheria-Pertussis vaccination (Tetanus shot) administered to the right upper arm. Staff interviews revealed: 5/9/23 at 2:21 p.m. Staff C, Certified Nursing Assistant (CNA) stated on 5/6/23, she wasn't certain of the time, she had been in the resident's room for cares, the resident was in bed and had been more confused lately, she took a gown and linen from the resident's room and hadn't got to the Soiled Utility Room with it (less than a minute) when she heard a page over the Walkie- Talkie they needed a nurse in the resident's room. She ran back to the resident's room, the resident was on the floor by the doorway of her room. 5/9/23 at 12:51 p.m. Staff E, CNA, stated she had cared for the resident before, she required 1 to 1 staff assistance for transfers and ambulation, she was in the dining room feeding residents breakfast on 5/6/23 when she heard the resident had fallen, she got up on her own and fell in the doorway of her room. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	5/11/23 at 7:28 a.m. Staff B, LPN, stated she was doing blood sugars across the hall from the resident's room on the morning of 5/6/23, not sure of the time, the Housekeeper was in her room and had mopped the floor, the resident stood in the doorway of her room barefoot, turned to go into her room, she tried telling the resident not to go in there because of the wet floor) and before she could get to the resident she fell forward and hit her head on the floor. Staff B yelled for help, went to the resident and noticed right away that she bled from her head. 5/11/23 at 8:04 a.m. Staff F, Housekeeper, stated the resident stood in the doorway of her room on 5/6/23 when she mopped the floor and cleaned her room, and fell by the doorway. The Fall Management Policy with last review date of 2/28/23 included the following guidance: a. To provide an environment that remains as free of accident hazards as possible. The facility will complete a Morse Fall Scale Evaluation on residents to determine who are at risk for falling and to develop appropriate interventions to provide supervision and assistive devices to prevent to minimize further falls and/or reduce injuries. b. Risk factors to review included examples such as inappropriate footwear, wet floors, Resident confusion, balance, walking ability.

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F 0692 Level of Harm - Actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. 26529 Based on observation, record review, and staff interviews, the facility failed to follow physician orders and interventions to prevent further weight loss for a resident with identified significant weight loss (Resident #5). The facility reported a census of 54 residents. Findings include: The Minimum Data Set (MDS) Assessment tool dated 3/17/23 revealed Resident #5 had diagnoses that included non-Alzheimer's dementia, depression, muscle weakness and other lack of coordination, scored 9 out of 15 points possible on the Brief Interview for Mental Status (BIMS) cognitive assessment that indicated moderate cognitive impairment, required physical assistance of 1 staff for eating, weight of 168 pounds without significant increase or decrease, defined as a change of 5 percent or more in 1 month or 10 percent or more in 6 months. The following weights recorded in pounds were recorded for Resident #5: 12/7/22 173.5 1/10/23 170.8 2/8/23 163.2 3/7/23 168.2 4/5/23 167.2 4/11/23 150.0 4/17/23 159.0 4/20/23 148.8 4/24/23 143.4 4/26/23 144.6 4/28/23 143.0 5/2/23 146.0 5/8/23 140.6 (continued on next page)

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F 0692 Level of Harm - Actual harm Residents Affected - Few	The Weight Summary dated 5/11/23 included documentation of the Residents weight at 148. 8 pounds (lbs) on 4/20/23 with the comparison weight of 173 lbs. from the date 10/19/22 (180days) for a 13.9 percent loss. Also, a 5 percent weight loss with the comparison weight documented on 4/5/23 of 167.2 lbs (a 5 percent weight loss from 4/5/23 to 4/20/23). Physician orders directed staff: 3/15/23 Serve Regular diet with regular texture, thin liquids at meals. 3/17/23 Serve Mighty Shakes (4 ounce liquid supplement/220 calories) nutritional supplement with meals. 4/15/23 Serve 2 ounces (60 milliliters/120 calories) of 2.0 nutritional supplement (liquid supplement) 4 times daily. 4/30/23 Provide extra butter and gravy with meals. 4/30/23 Serve Super Potatoes (high calorie/fortified potatoes) 2 times a day at lunch and supper. 4/30/23 Serve Super Cereal (high calorie/fortified hot cereal) 1 time daily at breakfast for weight loss. The following problems and interventions were listed on the resident's Nursing Care Plan: 1. Needs supervision while eating meals, initiated 9/3/22, directed staff: Prefer resident to come to dining room as much as possible. Resident needs to have supervision when eating in her room. 2. Activity of Daily Living (ADL) performance deficit, initiated 5/6/22, directed staff: Staff supervision/cueing required for eating. 3. Nutritional problem related to recent COVID-19 infection , dementia and depression diagnoses, initiated 7/8/22, directed staff: Monitor/document/report any signs or symptoms of dysphagia that include pocketing food in mouth, choking, coughing, drooling, holding food in mouth, several attempts at swallowing, refusing to eat, appears concerned during meals. Monitor/record/report to physician signs or symptoms of malnutrition that include emaciation (cachexia), muscle wasting, significant weight loss: 3 lbs in 1 week, >5% in 1 month, >7.5% in 3 months, >10% in 6 months. Provide/serve regular diet, regular texture, monitor intake and record amount at every meal. The Regular diet planned menu for the supper meal on 5/10/23 included: (continued on next page)

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F 0692 Level of Harm - Actual harm Residents Affected - Few	4 breaded chicken tenders 4 ounces cooked spinach 4 ounces macaroni & tomatoes alternate menu item #6 scoop (5.33 ounces) pork with rice casserole Observations in the facility kitchen on 5/10/23 at 4:55 p.m. revealed the described menu items on the steam table and dietary staff prepared to serve the supper meal. Super Potatoes were not on the steam table. Continuous observations on 5/10/23 between 4:55 p.m. and 6:06 p.m. revealed Staff G, Cook, plated the resident's meal at 5:32 p.m. that included the alternate pork with rice casserole, noodles with tomatoes and spinach, Staff G placed 3 packages of butter (approximate 1 Tablespoon size per package) on the tray with the resident's plated food, nursing staff delivered the food to the resident seated at a table in the dining room, placed the 3 butter packages on the table next to the plate and did not apply to the resident's food, or offer further set-up assistance to the resident. The resident was seated at a table with 1 other resident positioned at her left side, and 1 CNA (Certified Nursing Assistant) positioned on the left side of the 2nd resident (away from Resident #5 and not positioned to assist her). Observation at 5:41 p.m. revealed the resident did not have Super Potatoes, the 3 butter packages remained unopened, the resident had ate approximately 1 or 2 bites of the macaroni and tomatoes, without staff assistance or support. Observation at 5:56 p.m. revealed the resident ate 2 or 3 bites of the macaroni and tomatoes, her head leaned forward and downward, she did not have Super Potatoes, had not ate anything else, and had no staff assistance or offers to obtain food items the resident might have preferred. At 5:57 p.m., Staff H, Certified Medication Aide (CMA) delivered a liquid supplement served in a box-like- package with a straw to the resident, did not sit next to the resident or offer other assistance to the resident. The facility's Physician Order's policy last reviewed 928/22 directed staff to ensure physician orders were transcribed and implemented in accordance with professional standards, state and federal guidelines. The facility's Plan of Correction, dated 4/5/23 for date of acceptable compliance, related to the same deficiency cited during the facility's annual recertification survey completed 2/20/23 to 3/2/23, stated: 1. Director of Nursing (DON) completed audit on resident weights on 3/30/23. 2. Nurse Consultant completed In-Service with RDLD/Dietary Manager on appropriate dietary intervention with weight loss on 3/8/23. 3. RDLD completed In-Service with Dietary Manager on completing weights timely on 3/8/23. 4. DON/Designee will monitor through Facility Audit Tool 5 times a week for 4 weeks then monthly to ensure ongoing compliance. Monitored findings will be reviewed at the monthly QAPI (Quality Assurance) meeting. (continued on next page)

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Arbor Court	701 East Mapleleaf Drive Mount Pleasant, IA 52641

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0692 Level of Harm - Actual harm Residents Affected - Few	5. Date of compliance 4/5/23. During an interview on 5/10/23 at 6:04 p.m., Staff G and the facility's Registered and Licensed Dietician (RDLD), present in the kitchen throughout the meal service on 5/10/23, acknowledged Super Potatoes were not prepared or served to Resident #5, that was a physician order and should have been followed. During an interview on 5/11/23 at 8:41 a.m., when asked about interventions in place for the resident's weight loss, the facility's DON stated the resident's family had considered initiating Hospice services for the resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. 26529 Based on observation, record review, and staff interviews, the facility failed to follow and serve the planned mechanically altered texture food menu to 7 of 7 residents that required a mechanically altered texture diet (Resident's #3, #6, #10, #11, #12, #13 and #14) for 1 of 1 observed meals. The facility reported a census of 53 residents. Findings include: The planned menu Regular diet for the supper meal on 5/10/23, signed as approved by the facility's Registered and Licensed Dietician (RDLD) on 5/2/23, included 4 Chicken Tenders (breaded chicken strips) as the designated serving size. The planned Mechanical Soft altered texture diet menu directed staff to use a #10 scoop (3 ounces) for 1 serving of ground Chicken Tenders as the designated serving size. A resident diet listing report provided at 10:11 a.m. on 5/10/23 revealed the 7 identified residents had physician orders for Mechanical Soft diets. Physician orders for the diets were prescribed on the following dates: Resident #3 4/1/23 Resident #6 5/10/23 Resident #10 3/30/23 Resident #11 2/17/22 Resident #12 2/17/22 Resident #13 2/5/23 Resident #14 2/7/23 Observation on 5/10/23 at 3:19 p.m. revealed Staff G, Cook, stated she would prepare 6 servings of mechanical soft chicken strips, placed 25 breaded chicken strips in the Robo Coupe blender, ground the contents, placed the unmeasured results in a rectangular shaped metal pan used on the steam table, poured approximately 2 cups (16 ounces) of chicken broth over the ground chicken, stirred until blended, covered with aluminum foil and placed the pan in the oven. Observations in the kitchen on 5/10/23 between 5:11 p.m. and 5:35 p.m. revealed Staff G plated and served the 7 identified residents a full #10 scoop of Mechanical Soft ground chicken strips from the rectangular shaped pan on the steam table. (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Continuous observations in the kitchen on 5/10/23 from 4:55 p.m. until 6:04 p.m. revealed no additional Mechanical Soft ground chicken served before 5:11 p.m. or after 5:35 p.m., 2 full #10 scoops plus an approximate 1 to 2 Tablespoons amount of Mechanical Soft ground chicken remained unserved in the metal pan. The facility's Simplified Diet Manual, 13th Edition, a required reference for Iowa Long-Term Care facility's Dietary departments, provided the following guidance for preparation of modified texture diets (the volume method): 1. Foods often change in volume when they have been modified in consistency and texture. To ensure that nutritional adequacy is maintained, the following guidelines may be used when several portions of a modified texture food are needed. 2. Measure out desired number of servings into container for processing. Process the contents, add any necessary liquid or thickener to obtain desired consistency. 3. Measure the volume of the food after the process. 4. Divide the total volume of processed food by the original number of servings. This is the new portion size. The facility's Nutritional Services Menus policy, last reviewed 3/31/21 directed staff: 1. Menus shall be followed which have been reviewed and approved by a RDLD in compliance with the Federal and State Regulations and consistent with Standards of Practice on nutritional care. 2. The Dietary Manager shall review, modify, and update the menu based on the specific resident population preferences, and kitchen amenities. The changes shall be noted on the Week at-a-Glance Menu and sent to the RDLD for production of the menu and modified diet spreadsheets. 3. The completed menu shall be returned to the facility. 4. Changes which must be made following the start-up of the menu shall be provided to the RDLD in a timely manner for approval. The facility's Plan of Correction, dated 4/5/23 for date of acceptable compliance, related to the same deficiency cited during the facility's annual recertification survey completed 2/20/23 to 3/2/23, stated: 1. All residents receiving ground diets are receiving appropriate portion sizes. 2. RDLD completed In-Service with dietary employees on following menus/portions on 2/21/23. 3. Dietary manager/designee will monitor through Facility Audit Tool 3 times a week for 4 weeks, then monthly to ensure ongoing compliance. 4. Date of Compliance 4/5/23. (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 5/10/23 at 6:04 p.m., the facility's RDLD, present in the kitchen throughout the Chicken Tender modification process and meal service on 5/10/23 stated the facility purchased their menus from their food service provider, the #10 serving scoop for Mechanical Soft ground chicken tenders was incorrect, she would contact the company to report the error on their menu, and agreed they would have ran out of ground chicken after 6 servings if the scoop size had been correct. During an interview on 5/11/23 at 9:38 a.m., the RDLD stated staff would use the volume method from now on for all Mechanical Soft menu items, for accuracy and to avoid potential errors.