Printed: 11/22/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  NAME OF PROVIDER OR SUPPLIE		(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing  STREET ADDRESS, CITY, STATE, ZI	(X3) DATE SURVEY COMPLETED 12/13/2021 P CODE			
Bay View Nursing & Rehabilitation Center		1412 West Fourth Street Red Wing, MN 55066				
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 0805  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.  ***NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43115  Based on observation, interview and document review, the facility failed to prepare food in accordance with residents needs for 1 of 3 residents (R7), whom were reviewed for diet modifications. R7 received a non ground meat sandwich which cause R7 to choke and lose consciousness. This resulted in an immediate jeopardy situation (IJ) for R7.  The IJ began on 1/7/22, when the facility failed to provide the appropriate textured diet to R7 who required altered textures. The facility provided R7 a non-ground meat sandwich causing R7 to choke and require the Heimlich Maneuver to clear her airway. Additionally, staff were not aware of speech language pathology (SLP) recommendations that were made following the choking incident on 1/7/22. The director of nursing (DON) and administrator were notified of the immediate jeopardy on 1/10/22, at 5:12 p.m The immediate jeopardy was removed on 1/11/22, at 4:30 p.m., but noncompliance remained at the lower scope and severity level of D, which indicated no actual harm with potential for more than minimal harm that is not IJ.  Findings include:  R7's Face Sheet dated 1/10/21, indicated diagnosis of dementia.  R7's Face Sheet dated 1/10/21, indicated diagnosis of dementia.  R7's Gare plan dated 12/1/21, indicated to provide and serve diet as ordered. There was no indication of a diet order.  R7's Physician Order dated 12/21/21, indicated mechanical soft textures, thin liquid consistency.  R7's Physician Order dated 12/21/21, indicated R7 was to receive speech therapy 3-5 times per week for four weeks for treatment of swallowing dysfunction and/or oral function for feeding.  R7's Progress Note (PN) dated 1/7/22, at 1:41 p.m. indicated director of respiratory (DOR) responded to a code blue page overhead. R7 was in the 2 west commons area and occupational therapy (OT)-B was doing the Heimlic					

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 245223

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			NO. 0936-0391		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245223	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 12/13/2021		
NAME OF PROVIDER OR SUPPLIER  Bay View Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1412 West Fourth Street Red Wing, MN 55066			
For information on the nursing home's plan to correct this deficiency, please		ntact 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 0805  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	R7's PN dated 1/7/22, at 2:49 p.m. indicated R7 returned to the facility around 1:00 p.m. and requested lunch. R7 ate lunch in the lounge. At approximately 1:20 p.m. R7 was found arched back over her wheelchair and was sliding out of her wheelchair. R7 was gray in color. Staff responded and found R7 had food in her mouth and gasped for respiration. A code blue was called, and Heimlich Maneuver performed by two different staff members until R7's airway was cleared, and food expelled with spontaneous normal respirations returning and color returned back to pink. R7 continued with occasional cough and expelling food after coughing.				
	R7's PN dated 1/7/22, at 3:23 p.m. made by speech language pathologist (SLP)-B indicated R7 was to continue to receive mechanical soft textures, thin liquids and chips were OK to give to her. Staff were encouraged to cut foods into bite sized pieces, encourage R7 to eat slower/empty mouth before adding more and to encourage R7 to alternate between solids and liquids. R7 needed to continue to eat in a supervised setting.				
	R7's Physician Order dated 1/7/22, indicated continue to eat in supervised setting. Staff were to cut food for R7 into bite size pieces. R7 was to have verbal encouragement to eat slowly/empty mouth before adding more food and to alternate solids and liquids often per SLP.				
	During an observation on 1/7/21, at approximately 1:20 p.m. a code blue was called over the loudspeaker at the facility.				
	During an observation on 1/7/21, at approximately 1:26 p.m. R7 sat in her wheelchair in the front lounge in front of the nursing station. R7 coughed and continued to cough. There was 1/2 non-ground meat and cheese sandwich, a bag of potato chips and glass a water which sat on a tray table in front of her.  During an interview on 1/7/22, at 1:33 p.m. director of respiratory (DOR) verified R1 ate a regular non ground turkey and cheese sandwich. DOR stated R7's airway was blocked from the turkey sandwich as R7 coughed it up and a piece of bread came up after occupational therapist (OT)-B did the Heimlich Maneuver on R7.				
	During an interview on 1/7/22, at 1:35 p.m. licensed practical nurse (LPN)-A stated R7 requested and chips for lunch when she returned from an appointment on 1/7/21. LPN-A stated she was at t station when she observed R7 arched back in her wheelchair and appeared to be choking. LPN-A stated she went behind R7 and attempted to perform the Heimlich Maneuver, but her arms were renough. LPN-A stated OT-B then attempted the Heimlich Maneuver was successful and food was from R7.				
	During an interview on 1/7/22, at 1:43 p.m. R7 stated her throat hurt, did not feel good and saw stars whe she choked on her sandwich. R7 continued to cough throughout the interview and her eyes watered.				
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			NO. 0936-0391		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245223	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 12/13/2021		
NAME OF PROVIDER OR SUPPLIER  Bay View Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1412 West Fourth Street Red Wing, MN 55066			
For information on the nursing home's plan to correct this deficiency, please of		ntact 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 0805  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	During an interview on 1/7/22, at 1:45 p.m. OT-B stated she heard LPN-A yell and pointed to R7 in the common area. OT-A stated she approached R7 who sat in her wheelchair with her head back, eyes open and her skin was bluish in color. OT-B stated R7 appeared to try to talk but no sounds were coming out. OT-B further stated LPN-A attempted to perform the Heimlich Maneuver but was unsuccessful. OT-A stated she then attempted the Heimlich Maneuver and was successful in expelling food from R7's mouth after at least 6 thrusts. OT-B further stated she could not tell what kind of food came out but that it looked like a lot of food and was not solid.				
	During an interview on 1/7/22, at 1:48 p.m. cook (C)-A stated residents on a mechanical soft diet are to have a ground meat sandwich.				
	During an interview on 1/7/22, at 2:13 p.m. speech language pathologist (SLP)-B stated R7 had an order for mechanical soft but was ok for her to eat chips. SLP-B further stated R7 meats should be ground since she was on mechanical soft diet. SLP-B stated the biggest need in a mechanical soft diet would be to have all meats ground.  During an interview on 1/10/22, at 10:01 a.m. LPN-B stated if she needed to request food from the kitchen for a resident she would call the kitchen and tell kitchen staff the name of the resident and the food item requested. LPN-B stated she did not tell the kitchen staff what the resident's diet was when she called for food.				
	During an interview on 1/10/22, at 10:26 a.m. C-B stated between meals she relied on nursing staff to tell her the diet texture of a resident as she did not have a tray ticket to reference.				
	During an interview on 1/10/22, at 10:34 a.m. the food service director (FSD) stated it was the kitchens responsibility to know the diet textures and if they sent the wrong texture nursing was to let them know.  During an interview on 1/10/21, at 10:41 a.m. nursing assistant (NA)-E stated it was her responsibility to verify if a resident received the correct texture. NA-E stated she was not sure what foods a resident on mechanical soft could have. NA-E further stated she was not sure if mechanical soft diet needed to have meat ground on a sandwich.				
	During an interview on 1/10/22, at 10:41 a.m. LPN-A stated on 1/7/22, an unidentified NA called the kitchen to request food for R7. LPN-A stated when the she called the kitchen to request food for a resident, she did not tell the kitchen staff what the resident's diet was. LPN-A further stated she thought a resident with a mechanical soft diet could have a regular turkey sandwich that was not ground.				
	stated she choked because the me	10:46 a.m. R7 stated on 1/7/22, she cheat in her sandwich should have been gand did not want to choke again. R7 fut thoke on soup.	round but was not. R7 stated since		
	and took numerous bites without a	om 1/10/22 at approximately 11:55 a.m drink of fluid in-between. R7 chewed on. Staff did not mention the need to taken next bite.	n food that was in her mouth while		
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NAME OF PROVIDER OR SUPPLIER  Bay View Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1412 West Fourth Street			
-		Red Wing, MN 55066			
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