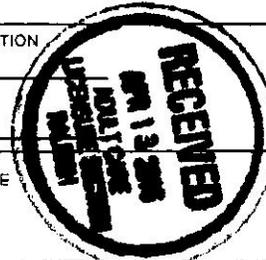


Division of Health Service Regulation



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL100005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/09/2016
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NAME OF PROVIDER OR SUPPLIER YANCEY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 4 COOPER LANE BURNSVILLE, NC 28714
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(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
{D 000}	Initial Comments The Adult Care Licensure Section and Yancey County Department of Social Services conducted a follow-up survey on March 8, 2016 and March 9, 2016.	{D 000}		
{D 131}	<p>10A NCAC 13F .0406(a) Test For Tuberculosis</p> <p>10A NCAC 13F .0406 Test For Tuberculosis (a) Upon employment or living in an adult care home, the administrator and all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure of 5 of 6 sampled staff (Staff B, Staff C, Staff D, Staff E and Staff F) were tested upon employment for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services.</p> <p>The findings are:</p> <p>A. Review of Staff B's personnel record revealed: -A hire date of 1/25/16 as a Personal Care Aide (PCA). -A copy of a TB skin test on 2/5/16 read as negative. -The first TB skin test had not been administered per facility policy. -No documentation a second step TB skin test had been completed per facility policy.</p>	{D 131}	<p>2nd step TB skin test was administered to Staff B, Staff C, Staff D, Staff E and Staff F on 3/9/16.</p> <p>* Refer to attachment #1, the facility's policy and procedure for TB testing, provided by the administrator as noted below.</p> <p>JVA</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [Signature] TITLE: _____ DATE: 4/11/16

STATE FORM 5899 UREL12 If continuation sheet 1 of 15

Reviewed and approved
JVA 4/19/16

The following TB Testing Guidelines apply in both Adult Care Homes and Family Care Homes

For Staff:

- If staff can show proof of a negative TB skin test in the past 12 months prior to employment, then they need to complete only 1 TB skin test at employment.
- If staff have not had a TB test in the past 12 months, they need the 1st test upon employment and the 2nd test administered approximately 2 weeks after the 1st TB test is read.
- If staff have a new positive reading upon employment, they should be sent to the local health department for evaluation and possible treatment. Facility should obtain guidance from the HD if person had contact with other staff and residents.
- If staff have previously tested positive, they need to have a Record of TB Screening completed at employment with documentation of a negative chest x-ray which states it was completed to rule out TB. (Best practice would be to get proof of the positive TB, local health departments are notified of positive results.)

For Residents:

- If a resident has not been in long term care previously, then resident needs the 1st TB test upon admission, and the 2nd test approximately 2 weeks after the 1st skin test is read.
- If a resident is transferred to your facility from another facility (hospital, nursing home or another adult care home) and,
 - resident has documentation of 2 negative skin tests, or
 - resident has history of a positive TB test, resident would need the Record of TB Screening with a negative chest x-ray, stating it was completed to rule out TB, from the other facility.In both of these cases no further testing is required upon admission
- If a resident comes from the hospital with only one negative TB test or with comes in with one negative TB test in the past 12 months, resident would need a 2nd test upon admission.
- If a resident comes to your facility with a negative chest x-ray indicating it was to rule out TB, you can accept that x-ray. The Record of TB Screening would be need to be completed. (Best practice would be to get proof of the positive TB, local health departments are notified of positive results.)

Additional Information:

Anyone with a history of a documented positive TB test and a past negative chest x-ray would only need another chest x-ray if the symptoms for the disease are present. A chest x-ray completed to rule out TB is good as long as your employee/resident with a history of the positive skin test remains asymptomatic. If an individual with a history of a positive skin test reports symptoms, regardless of the date of last chest x-ray, another chest x-ray is needed to rule out TB.

A negative chest x-ray must have been done at the time of the positive TB test or later. There is no specified timeframe on the chest x-ray.

There is no contraindication to repeating a TB skin test that was previously positive, skin test should be repeated if there is no record of a prior mm reading.

A skin test is not contraindicated for individuals who have been vaccinated with BCG.

Family members, including children, living in a Family Care Home must be tested for TB.

Unlicensed personnel in adult care homes are not to administer TB tests.

Registered nurses cannot train or delegate the responsibility to read TB tests to unlicensed personnel in adult care homes. It is a violation of NC Nursing Practice.

DHSR/ACLS
October 2015
1068 Training

Copy of facility policy for Yancey House
HHL-100-005 provided by the administrator
on 3/10/16. AHA Training on 3/10/16

Division of Health Service Regulation

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{D 131}	Continued From page 1 B. Review of Staff C's personnel record revealed: -A hire date of 2/11/16 as a kitchen aide. -A copy of a TB skin test on 2/9/16 read as negative. -No documentation a second step TB skin test had been completed per facility policy. C. Review of Staff D's personnel record revealed: -A hire date of 2/2/16 as a PCA. -A copy of a TB skin test on 2/8/16 read as negative. -The first TB skin test had not been administered per facility policy. -No documentation a second step TB skin test had been completed per facility policy. D. Review of Staff E's personnel record revealed: -A hire date of 2/8/16 as a kitchen aide. -A copy of a TB skin test on 2/8/16 read as negative. -No documentation a second step TB skin test had been completed per facility policy. F. Review of Staff F's personnel record revealed: -A hire date of 2/2/16 as a PCA. -A copy of a TB test on 1/23/16 read as negative. -No documentation a second step TB skin test had been completed per facility policy. Interviews on 3/8/16 with Staff B, Staff C, Staff D and Staff E revealed: -Each employee had one TB skin test upon employment. -A second step TB skin test had not yet been administered. Review of the facility's TB testing policy dated October 2015 revealed: -If staff could not show proof of a TB skin test in	{D 131}		

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PRINTED 03/23/2016
FORM APPROVED

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(D 131) Continued From page 2
 the past 12 months prior to employment, they would need the first TB skin test administered upon employment.
 -They would need a second TB skin test administered approximately two weeks after the first TB skin test is read.

 Interview on 3/8/16 at 3:20pm with the Executive Director revealed:
 -He had been in the facility approximately 10 working days since being hired.
 -He was not aware 2nd step TB tests had not been done on the new staff as required.
 -He would have the second step done on the identified staff immediately.
 -All staff personnel records would be reviewed to ensure both steps of the TB skin testing had been completed.

 Interview on 3/9/16 at 2:40pm with the Executive Director revealed second step TB skin tests had been administered to the identified staff that morning.

(D 131)

D 310 10A NCAC 13F .0904(e)(4) Nutrition and Food Service

 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.

 This Rule is not met as evidenced by:
 Based on observations, interviews and record reviews, the facility failed to provide a physician ordered therapeutic diet for 1 of 1 sampled

D 310

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL100005	(X2) MULTIPLE CONSTRUCTION: A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/09/2016
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D 310	<p>Continued From page 3</p> <p>residents (Resident #1) with an order for chopped meat.</p> <p>The findings are:</p> <p>Review of Resident #1's current FL-2 dated 05/14/15 revealed diagnoses of: -Schizoaffective Disorder. -Vitamin D deficiency. -COPD (Chronic Obstructive Pulmonary Disease). -Hypothyroidism:</p> <p>Review of the Resident Register revealed an admission date of 03/24/14.</p> <p>Review of Resident #1's record revealed the prescribing practitioner's order dated 10/15/15 for a regular diet and "meat should be chopped."</p> <p>Review of the Resident Service Plan Assessment dated 06/03/15 revealed the Nutrition/Dietary Restrictions documented a regular diet with chopped meats.</p> <p>Review of the residents' diet list posted in the kitchen revealed Resident #1 was on a regular diet with "meat chopped."</p> <p>Observation on 3/9/16 at 12:15pm of residents served in the assisted living dining room: -Residents were served a large slice of 1/4 inch thick ham. -Cooked broccoli with cheese sauce. -1 roll -Tossed salad -Milk, lemonade, coffee, and water. -A small piece of cake.</p> <p>Observations of Resident #1 during the noon</p>	D 310	<p>Proper procedures for special diets have been covered with all kitchen staff. Training for all dietary employees was held on 4/7/16. They fully understand that chopped meat should occur in the kitchen area and not in the dining room. The meat will be cut small enough for the resident to be able to chew. Going forward this training will take place when new employees come on board. The Dietary Manager will monitor this and make sure all dietary employees are trained and are in compliance with the state rules.</p>	4/11/16
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D 310	<p>Continued From page 4</p> <p>meal on 3/9/16 at 12:20pm revealed:</p> <ul style="list-style-type: none"> -Resident #1 had received a large piece of unchopped ham, approximately 1/4 inch thick. -His hands were shaking and he had difficulty cutting the meat. -He had to request a staff member to cut his ham. -The staff member cut his meat at the table. -He was able to eat 100% of the cut ham. -He had no teeth or dentures. <p>Interview with a Personal Care Aide (PCA) on 3/9/16 at 12:25pm revealed the resident's hands shook and he needed assistance cutting his meat.</p> <p>Confidential interview with a staff member revealed:</p> <ul style="list-style-type: none"> -"The residents need help cutting up their food." -Half of the residents in the assisted living dining room today "couldn't cut up their ham." -The Dietary Aides did not cut up the meats of the residents who needed assistance before it was served to the residents. -The Personal Care Aides (PCAs) brought the plated food out from the kitchen and served it to the residents. -The PCAs did not always offer residents assistance in cutting up the residents' meat. <p>Interview with the Cook on 3/9/16 at 3:05pm revealed when requested to demonstrate "chopped meat", the cook cut the meat on a cutting board with a knife into small pieces.</p> <p>Interview with the Dietary Manager on 03/09/16 at 3:12pm revealed when requested to demonstrate "chopped meat", the dietary manager confirmed the cook's method of cutting meat with a knife on cutting board in kitchen.</p>	D 310		
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D 310	Continued From page 5 Observation on 3/9/16 at 11:55am of the Cook in the kitchen plating the noon meal revealed ham slices were being plated but not chopped by the staff in the kitchen. Interview on 3/9/16 at 12:05pm with the Cook revealed the staff in the dining room were responsible for helping the residents who required assistance, including cutting their meat. Interview on 3/9/16 at 3:55pm with the Administrator revealed: -The meat should be chopped in the kitchen before being brought to the dining room. -The meat should be cut into small enough pieces that it is easier for the resident to chew. -He and the Business Office Manager help in the dining room every weekday.	D 310	All staff received Resident Right training from our ombudsman on March 22, 2016. All staff were inserviced on performing any reasonable request made by a resident. Management will continue to monitor the dining room for any concerns a meals are being served. The resident council will address any unmet concerns voiced by residents each month. The oven has been repaired to take care of the problem of burned food. Management will continue to monitor for maintenance problems. If in fact bread is burned in the future, an alternative will be offered.	4/11/16
{D 333}	10A NCAC 13F .0909 Resident Rights 10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: The findings are: Based on observations, record reviews, and interviews with residents, families and staff, the facility administrator and staff failed to assure all residents received a reasonable response to their requests regarding the food served at mealtime. [Refer to Tag 917 10A NCAC 13F G.S. 131D-21(7)].	{D 333}		

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(D917)	<p>G.S. 131D-21(7) Declaration of Resident's Rights</p> <p>G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 7. To receive a reasonable response to his or her requests from the facility administrator and staff.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews with residents, families and staff, the facility administrator and staff failed to assure all residents received a reasonable response to their requests regarding the food served at mealtime.</p> <p>The findings are:</p> <p>Review on 3/8/16 of the posted menu revealed meat loaf, au gratin potatoes, green beans and cooked carrots, baked roll and orange sherbet would be served for lunch.</p> <p>Observations in the dining room on 3/8/16 of the lunch meal revealed: -There had not been enough meat loaf to serve all the residents. -Two resident were offered Salisbury steak because they did not get meat loaf. -One of the residents was upset and told the staff she didn't like the Salisbury steak, she wanted the meatloaf. -A Dietary Aide asked her if she wanted a peanut butter sandwich and made it for her. -Another resident had asked for more orange sherbet and was told the facility had run out.</p> <p>Interview on 3/8/16 at 10:05am with the Dietary Manager revealed: -She had worked at the facility for approximately 5 years. -A "diet card" was completed on each resident when they were admitted.</p>	(D917)	<p>Dietary Manager was informed of responsibility of overall operation within the facilities food services which includes keeping full stock of foods required to provide meals as appropriate to residents needs along with following state guidelines /dietary guidelines. The dietary manager is responsible for checking with residents when admitted for their food likes and dislikes.</p>	4/11/16
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{D917}	<p>Continued From page 7</p> <ul style="list-style-type: none"> -The diet card listed the current diet order, food preferences and allergies and was updated "as needed." -There had been quite a bit of waste because the residents, did not like the food and/or the way it had been prepared. -The residents really disliked the fish, which was on the menu three times a week, the beef patties and the Salisbury steak. -She was expecting new menus but had no idea when the menu change would occur. -She had not discussed the food issues and resident concerns with the new Administrator because he had just started working there. <p>Interview on 3/9/16 at 11:55am with Staff A, Dietary Aide/Cook, revealed:</p> <ul style="list-style-type: none"> -He had been at the facility 4-5 months. -Quite a bit of food had been wasted because the resident did not eat it. -The residents complained about the fish they were served and most would not eat it. -Beef stew and the beef patties were not popular with the residents. -Alternates were available if a resident did not want what had been served. -The alternates included Salisbury steak, potato soup, beef stew, peanut butter sandwiches, grilled cheese sandwiches and cereal. -Many of the residents did not like the way the vegetables had been prepared (no seasoning and/or overcooked). -"We also have whatever is in the refrigerator (leftovers) we could heat up if that's what they want." <p>Interview on 3/9/16 at 12:05pm with Staff B, Dietary Aide/Cook, revealed:</p> <ul style="list-style-type: none"> -She had worked at the facility for about 1 month. -She had seen quite a bit of food wasted when 	{D917}		
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{D917}	Continued From page 8 fish, beef stew and beef patties were served. -The fish had been served "at least twice a week and the residents just don't eat it." -"Alternates are available, the resident just needs to let us know what they want." -Residents asked for peanut butter sandwiches at meal time "a lot." -The oven hadn't been baking properly for a "few days" but the Dietary Manager had been told about it. Interview on 3/9/16 at 12:10pm with Staff C, Dietary Aide, revealed: -He had worked at the facility for about 2 months. -The fish seemed to be the residents least favorite food on the menu. -The resident's did not like the pre-cooked bacon. Review on 3/9/16 of the posted menu revealed baked ham, rice/gravy, green salad, broccoli, baked roll and graham streusel cake would be served for lunch. Observations in the dining room on 3/9/16 at 12:20pm of the lunch meal revealed: -The rolls were burnt on the bottom. -The graham streusel cake was dry and burnt on the bottom. Confidential interviews with nine residents at the end of lunch meal on 3/9/16 revealed: -Several residents had asked for another rolls because the ones they had been served were burnt and the replacements had been "in worse shape than the original." -One resident stated, "I should have kept the first one." -Another resident told a staff member her roll was burnt and "she (a staff member) just cut off the burnt bottom."	{D917}		
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(D917) Continued From page 9

- No replacement had been offered for the burnt rolls.
- No replacement had been offered for the burnt, dried out cake.
- One resident thought "it (the cake) must have been one of those outdated things from the local grocery store."
- Several stated in the past, they would ask for a grilled cheese sandwich when they couldn't eat what was served.
- The grilled cheese sandwiches are made in advance and covered by a plate.
- By the time they are served, "They are tough and too hard to chew".
- They had each spoken to the Dietary Manager, the former Administrator and to the past and present cooks.
- They did not feel the facility really cared about what they had to say.

Confidential interviews with fourteen residents on 3/8/16 and 3/9/16 revealed:

- Two residents said the food was "good" and "sometimes better than others".
- Eleven stated the food was the only complaint they had about living at the facility.
- The food was described by those residents as "a bunch of slop", "a sorry disgrace", "very institutionalized", burnt (bacon, rolls, cake), overcooked, undercooked (eggs, vegetables), tough (beef stew, beef patties, pork and Salisbury steak), everything breaded or frozen, too much chicken (3-4 times each week), the sandwich bread is too hard, no alternate was available if you didn't like the meal being served, only sandwiches and/or soup were available and most of the soups didn't taste very good.
- Eleven residents felt they had no choices or options related to the meals even with alternates of peanut butter and jelly sandwich, banana and

(D917)

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(D917)	<p>Continued From page 10</p> <p>mayonnaise sandwich, grilled cheese, and grilled ham and cheese sandwiches.</p> <p>-Four did not eat the food served in the dining room on a regular basis. "It just depended on what it was and how it was prepared."</p> <p>-Seven stated they "go away hungry" from meals served in the facility.</p> <p>-Ten stated they had "a stash of food" in their room for when they don't eat the food served by the facility.</p> <p>-They felt they "shouldn't have to buy cakes and stuff to keep in our rooms because the meals are not enough."</p> <p>-Thirteen agreed the portions were generous.</p> <p>-All of them agreed the fish, which had been served 3-4 times a week tasted and smelled "bad".</p> <p>-One had asked for a green salad for lunch but was told by the kitchen staff "that's not an option."</p> <p>-One stated, "We had corndogs for dinner once and I thought, my gosh, are they cleaning out the freezer?"</p> <p>-Most of them agreed the banana pudding they had been served [the other day] "had no flavor and contained only one slice of banana and 1 vanilla wafer cookie.."</p> <p>-Eight had voiced their concerns to someone in management and "it had been an on-going issue."</p> <p>-They had spoken to the former Administrator, the Acting Administrator prior to the hiring of the present Administrator, the Cooks, the Dietary Manager and with the various Activities Directors during the Resident Council meetings over the past months.</p> <p>-One diabetic residents, had to provide their own diabetic snacks, because none are offered by the facility or given if requested. "Sometimes I just eat it [the meal] and take a shot [of insulin]."</p>	{D917}		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL100005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/09/2016
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NAME OF PROVIDER OR SUPPLIER YANCEY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 4 COOPER LANE BURNSVILLE, NC 23714
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{D917}	<p>Continued From page 11</p> <ul style="list-style-type: none"> -A second diabetic resident was always offered the same alternates even though she does not like the choice or quality. "I'm diabetic and I'm not offered sugar-free options." -Residents who skipped meals, or left part of the meal, and ate snacks instead often tired of eating snacks. -One had asked for a scrambled egg sandwich for supper on 3/7/16 /and the kitchen staff would not make it for her because it was not an alternate. The next morning, at breakfast, the resident had been served a scrambled egg sandwich. <p>Confidential interview with a several staff members revealed:</p> <ul style="list-style-type: none"> -The residents "don't like the food." -"The food is getting better." -"The residents are eating better." -"The alternate changes daily." -"The kitchen staff don't want to make [a bunch of residents] sandwiches [when the meal option is unwanted], but otherwise [the residents] don't eat and are going without." -"The residents are all bringing in food." -"[A resident's name] tells us sometimes there's nights when they go to bed hungry." -The residents had requested "real mashed potatoes." -The kitchen staff continued to serve instant mashed potatoes because it would take too much time real mashed potatoes. -The kitchen staff fixed things that "nobody likes....like beef stew...have that all the time." -A lot of food was seen being wasted, because the residents wouldn't or couldn't eat it. -The residents wanted more "homemade foods instead of canned foods." -The Dietary Manager had been made aware of the complaints the residents had about the food. 	{D917}		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL100005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/09/2016
NAME OF PROVIDER OR SUPPLIER YANCEY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 4 COOPER LANE BURNSVILLE, NC 28714		
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{D917}	Continued From page 12 -"Some residents say [the] pureed food is not pureed enough." -The PCA felt food complaints are a matter of individual taste. -The Dietary Manager "is doing the best that she can, a lot needs to be done differently." Interview on 3/9/16 at 12:10pm with the Activities Director revealed: -She had been at the facility 3-4 months. -She was responsible for facilitating the monthly Resident Council Meeting. -She went room to room personally inviting all residents to each meeting. -There was an average of 10 residents attending the meetings. -The residents attending the January 2016 meeting had voted to have the Dietary Manager attend so they could share their on-going concerns with her about the food. -Their concerns included the food was not "homestyle", green beans were not being seasoned ("just dumped out of the can and heated"), they were being served food items they had identified as things they did not like, the fish smelled awful and tasted worse, the beef patties and Salisbury steak were difficult to chew and the temperature of the food had not always been hot. -Food concerns had been voiced at each of the following meetings but not fully documented. -After each Resident Council meeting, she would take the minutes to the Administrator. -The prior Administrator (no longer at the facility) and the interim Administrator, let the Department Heads run their departments and make their own decisions. -She would then discuss generalities in the next morning stand-up meeting and meet one-on-one to share specific concerns with the department head responsible.	{D917}		

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{D917}	<p>Continued From page 13</p> <ul style="list-style-type: none"> -She had not discussed Resident Council meetings with the new Administrator. -The current Administrator had not asked her for information regarding the ongoing food concerns. <p>Interview on 3/9/16 at 1:10pm with the Dietary Manager revealed:</p> <ul style="list-style-type: none"> -She was aware the kitchen had run out of meat loaf the day before. -She stated the Cook was new (employed for approximately one month) and had misunderstood her directions and not used the necessary amount ground beef. -She had not been in the kitchen during the food preparation. -The oven heating element had not been functioning properly for about a week. -The oven was burning and under baking items in the oven. -She had informed the new Administrator about the oven. -"The Corporation is aware of the fish issue and at a meeting one month ago, discussed replacing the fish with local fish." -She had attended the Resident Council meeting because she had been asked to be there by the residents. -They had wanted to discuss their food likes/dislikes and the changes they wanted to make the food "better". -They wanted more "country meals" like fried chicken, cornbread, fried potatoes, pinto beans, biscuits and gravy. -They didn't like the fish and she stated she would try serving the fish square as a sandwich. -She stated "a scrambled egg sandwich was a reasonable request and she did not know why the resident had not received it. <p>Interview on 3/9/16 at 3:55pm with the</p>	{D917}		
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(D917)	<p>Continued From page 14</p> <p>Administrator revealed:</p> <ul style="list-style-type: none"> -He had physically been in the building approximately 9 working days. -He had reviewed Food Service with the Dietary Manager since his arrival. -He was aware the residents were unhappy with the food. -He stated "the budget is small but we work with what we have." -"The meat was tough last night and the residents said the meat can sometimes be that way. We need to up the quality." -The number of residents requesting soup and sandwich is increasing. -"We will update the diet cards and the residents likes and dislikes." -Meals are important to the residents, they look forward to them. -He would be meeting with his team and the residents and identify what needs to be done. 	(D917)		