

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 106032	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/01/2020
NAME OF PROVIDER OF SUPPLIER MAGNOLIA HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 1507 S TUTTLE AVE SARASOTA, FL 34239	
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 0806 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>Based on interview, observation, and record review the facility failed to provide meals with regards to residents' food allergies and preferences for 2 (#8 and #9) of 5 residents reviewed. The facility also failed to offer alternatives to 2 (Residents #8 and #9) of 5 residents who, when not eating their meals were not offered alternative food items. The findings included:</p> <p>1. Observation on 8/31/20 at 10:08 a.m., Resident #8 was sitting in the chair with breakfast on the over bed table in front of her. The resident was dozing. The meal was mostly uneaten. No prompting or encouragement observed. The aide came into the resident's room and removed the tray. The aide asked only if resident was finished. The resident was lethargic and answered with yes. The aide did not try to rouse the resident and did not encourage the resident to eat more. The aide did not inquire if the resident would like something different. In an interview on 8/31/20 at 10:12 a.m., Certified Nursing Assistants (CNA) Staff A and B said each resident's meal consumption was recorded and consistent refusal to eat was reported to the nurse. The CNAs said Resident #8 ate independently but did not eat much breakfast. They said the resident would eat better at lunch. The CNAs recorded that Resident #8 consumed 25% of breakfast. CNA Staff A acknowledged she did not ask the resident if she would like something else to eat. In an interview on 8/31/20 at 10:50 a.m., the Regional Dietary Manager (RDM) said residents were interviewed and food preferences, dislikes, and food allergies were documented. The RDM said the preferences and dislikes were entered into the tray preparation system. A review of the records for Resident #8 found the Food and Beverage Preference List documented the resident dislikes: shellfish, salmon, haddock, cod, and white fish. The computer-generated food preference assessment used for tray set up showed: dislikes - none. Fish did not show up as a dislike. The report of ADL - Eating Meal Percentage for Resident #8 documented breakfast consumption 8 times for the 2-week period, 8/19/20 - 9/1/20. For 6 of the 8 breakfasts records consumption was reported as 26% - 50%. The resident weight summary for Resident #8 documented a weight loss of 17.4 pounds from 6/21/20 to 8/4/20, a decrease of 15.6 % from 110.4 pounds to 93 pounds. The care plan for potential nutritional problems was initiated on 9/1/20 with the goal of, maintaining adequate nutritional status as evidenced by maintain weight within (X)% of (SPECIFY BASELINE), and consuming at least (X)% of at least (SPECIFY) meals through review date. No weight range or meal percentage were listed. There were no resident specific interventions. The interventions were listed as: Explain and reinforce to the resident the importance of maintaining the diet ordered. Provide and serve diet as ordered. Registered Dietician to evaluate and make diet change recommendations as needed. In an interview on 9/1/20 at 1:05 p.m., Resident #8 was sitting in front of her meal tray. Very little food had been eaten. The meal consisted of chicken jambalaya, lima beans, fortified mashed potato, fresh fruit cup, frozen fortified dessert, tea and juice. The resident said she did not like jambalaya and would not eat it. The resident said she liked lima beans, but these were too dry and uneatable. The resident said she like mashed potatoes and gravy. Only one bite was eaten from the cup of dessert. The resident said she was not aware that an alternative was available. The resident said no one ever asked her if she would like something else. The resident said she did not see the menu for the day or week and did not know what was coming. The lunch meal consumption for 8/31/20 was reported as less than 25%. When made aware that cheese pizza was the lunch alternative the resident said she would like to have that, stating: Who doesn't like pizza. The resident said that on Monday for supper she was served fish. She said she did not like fish and had told the dietary manager. The resident said she was not offered an alternative to the fish when she refused it. 2. In an interview on 8/31/20 at 10:38 a.m., Resident #9 said there are many food items served that she did not like and said she just didn't eat them. The resident said she was not asked about an alternative. The resident said there was not much to choose from. The resident said she had food allergies. She said if an item showed up on her tray, she just didn't eat it. A review of the record for Resident #9 found the resident was on a puree diet and had allergies and dislikes which included chocolate and rice. On 7/10/20 the dietitian reported the resident had a 9% weight loss in 3 months, losing from 124.6 pounds to 113.4 pounds which occurred around the time of a hospitalization. The care plan for potential nutritional problems was updated on 6/29/20 with no goals listed. There was no update to the plan in relation to the significant weight loss. The interventions were listed as: Provide and serve diet as ordered. Monitor intake and record each meal. Registered Dietician to evaluate and make diet change recommendations as needed. There were no resident specific interventions listed. During an observation on 9/1/20 at 12:38 p.m., the tray cart was delivered to the 400 hall. At 12:40 p.m., the trays were delivered to the resident rooms. At 12:48 p.m., Resident #9 was observed lying in bed. Her meal tray was on the over bed table against the wall and covered. A wheelchair was positioned between the bed and the over bed table. The CNA who delivered the tray had not set up the tray and had not prepared the resident. At 12:51 p.m., the resident said she did not know what she was getting. The resident said she wanted to eat but could not get to her food. In an interview on 9/1/20 at 1:30 p.m., the Director of Nursing said the CNAs should be assisting the residents with set up for meals and should be offering the residents alternatives when they observe that the resident was not eating their meal. In an interview on 9/1/20 at 1:45 p.m., the Dietary Manager (DM) said that Resident #8's dislike for fish was not transferred from the food preference interview to the computerized tray preparation form. The DM said the daily menu with alternative was posted on the wall by the nurse's station. The DM said menus were not copied and passed out to the residents. The DM said for those residents who were not leaving their rooms, the CNAs should be informing the residents of the alternatives. The DM said the staff should pay closer attention to the residents with weight loss to ensure they were consuming enough food and supplements as ordered.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.