

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2021
NAME OF PROVIDER OR SUPPLIER Woodland Village Rehabilitation and Healthcare Cen		STREET ADDRESS, CITY, STATE, ZIP CODE 1900 Olive Street SW Cullman, AL 35056	

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)
<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, record review and review of a facility policy titled Select Menus, the facility failed to ensure Resident Identifier (RI) #81's food preferences for his/her supper meals on 05/04/21 and 05/05/21 were honored.</p> <p>This affected RI #81, one of five sampled residents reviewed for food preferences.</p> <p>Findings Include:</p> <p>Review of a facility policy titled Select Menus, with an effective date of 11/28/16, revealed the following:</p> <p>. Policy</p> <p>Selective menus will be provided to all residents within allowed dietary restrictions .</p> <p>Procedure</p> <p>1. Selective menus are provided to all residents to make their own menu selections .</p> <p>Responsibility</p> <p>The Dietary Director is responsible for the implementation and overall compliance of this policy and procedure.</p> <p>RI #81 was admitted to the facility on [DATE].</p> <p>RI #81's quarterly Minimum Data Set assessment, with an Assessment Reference Date of 04/14/21, revealed RI #81 scored 15 on the Brief Interview for Mental Status, indicating RI #81 was cognitively intact.</p> <p>On 05/04/21 at 8:56 AM, RI #81 informed the surveyor sometimes dietary would not send what he/she requested them to send. RI #81 said the residents get to choose what they want the day before by writing their request on a piece of paper.</p> <p>On 05/04/21 at 5:59 PM, RI #81's supper meal was observed by the surveyor. RI #81 was served a peanut butter and jelly sandwich, a bowl of cream of chicken soup, a bowl of ambrosia salad, a pack of</p> <p>(continued on next page)</p>

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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2021
NAME OF PROVIDER OR SUPPLIER Woodland Village Rehabilitation and Healthcare Cen		STREET ADDRESS, CITY, STATE, ZIP CODE 1900 Olive Street SW Cullman, AL 35056	
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)		
<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ms. Dash and a pack of salt and pepper. RI #81 said he/she did not want the ambrosia salad and he/she did not get his/her apple sauce and ice cream.</p> <p>Review of RI #81's supper meal tray card, dated 05/04/21, revealed RI #81 received everything he/she requested except the apple sauce and marble ice cream.</p> <p>On 05/04/21 at 6:10 PM, the surveyor conducted an interview with Employee Identifier (EI) #3, the Certified Nursing Assistant (CNA) assigned to care for RI #81. When asked who would be responsible for ensuring food items the resident requested were on the meal tray. EI #3 said the kitchen.</p> <p>On 05/05/21 at 6:22 PM, RI #81 was observed feeding him/herself the supper meal. RI #81 was served a peanut butter and jelly sandwich, potato wedges, a bowl of cream of chicken soup and marble ice cream.</p> <p>Review of RI #81's supper meal tray card, dated 05/05/21, revealed RI #81 received everything he/she requested except the apple sauce.</p> <p>On 05/06/21 at 10:27 AM, the surveyor conducted an interview with EI #1, the Registered Dietician. The surveyor asked EI #1 what system did the facility have in place for residents to request food items for their meals. EI #1 said the residents have tray tickets that were printed out which go to the hall the day before. EI #1 said typically the CNAs go around and ask the residents what they would like to eat for the next day for breakfast, lunch and dinner all at the same time. EI #1 said the tray tickets were returned to dietary and used to prepare the residents' food request. When asked who was responsible for ensuring the residents receive the requested food items, EI #1 said the staff on the tray preparing line. The surveyor asked EI #1 if a resident did not receive the requested food items, were their food preferences being honored. EI #1 said no.</p>		