

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305084	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER Mineral Springs		STREET ADDRESS, CITY, STATE, ZIP CODE 1251 White Mountain Highway North Conway, NH 03860	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to follow the health care provider's order for a therapeutic diet for a swallowing issue for 1 of 2 residents reviewed for nutrition in a final sample of 14 residents (Resident identifier is #43). Findings include: Review on 8/5/25 of Resident #43's physician's order revealed a dietary order dated 4/10/25 for Regular/Liberalized dysphagia (difficulty swallowing) advanced texture, pureed fruit and vegetables. Review on 8/5/25 of Resident #43's Care Plan revealed that Resident #43 was at nutritional risk for dysphagia with a goal of exhibiting no overt dysphagia with texture modification with a target date of 9/11/25. Further review revealed there was an intervention to provide a dysphagia diet as ordered. Observation on 8/5/25 at 12:15 p.m. of Resident #43 revealed that he/she was in their bed with their lunch tray set up in front of them with Resident #43's meal ticket which read Pureed Fruits and Vegetables. Further observation revealed there was a bowl of sliced whole pears on the tray. Interview on 8/5/25 at 12:23 p.m. with Staff A (Licensed Nursing Assistant) confirmed that the pears were served to Resident #43 whole. Interview on 8/5/25 at 12:25 p.m. with Staff B (Dietician) and Staff C (Dietary Manager) confirmed that Resident #43's fruits and vegetables should have been pureed. Observation on 8/6/25 at 8:13 a.m. of Resident #43 in the dining room eating breakfast revealed a bowl of watermelon, that had been cut into pieces. Interview on 8/6/25 at 8:20 a.m. with Staff D (Medication Nursing Assistant) confirmed that the watermelon was not pureed. Review on 8/6/25 of Resident #43's Speech Therapy Discharge Summary signed by Staff F (Speech Language Pathologist) on 7/3/25 revealed that Resident #43 had been on services for dysphagia therapy from 6/3/25 through 7/3/25. Further review revealed that the discharge recommendations were for pureed fruits and vegetables. Interview on 8/6/25 at 12:00 p.m. with Staff F confirmed that Resident #43's had recently been treated for swallowing issues and that the Resident's fruit and vegetables should have been pureed. Review on 8/6/25 of the facility's Diet and Nutrition Care Manual, page 2-20 revealed . Dysphagia Puree (Level 1) Diet . All foods are pureed to simulate a soft food bolus, eliminating the whole chewing phase . Food . Fruits (include a variety; with more fruit than juice as appropriate) Pureed consistency . Review on 8/6/25 of the facility's policy titled Therapeutic Diet Orders, implemented 9/1/24, revealed . The facility provides all residents with foods in the appropriate form . as prescribed by a physician, and/or assessed by the interdisciplinary team to support the resident's treatment/plan of care . 5. Dietary and nursing staff are responsible for providing therapeutic diets in the appropriate form . as prescribed .</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 305084	Facility ID: 305084 If continuation sheet Page 1 of 1