

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155367	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/16/2015
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-SYCAMORE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2905 W SYCAMORE ST KOKOMO, IN 46901
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00177582.</p> <p>Complaint: IN00177582 Substantiated. Federal/State deficiencies related to the allegations are cited at F282 and F367.</p> <p>Unrelated deficiency cited.</p> <p>Survey dates: July 15 & 16, 2015</p> <p>Facility Number: 000258 Provider Number: 155367 AIM Number: 100289160</p> <p>Census Bed Type: SNF/NF: 91 Total: 91</p> <p>Census Payor Type: Medicare: 4 Medicaid: 76 Other: 11 Total: 91</p> <p>Sample: 7 Supplemental Sample: 6</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC</p>	F 0000		

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.

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F 0282 SS=E Bldg. 00	<p>16.2-3.1.</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, interview and record review the facility failed to ensure physician orders, and plans of care were followed for 1 of 3 sampled and 5 of 6 supplemental residents reviewed. (Residents "D", "I", "J", "K", "L" and "M").</p> <p>Findings include:</p> <p>1. The record for Resident "D" was reviewed on 07-15-15 at 1:45 p.m. Diagnoses included, but were not limited to, Alzheimer's dementia, difficulty in walking and aphasia. These diagnoses remained current at the time of the record review.</p> <p>A review of the current physician orders for July 2015 indicated the resident received a "regular pureed diet with nectar thickened liquids."</p>	F 0282	The facility failed to provide mechanically altered diet as prescribed by the physician to Residents D, I, J, K, L. No residents were harmed by the observations made. Correction to Resident M (pg 7, 13-stated the resident does not have an order for may have regular meat) does have a physician order for "may have regular meat upon request" dated 7-9-14. Correction to page 13-the Registered Dietitian did indicate to surveyor she was made aware the dietary staff provided mechanical soft ground meat to residents who required pureed texture. At which time she indicated "The pureed texture should be smooth like a pudding consistency." Corrective action was conducted by Dining Services Manager and Registered Dietitian by providing education with the dining services staff on mechanically altered diets ordered by physicians and including: pureeing meats, pureed diets, and recipes for puree	08/15/2015	

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	<p>A review of the resident's Minimum Data Set, dated 04-19-15 indicated the resident received a mechanical altered diet. The resident's current plan of care indicated the resident had "Chewing and swallowing difficulties as related to Alzheimer's and advancing age." The Intervention to this plan of care instructed the facility staff to provide "diet as ordered regular, puree with nectar thick liquids, observe for coughing while eating or drinking, labored or wet breath sounds especially after noted coughing."</p> <p>A review of the current "Nutritional Assessment," dated 07-08-15 indicated, "Biting/chewing difficulty related to dementia and advanced age AEB [as evidence by] need for pureed diet with nectar thick liquids."</p> <p>A review of the resident's tray card for 07-15-15 lunch meal, indicated the resident required a pureed diet.</p> <p>During an observation on 07-15-15 at 12:30 p.m., the resident's had been served ground meat and not the pureed diet as ordered.</p> <p>2. The record for Resident "I" was reviewed on 07-16-15 at 1:00 p.m. Diagnoses included, but were not limited to, cerebral vascular accident, paralysis</p>		<p>procedures on 7/15/15 and weekly thereafter. In service provided to nursing and dining staff on mechanically altered diets including mechanical soft and pureed diets. Care plans, tray tickets and physician orders of all residents on mechanically altered diets have been reviewed to ensure they are receiving correct diet. Nursing/dietary staff in-serviced on differences between mechanically altered diets including mechanically soft and pureed diets. Pureed and mechanically altered foods will be monitored one meal per day by DSM, RD, or Designee five times per week for a total of 12 weeks. An evaluation form will be used to observe and monitor at least five residents per day for one meal a day; the audit will be completed 5 days per week for a total of 12 weeks to observe residents on mechanically altered diets receive the appropriate consistency and diet as prescribed by the physician. The evaluation will also observe the food preparation for mechanically altered meats one meal per day; 5 days per week for a total of 12 weeks. The Registered Dietitian will review the evaluations during her visits and at least one time per week. the evaluations will be reported to the Executive Director for review at least weekly. The DSM wil monitor findings and trends with QAPI on a monthly basis for 6 months unless further monitoring</p>		

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	<p>agitans, congenital hydrocephalus. These diagnoses remained current at the time of the record review.</p> <p>A review of the Speech Therapy Plan of Care, dated 05-13-15, indicated the resident was an aspiration risk.</p> <p>The "Nutritional Assessment," dated 05-19-15 indicated the resident had "biting/chewing difficulties related to vascular disease and advancing age AEB need for pureed diet consistency with honey thickened liquids. Currently working with ST [Speech Therapy] due to a a recent choking episode."</p> <p>A review of the current physician orders for July 2015 indicated the resident required a Pureed diet with honey thickened liquids.</p> <p>A review of the resident's Minimum Data Set assessment, dated 05-27-15, indicated the resident received a mechanical therapeutic diet. The resident's current plan of care indicated the resident had "Chewing/swallowing problems related to vascular disease and advancing age AEB need for pureed diet consistency with honey thick liquids." Interventions to this plan of care included "Diet as ordered."</p>		is deemed necessary at that time.		

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	<p>During an observation on 07-15-15 at 12:30 p.m., the resident did not receive the pureed diet as ordered, but rather received mechanical ground meat.</p> <p>3. The record for Resident "J" was reviewed on 07-16-15 at 1:15 p.m. Diagnoses included, but were not limited to, dementia, hypertension, and esophageal reflux. These diagnoses remained current at the time of the record review.</p> <p>The resident had a current physician order dated 01-12-15 for a regular pureed diet.</p> <p>The resident's Minimum Data Set assessment, dated 04-22-15 also indicated the resident received a mechanical altered therapeutic diet. The resident's current plan of care indicated the resident had "chewing and swallowing difficulties due to dementia and advancing age. Resident is on a pureed diet."</p> <p>The current "Nutritional Assessment," dated 04-25-15, indicated the resident had "biting/chewing difficulties related to dementia and advancing age AEB need for pureed diet consistency."</p> <p>During an observation on 07-15-15 at</p>			

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	<p>12:30 p.m., the resident received ground meat instead of the required physician ordered pureed diet.</p> <p>4. The record for Resident "K" was reviewed on 07-16-15 at 1:30 p.m. Diagnoses included, but were not limited to, senile dementia, peripheral neuropathy and depressive disorder. These diagnoses remained current at the time of the record review.</p> <p>The current "Nutritional Assessment, dated 04-05-15 indicated the resident had "biting/chewing difficulties and swallowing difficulties related to dementia and advancing age AEB need for pureed diet with nectar thick liquids.</p> <p>The resident had a current physician order dated 07-29-14 for a pureed textured diet with nectar thick liquids.</p> <p>The resident's Minimum Data Set assessment, dated 07-06-15 also indicated the resident received a mechanical altered therapeutic diet. The resident's current plan of care indicated the resident had "chewing and swallowing difficulties related to dementia and advancing age AEB need for pureed diet with nectar thick liquid." An Intervention to this plan of care included "Diet as ordered, observe for</p>			

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	<p>signs and symptoms of aspiration."</p> <p>During an observation on 07-15-15 at 12:30 p.m., the resident received a ground meat texture instead of the pureed diet.</p> <p>5. The record for Resident "L" was reviewed on 07-16-15 at 1:30 p.m. Diagnoses included, but were not limited to, dementia, dysphagia, depressive disorder and hypertension. These diagnoses remained current at the time of the record review.</p> <p>The resident had a current physician order dated 06-12-14 for a regular diet, mechanical soft with pureed meat texture and honey thickened liquids.</p> <p>The resident's Minimum Data Set assessment, dated 06-12-15 indicated the resident received a mechanical altered therapeutic diet. The resident's current plan of care indicated the resident had "chewing and swallowing problems related to the aging process and diagnosis of dysphagia AEB need for mechanical soft with pureed meats and honey thickened liquids." An Intervention to this plan of care instructed the nursing staff to provide the "mechanical soft diet with pureed meats and honey thickened liquids."</p>			

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	<p>The current "Nutritional Assessment," dated 03-24-15 indicated the resident had "swallowing difficulties related to advancing age and dementia AEB need for mechanical soft diet with pureed meat. Resident has diagnosis of dysphagia."</p> <p>During an observation on 07-15-15 at 12:40 p.m., the resident received a mechanical soft diet with ground meat instead of the required pureed meat.</p> <p>6. The record for Resident "M" was reviewed on 07-16-15 at 2:00 p.m. Diagnoses included, but were not limited to, Downs syndrome and dementia. These diagnoses remained current at the time of the record review.</p> <p>A physician order dated 07-09-14 instructed the facility staff to provide a regular diet with ground meat texture.</p> <p>A review of the Minimum Data Set, dated 05-28-14 indicated the resident had cognitive impairment and received a mechanical altered diet.</p> <p>The resident's current plan of care indicated the resident was at "risk for nutritional deficient related to cognitive impairment chewing and swallowing</p>			

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	<p>difficulties related to poor dental health and disease process AEB need for ground meat."</p> <p>The current "Nutritional Assessment," dated 05-28-15, indicated the resident had biting and chewing difficulties. May have regular meat upon request per MD [Medical Doctor]."</p> <p>A review of the current physician orders for July 2015 lacked any indication this cognitively impaired could receive a diet which included "regular meat."</p> <p>During an observation on 07-16-15 at 12:45 p.m., the resident pointed to her throat and indicated, "I choke, I choke." The resident pointed to the meat on her plate. The meat product was a hot dog that had been cut into 1/2 - 3/4 inch pieces. A review of the residents tray card indicated the resident required "ground meats."</p> <p>During this observation the dietician indicated she had cut the hot dog up into the pieces.</p> <p>This Federal tag relates to Complaint IN00177582.</p> <p>3.1-35(g)(2)</p>			

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F 0367 SS=E Bldg. 00	<p>483.35(e) THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN Therapeutic diets must be prescribed by the attending physician. Based on observation, interview and record review the facility failed to ensure resident's received a physician ordered therapeutic diet for 1 of 3 sampled residents reviewed for therapeutic diets and 5 of 6 supplemental residents. (Residents "D", "I", "J", "K", "L" and "M").</p> <p>Findings include:</p> <p>1. The record for Resident "D" was reviewed on 07-15-15 at 1:45 p.m. Diagnoses included, but were not limited to, Alzheimer's dementia, difficulty in walking and aphasia. These diagnoses remained current at the time of the record review.</p> <p>The current physician order for July 2015 indicated the resident received a "regular pureed diet with nectar thickened liquids."</p> <p>The resident's current plan of care indicated the resident had "Chewing and swallowing difficulties as related to Alzheimer's and advancing age." The "Intervention" to this plan of care</p>	F 0367	<p>The facility failed to provide mechanically altered diet as prescribed by the physician to Residents D, I, J, K, L. No residents were harmed by the observations made. Correction to Resident M (pg 7, 13-stated the resident does not have an order for may have regular meat) does have a physician order for "may have regular meat upon request" dated 7-9-14. Correction to page 13-the Registered Dietitian did indicate to surveyor she was made aware the dietary staff provided mechanical soft ground meat to residents who required pureed texture. At which time she indicated "The pureed texture should be smooth like a pudding consistency." Corrective action was conducted by Dining Services Manager and Registered Dietitian by providing education with the dining services staff on mechanically altered diets ordered by physicians and including: pureeing meats, pureed diets, and recipes for puree procedures on 7/15/15 and weekly thereafter. In service provided to nursing and dining staff on mechanically altered diets including mechanical soft and pureed diets. Care plans, tray tickets and physician orders of all residents on mechanically altered</p>	08/15/2015
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	<p>instructed the facility staff to provide "diet as ordered regular, puree with nectar thick liquids, observe for coughing while eating or drinking, labored or wet breath sounds especially after noted coughing."</p> <p>A "Nutritional Assessment," dated 07-08-15 indicated, "Biting/chewing difficulty related to dementia and advanced age AEB [as evidence by] need for pureed diet with nectar thick liquids."</p> <p>The resident's tray card for 07-15-15 lunch meal, indicated the resident required a pureed diet.</p> <p>During an observation on 07-15-15 at 12:30 p.m., the resident had been served ground meat and not the pureed meat as ordered.</p> <p>2. The record for Resident "I" was reviewed on 07-16-15 at 1:00 p.m. Diagnoses included, but were not limited to, cerebral vascular accident, paralysis agitans, congenital hydrocephalus. These diagnoses remained current at the time of the record review.</p> <p>A review of the current Physician orders for July 2015 indicated the resident required a Pureed diet with honey thickened liquids.</p>		<p>diets have been reviewed to ensure they are receiving correct diet. Nursing/dietary staff in-serviced on differences between mechanically altered diets including mechanically soft and pureed diets. Pureed and mechanically altered foods will be monitored one meal per day by DSM, RD, or Designee five times per week for a total of 12 weeks. An evaluation form will be used to observe and monitor at least five residents per day for one meal a day; the audit will be completed 5 days per week for a total of 12 weeks to observe residents on mechanically altered diets receive the appropriate consistency and diet as prescribed by the physician. The evaluation will also observe the food preparation for mechanically altered meats one meal per day; 5 days per week for a total of 12 weeks. The Registered Dietitian will review the evaluations during her visits and at least one time per week. the evaluations will be reported to the Executive Director for review at least weekly. The DSM will monitor findings and trends with QAPI on a monthly basis for 6 months unless further monitoring is deemed necessary at that time.</p>	

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	<p>The resident's current plan of care indicated the resident had "Chewing/swallowing problems related to vascular disease and advancing age AEB need for pureed diet consistency with honey thick liquids." Interventions to this plan of care included "Diet as ordered."</p> <p>The "Nutritional Assessment," dated 05-19-15, indicated the resident had "biting/chewing difficulties related to vascular disease and advancing age AEB need for pureed diet consistency with honey thickened liquids. Currently working with ST [Speech Therapy] due to a a recent choking episode."</p> <p>A review of the Speech Therapy Plan of Care, dated 05-13-15 indicated the resident was an aspiration risk.</p> <p>During an observation on 07-15-15 at 12:30 p.m., the resident did not receive the pureed diet as ordered, but received mechanical ground meat.</p> <p>3. The record for Resident "J" was reviewed on 07-16-15 at 1:15 p.m. Diagnoses included, but were not limited to, dementia, hypertension, and esophageal reflux. These diagnoses remained current at the time of the record review.</p>			

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	<p>The resident had a current Physician order dated 01-12-15 for a regular pureed diet.</p> <p>The resident's current plan of care also indicated the resident had "chewing and swallowing difficulties due to dementia and advancing age. Resident is on a pureed diet."</p> <p>The "Nutritional Assessment," dated 04-25-15, indicated the resident had "biting/chewing difficulties related to dementia and advancing age AEB need for pureed diet consistency."</p> <p>During an observation on 07-15-15 at 12:30 p.m., the resident received a ground meat instead of the required physician ordered pureed diet.</p> <p>4. The record for Resident "K" was reviewed on 07-16-15 at 1:30 p.m. Diagnoses included, but were not limited to, senile dementia, peripheral neuropathy and depressive disorder. These diagnoses remained current at the time of the record review.</p> <p>The resident had a current Physician order dated 07-29-14 for a pureed textured diet with nectar thick liquids.</p>			

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	<p>The resident's current plan of care also indicated the resident had "chewing and swallowing difficulties related to dementia and advancing age AEB need for pureed diet with nectar thick liquid." An Intervention to this plan of care included "Diet as ordered, observe for signs and symptoms of aspiration."</p> <p>The current "Nutritional Assessment," dated 04-05-15 indicated the resident had "biting/chewing difficulties and swallowing difficulties related to dementia and advancing age AEB need for pureed diet with nectar thick liquids."</p> <p>During an observation on 07-15-15 at 12:30 p.m., the resident received a ground meat texture instead of the pureed diet.</p> <p>5. The record for Resident "L" was reviewed on 07-16-15 at 1:30 p.m. Diagnoses included, but were not limited to, dementia, dysphagia, depressive disorder and hypertension. These diagnoses remained current at the time of the record review.</p> <p>The resident had a current Physician order dated 06-12-14 for a regular diet, mechanical soft with pureed meat texture and honey thickened liquids.</p>			

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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-SYCAMORE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2905 W SYCAMORE ST KOKOMO, IN 46901
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	<p>The resident's current plan of care indicated the resident had "chewing and swallowing problems related to the aging process and diagnosis of dysphagia AEB need for mechanical soft with pureed meats and honey thickened liquids." An Intervention to this plan of care instructed the nursing staff to provide the "mechanical soft diet with pureed meats and honey thickened liquids."</p> <p>The "Nutritional Assessment," dated 03-24-15, indicated the resident had "swallowing difficulties related to advancing age and dementia AEB need for mechanical soft diet with pureed meat. Resident has diagnosis of dysphagia."</p> <p>During an observation on 07-15-15 at 12:40 p.m., the resident received a mechanical soft diet with ground meat instead of the required pureed meat.</p> <p>6. The record for Resident "M" was reviewed on 07-16-15 at 2:00 p.m. Diagnoses included, but were not limited to, Downs syndrome and dementia. These diagnoses remained current at the time of the record review.</p> <p>A physician order dated 07-09-14 instructed the facility staff to provide a regular diet with ground meat texture.</p>			

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	<p>The resident's current plan of care indicated the resident was at "risk for nutritional deficient related to cognitive impairment chewing and swallowing difficulties related to poor dental health and disease process AEB need for ground meat."</p> <p>The "Nutritional Assessment," dated 05-28-15, indicated the resident had biting and chewing difficulties. May have regular meat upon request per MD [Medical Doctor]."</p> <p>A review of the current physician orders for July 2015 lacked any indication this cognitively impaired resident had physician orders that the resident could request "regular meat."</p> <p>During an observation on 07-16-15 at 12:45 p.m., the resident pointed to her throat and indicated, "I choke, I choke." The resident pointed to the meat on her plate. The meat product was a hot dog that had been cut into 1/2 - 3/4 inch pieces. A review of the residents tray card indicated the resident required "ground meats."</p> <p>During this observation the dietician indicated she had cut the hot dog up into the pieces.</p>			

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F 0411 SS=D Bldg. 00	<p>During an interview with the dietician on 07-16-15 at 10:00 a.m., indicated she was unaware the dietary staff provided mechanical soft ground meat to resident's who required pureed texture. "The pureed texture should be smooth like a pudding consistency."</p> <p>This Federal tag relates to Complaint IN00177582.</p> <p>3.1-21(a)(3)</p> <p>483.55(a) ROUTINE/EMERGENCY DENTAL SERVICES IN SNFS The facility must assist residents in obtaining routine and 24-hour emergency dental care.</p> <p>A facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine and emergency dental services to meet the needs of each resident; may charge a Medicare resident an additional amount for routine and emergency dental services; must if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and promptly refer residents with lost or damaged dentures to a dentist.</p> <p>Based on observation, interview and record review the facility failed to ensure a resident received dental services for ill fitting dentures for 1 of 1 resident's reviewed for denture problems in a sample of 7. (Resident "C").</p>	F 0411	Resident C was seen by Ladd Dental group on 7/27/15. It was determined by the dentist that the resident's current dentures fit as well as they could and no additional work was needed at this time. Dentist encouraged	08/15/2015

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	<p>Findings include:</p> <p>The record for Resident "C" was reviewed on 07-15-15 at 2:15 p.m. Diagnoses included, but were not limited to, hemiplegia, diabetes mellitus, hypertension, esophageal reflux and anxiety. These diagnoses remained current at the time of the record review.</p> <p>A review of a "Nutritional Assessment," dated 04-08-15 indicated the resident "sometimes chokes." The resident had a physician order for a Mechanical soft textured diet with no lettuce, no whole kernel corn, bread, rice, pizza, baked potato."</p> <p>During an observation on 07-15-15 at 12:30 p.m., the resident was observed seated in the main dining room. The resident had been served the correct mechanical soft diet, when during this observation the resident started to cough. The nursing staff indicated the resident had been having recent problems with coughing and choking and the physician was aware.</p> <p>A review of the physician progress notes, dated 06-21-15, indicated "Complains of coughing for 1 week and choking on her food. Lungs: reduced breath sounds.</p>		<p>Resident C to wear the dentures more frequently so that they would fit properly in her mouth. All other residents with dentures were reviewed to ensure that no one else had any emergent dental needs which required them to be seen by the dentist. Therapy/nursing staff in-serviced that if they become aware of a resident having any dental issues that SS needs to be aware so that an appointment can be scheduled for resident. SS/designee to review at morning meeting any resident who may have a need for dental services. This is to be done 5 times weekly during morning stand up. Residents are also reviewed with MDS schedule for any issues related to mouth or mouth pain. SS/designee to be made aware of any resident identified as needing emergent dental services. Results of daily stand up review for residents with dental issues will be reviewed at QAPI monthly x 6 months unless further monitoring is deemed necessary at that time.</p>		

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	<p>Impression: Acute bronchitis and aspiration pneumonia."</p> <p>The physician ordered "Speech to evaluate and treat as indicated for frequent choking episodes."</p> <p>A review of the Speech Therapy Plan of Care, dated 06-23-15 indicated, "Res. [resident] has demonstrated increased choking at meal time, with history or esophageal dilation. Decreased ability to effectively communicate wants and needs. Nursing complaints of resident choking during meals for the last couple of week days [sic]. Swallowing difficulties are caused by oral, pharyngeal, and esophageal issues including not [sic] teeth and a history of esophageal strictures. Resident has no teeth at this time, res. [resident] reports they need repairs, and that they are too big. Res. reports she has not worn for about 2 months."</p> <p>An additional Speech Therapy notation, dated 06-28-15, indicated the resident expressed a concern related to her dentures, "My teeth don't fit right." The Speech Therapist indicated the need for a "denture consult."</p> <p>During an interview on 07-16-15 at 11:00 a.m., the resident indicated, "I can't wear</p>			

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	<p>my dentures. I was told they need to be fixed but they haven't been fixed yet. If I wear them when I eat they move around inside my mouth and I feel like I'm going to swallow them. I don't care what it takes I want them fixed."</p> <p>During an interview on 07-16-15 at 10:30 a.m., the Social Service Director indicated the facility recently changed vendors and the resident's paperwork had been completed although he had not received approval for services. The Social Service Director further indicated he was unaware of the notations by the Speech Therapist.</p> <p>3.1-24(a)(1)</p>				