Citation Numb 6816	er:), 2018	
Facility Name:			Survey I	Dates:		
Glen Oaks Alz Center	heimer Special Care		May 7-10 & May 15, 2018			
Facility Addres	ss/City/State/Zip					
8525 Urbandal	e Ave					
Urbandale, Iowa 50322		MW				
Rule or				Fine Amount	Correction	
		e of Violation	Class		date	
Code Nature Section			Class		uale	

57.34(3)c	57.34(3) <i>Resident safety.</i> <i>c.</i> Residents shall receive adequate supervision to ensure against hazard from themselves, others, or elements in the environment. (I, II, III)	I	\$7900	UPON RECEIPT
	DESCRIPTION:			
	Based on interview and record review the facility failed to ensure adequate supervision and safety measures were in place for 1 of 1 residents reviewed with a history of choking (Resident #1).			
	Findings include:			
	A progress note dated 4/17/18 AT 8:55 P.M. documented the resident was asking for cake. Staff gave her a soda and a peanut butter sandwich cut into fourths. The resident ate a fourth of the sandwich and began choking. Staff attempted to get the food out but the resident clenched her teeth shut. Staff got the resident to breath and then dislodged food from her mouth. The resident			

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was taken to the hospital via ambulance due to low oxygen levels. A subsequent progress note documented the resident received potassium at the hospital and returned to the facility later that same night.		
Review of the diet list used by dietary staff revealed Resident #1 was on a Mechanical Soft diet for meats. The facility utilized a document from St Croix Hospice that outlined the parameters of a Mechanical Soft diet. According to the document all foods were to be moist, soft textured and easily chewed. Meats were to be ground and served with gravy or sauce. Under the food group of meats and meat substitutes, foods to be avoided included dry meat (such as sausage or hot dogs), peanut butter and sandwiches.		
Resident #1 had a second choking episode on 5/1/2018.		
A review of incident reports revealed on 5/1/18 at 9:00 am the Health Services Director was called to the back dining room area and found Resident #1 choking. Staff present were encouraging the resident to		

Facility Administrator

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a		
noted extreme breathing). The bread and an The resident of blocked airwa noted. The He attempted sev 911 was calle hypoxic, turne was initiated a pulse and not Technicians s and throat and According to t was seen in the after a chokin chest x-ray re resident was a further evalual 5/9/18 the res	sident was visibly shaken with e dyspnea (difficulty in he resident's mouth was full of oral cavity sweep was done. continued to have a partially y and respiratory wheezing was eimlich maneuver was veral times unsuccessfully and d. The resident became ed blue and passed out. CPR as the resident was without a breathing. Emergency Medical uctioned the resident's mouth d transported to the hospital. he hospital records the resident he emergency room on 5/1/18 g spell with CPR performed. A vealed a sternal fracture. The admitted to the hospital for tion and management. On ident was discharged back to	
resident was further evalua	admitted to the hospital for tion and management. On	
revealed an a	sident #1's record on 5/8/18 dmission date of 2/16/18 with a arly onset frontotemporal	

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dementia. According to a report written by the	
resident's Primary Care Provider (PCP)	
following a routine visit on 2/27/18, staff were	
worried about choking as the resident tended	
to eat very quickly. The service plan dated	
4/04/18 indicated Resident #1 was on a	
Regular diet. An order dated 4/05/18 from the	
consultant dietitian documented the resident	
was to receive a Mechanical Soft Meat	
(ground meat) diet due to difficulty chewing	
regular meat and potential for pocketing. The	
service plan was not amended to change the	
resident's diet order. In addition, the service	
plan noted the resident was to have	
assistance at meals but did not specify the	
type of assistance required.	
According to the menu, breakfast served the	
morning of 5/1/18 included hot or cold cereal,	
scrambled eggs, sausage and a pastry.	
solambled eggs, sausage and a pastry.	
On 5/7/18 at 1:31 p.m. interview with Staff F	
revealed Resident #1 was known to shovel	
food/eat exceedingly fast. Sometimes staff	
took the plate away when this occurred. She	
did not know if Resident #1 had a program for	
this or not. Staff F confirmed on the morning	

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of 5/1/18 she had initially given Resident #1	
the wrong plate of food as it was for someone	
on a Regular diet and not a Mechanical Soft	
diet. She thought the resident had the wrong	
plate for three minutes. Staff F confirmed she	
did not sit with Resident #1 as she was busy	
serving other residents. She stated she had	
never seen Resident #1 eat too quickly. Staff	
F reported that of all the residents who ate in	
the back dining room there were at least five	
who needed significant assistance to eat, and	
two who required verbal cueing. Staff F said	
staff bounced between tables the best they	
could in order to assist residents at meals.	
Interview with Staff E on 5/8/18 at 10:37 a.m.	
revealed she did not see anyone sitting with	
Resident #1 when she passed by him/her.	
She noted Resident #1 had been served the	
wrong diet at that time as there was a whole	
sausage on the plate. She requested a	
Mechanical Soft breakfast from the kitchen.	
Staff E said she assumed Resident #1 had	
already eaten most of the croissant because	
there was approximately three inches of it left	
on the plate. There was nothing on the floor	
and both of Resident #1's cheeks were full of	
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Facility Administrator

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food. She believed neither Staff F or Staff G	
sat with Resident #1 because they were	
ensuring everyone had been served. Staff E	
did not think there were enough staff to sit	
with Resident #1 for the entire meal because	
they were required to move from table to	
table to assist other residents. Staff E	
thought there were between 25 and 27	
residents in the back dining room at the time	
with three direct care staff present.	
Interview with Staff G on 5/8/18 at 12:36 p.m.	
revealed during breakfast Resident #1's	
cheeks were observed to be full of food. She	
took the resident to the restroom for privacy	
to assist him/her with removing the food at	
approximately 8:50 a.m. Staff E and Staff F	
remained in the back dining room. As Staff G	
attempted to remove some of the food, which	
appeared to be a croissant, Resident #1	
attempted to speak. She believed the	
resident's voice sounded muffled so she	
called for a nurse on the walkie-talkie. Two	
nurses showed up within seconds. One of the	
nurses told her to call 911 as the resident	
was turning blue, the Heimlich maneuver	
wasn't working and CPR was initiated due to	
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Facility Name: Glen Oaks Alzheimer Special Care Center			Survey Dates: May 7-10 & May 15, 2018		
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loss of consciousness. The paramedics arrived and were able to remove a piece of a croissant from Resident #1's airway and regain a pulse. Staff G stated prior to this incident she had helped another resident (Resident #6) use the restroom. Staff E and Staff F were in the dining room helping with breakfast. When she brought Resident #6 to the dining room, the last plate was being served. They hadn't sent cereal for Resident #6 so she went to the kitchen to get it. When she returned she observed Resident #1 staring out the window with cheeks full of food. No staff were near Resident #1. According to Staff G, staff were to sit with Resident #1 as soon as the plate arrived as he/she often shoveled food in their mouth. The resident was also known to shove items such as plastic gloves, paper towels and toilet paper in their mouth. Review of the South Dining Room meal		
attendance logs revealed on 5/1/18 there were a total of 19 residents scheduled to eat in the back dining room. From the list, 18 were noted as attending breakfast.		

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On 5/7/18 at 2:42 p.m. interview with the cook who worked during breakfast on the morning of 5/1/18 revealed she first dished up food for residents on Pureed diets, then those on Mechanical Soft diets and finally individuals on a Regular diet. After she served up the plates, she left the dining room.		
Interview with the Dietary Supervisor on 5/8/18 at 11:39 a.m. revealed that even though Resident #1 was on a Mechanical Soft diet for meats only on 5/1/18, the whole croissants served at breakfast that day were considered appropriate for anyone on a Mechanical Soft diet. However since that time, Resident #1's bread was being cut up.		
FACILITY RESPONSE:		

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