

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>675128</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/23/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MIDWESTERN HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>601 MIDWESTERN PKWY WICHITA FALLS, TX 76302</b>	
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 0803  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>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.</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure the prepared menus were followed, and substitutions and variations from the planned menus were documented. The facility's failure could place the residents receiving meals prepared in the facility kitchen at risk for compromised nutritional status and weight loss. The findings included: Observation on 6/22/20 at 12:10 PM revealed meal tray carts were being sent from the facility kitchen to be taken to the halls to serve the residents in their rooms. During an interview and observation on 6/22/20 at 12:15 PM, CNA A (certified nurse aide) stated the dietary staff had not been placing salt, pepper, sweet 'n low, or other condiments on the residents' meal trays. She stated the nurse aides had to spend a lot of time going to the kitchen to request condiments that should be on the trays. The CNA stated the meals served were not according to planned menus. Observation at that time revealed there was not a container with assorted condiments included on the cart. The CNA lifted a plate cover from a meal tray and stated the residents were being served some type of pork patty. There were no condiments on the individual trays. In an interview and record review on 6/22/20 at 12:35 PM, the Dietary Services Manager stated he had started employment in the facility the prior week on Wednesday, 6/17/20. He stated a new cycle of menus started being used on 6/21/20, and he was told to use the Week 2 menu this week. Review of the planned menu for the lunch meal revealed sliced meatloaf, corn, western spinach, dinner roll, mint brownie, tableside condiments, and choice of beverage were listed. The Dietary Services Manager stated the planned menu for the lunch meal was not followed, because they did not have sliced meatloaf. The Dietary Services Manager stated he did not have a menu substitution log. In an interview on 6/22/20 at 12:55 PM, Dietary Aide B stated the former dietary manager left about 2 weeks ago. She stated one of the office staff had been ordering the groceries, and she was not working today. She stated today the residents were served breaded pork steak, cornbread, mashed potatoes, mixed vegetables, and ice cream for dessert. In an interview on 6/22/20 at 1:00 PM, Cook C stated the prior dietary manager had left 2 weeks ago, and the office staff member did a good job of ordering the groceries for someone who didn't work in dietary. She stated the office staff member did medical records and was helping out. Cook C stated they were supposed to serve fried chicken for lunch yesterday (Sunday 6/21/20), but the night cooks didn't take it out of the freezer to defrost overnight on Saturday and there was not time yesterday to thaw chicken for lunch. She stated they served cheese burgers and potato wedges instead, and grilled cheese sandwiches and tomato basil soup as the substitute (alternate menu). In an interview on 6/22/20 at 1:10 PM, the Dietary Services Manager stated he had found menu Substitution Record forms, but they were blank forms. He stated he had not found a log book with documented forms used for menu substitutions. In an interview and record review on 6/22/20 at 1:15 PM, Cook C reviewed the blank menu Substitution Record form and stated she had not seen it before. She stated she had been employed in the facility kitchen for the past 6 months. In an interview on 6/23/20 at 12:13 PM, the Human Resources Director stated the prior Dietary Services Manager's last day of work had been on 5/26/20. She stated he had been off work due to taking medical leave for several months. She stated the Medical Records Department staff had helped with ordering groceries, and the rest of the staff had tried to help the Dietary Department. In an interview on 6/23/20 at 1:15 PM, the Social Worker stated keeping dietary staff had been a problem. She stated the office staff had washed dishes, the Administrator had cooked, and the Medical Records staff member had ordered the groceries. In an interview on 6/23/20 at 2:30 PM, Cook C stated the Medical Records staff member had been the interim Dietary Supervisor. She stated the other dietary staff disagreed on which weekly menu to use; one said Week 2 and another said Week 3. Cook C stated no one really knew what weekly menu to use.</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.