DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES.

PRINTED: 08/12/2011 FORM APPROVED

		WEDICAID SERVICES			OMBIA	O. 0938-039 ⁻
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		345163	B. WNG _		07/	C
NAME OF P	ROVIDER OR SUPPLIER		QT/	REET ADDRESS, CITY, STATE, ZIP CODE	07/2	29/2011
GLENBR	IDGE HEALTH AND REH	AB		211 MILTON BROWN HEIRS ROAD		
NOTE TO SERVICE TO SERVE A				BOONE, NC 28607		
(X4) ID PREFIX TAG	(EACH DEFICIENC		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE- (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F 000	15		
SS=E	AG REGULATORY OR LSC IDENTIFYING INFORMATION) TOOO INITIAL COMMENTS No deficiencies cited as a result of complaint investigation completed 07/29/11. Event ID #SHU911. 483.35(c) MENUS MEET RES NEEDS/PREP IN		F 363	1. Resident # 181 has all pureed diets since date of survey prepare accordance with the 2 N.C. Diet Manual. The consistency has been and without any lumps of meat. The diet has required any movement mouth to swallow the diet. Dietary staff have retraining on how to pure according to the 2011 Diet Manual. Pureed food will be pureed food staff and according to 2011 N.C. Diet Manual All residents requiri puree diets have had prepared according to N.C. Diet Manual. Pureed diets have been to by the dietary manage proper consistency. A diets have been taste by dietary manager to compliance to 2011 N. Manual.	e the ed in 011 diet smooth or strir as not of the pureed ceived ree foods N.C. repared service o the ing diets the n audited r for ll puree tested assure	
OPATORY	IRECTORIS OR BROWNS AND	PDI IED REDRESENTATIVE'S SIGNATI IDE				0

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 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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		WEDICAID SERVICES				OMB N	O. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF D	DOMDED OD OUDDUIED	345163		_		07/2	29/2011
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GLENBRI	DGE HEALTH AND REHA	ΛB			211 MILTON BROWN HEIRS ROAD		
				E	BOONE, NC 28607		
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	On 7/25/11 at 11:21 A staff #1 revealed that 20# cooked pork loin or cream of mushrooms is she put the pork and is processor to puree. Si she pureed the pork at that she just "purees in consistency I know it's staff #1 did not provide how long she pureed if final consistency of put On 7/25/11 at 11:28 A certified dietary manage that the pureed pork wit was okay to serve. Tooks did not use a spureed pork, but that the sliced, and pureed. Sh residents received a put on 7/25/11 at 11:30 Al requested for a pureed received on 7/25/11 at 11:45 AM. The pureed have a lumpy texture with the test tray was held refrigeration until the new on 7/26/11 at 11:25 AM the consultant dietitian, made her aware of the	M an interview with dietary she pureed half the yield of with a 50 ounce can of oup. Dietary staff #1 stated oup mixture in the food he did not monitor how long and soup mixture, but stated in processor until it is suppose to be." Dietary a specific description of foods or a description of foods or a description of foods or a description of the reed food items. M, in an interview with the per (CDM), she confirmed as not smooth, but she felt he CDM stated that the ecific recipe to prepare the ne pork loin was cooked, the confirmed that 12 cureed diet. M, a test tray was diet. The test tray was 11:35 AM and tested at pork was observed to with small pieces of pork. By the CDM under ext day. M during an interview with she stated that the CDM consistency of the pureed consultant dietitian also speech therapist in 7/26/11 of a pureed rds she instructed the	F	363		ame defined foods the guid C. Diest repared requirect cods from etic from et	icient service delines

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		1	DO DE SOMES				С
		345163	B. WI	4G _		200, 200	29/2011
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	1 01/2	10/2011
GI ENRRI	GLENBRIDGE HEALTH AND REHAB				211 MILTON BROWN HEIRS ROAD		
GLLNDK	IDGE HEALTH AND KEN	AB			BOONE, NC 28607		
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES	ID	_	PROVIDER'S PLAN OF CORREC	TION	
PREFIX	(EACH DEFICIENC	PREF	IX	(EACH CORRECTIVE ACTION SHOW		(X5) COMPLETION	
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	;	CROSS-REFERENCED TO THE APPR DEFICIENCY)	OPRIATE	DATE
E 262	0	•					
F 363			F	363	3		
	smoother consistency. On 7/26/11 at 11:35 AM,				3. Recipe development	vill	
		n tasted the pureed pork		1	include ingredients with the		
	that was prepared for lunch on 7/25/11 and stated that the pork "would require more movement to get down". She further stated that the pork was not as smooth as pursued most as bould be				specific quantities and method for achieving smooth texture,		\$
					which require no chewin		
	not as smooth as pureed meats should be. Further interview and review of the facility's recipe				1	J.	
	for pureed pork revealed the recipe instructions for pureed pork recorded in part "Measure desired # (number) of servings into food processor. Blend until smooth." The consultant				The dietary manager will	ll do	
					training with current a		
					newly hired staff to as		
					puree diets are free or		
	dietitian stated that the			and will not require ch			
		the amount of processing			The dietary manager will	100000	
		lld work with the dietary			staff to assure the pur		
		cipe for pureed meats and			diets are free of lumps		
	to increase the proces	sing time.					
					strings and do not requ		
	On 7/26/11 at 11:40 A	M, the speech therapist	1		mouth movements to get		
	observed the consiste	ncy of the pureed pork that			swallowed. staff will		
		n on 7/25/11 and stated that			taught to measure the		
		mooth, but not as smooth			servings into the food		or
		d been prepared for lunch			and process the food un		
	to a pureed consistence	cy.			is smooth. The pureed		111
	On 7/26/11 at 2:20 DM	La fallour un intensieur with			not require chewing, wi		
		I, a follow up interview with revealed that she visited			pureed with liquids to		
	the facility 3 to 4 times				A smooth soft, consiste	ency.	
					The dietary manager or	digimo	_
	included test trays of facility prepared meals, including at times, a pureed meal. Review of the consultant dietitian's documentation of a visit to the facility the week of 5/11/11 - 5/18/11, she					the second secon	-
					will assure systemic ch		
				- 1	are made to ensure that		í.
	reminded dietary staff t				deficient practice will	. not	
	residents on a pureed	diet such that there were			occur.		
		ogurt. She further stated					ì
		with the speech therapists			4. The facility will r	Control of the Contro	
	in the facility to monitor	the texture of pureed			puree diets by observat		
	foods to ensure that the	ese foods were prepared			of the diet, puree food		Э
	as needed.				flavor, and appearance	through	

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ANALOGO SALVANOS ANALOGOS	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 211 MILTON BROWN HEIRS ROAD BOONE, NC 28607	ODE	/29/2011
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	2. The facility policy e the North Carolina Die 2011, read in part, "The liquid foods of a smoot require no chewing." Resident #181 was accompared diet and diagnesophageal stricture a admission nursing associated in part, that I and oriented to person season and that she with bottom. The medical record for physician's order date therapy referral to treat and oral function for fermand oral function for f	ntitled "Pureed Diet", from etetic Association, revised the pureed diet consists of the pure diet consists of pure diet	F3	facility quality program. The Die Registered Dietic Therapist and die will monitor the of each resident diets each day for then every 2 week then monthly x 3 massure compliance and maintained. The Dietary Manage puree diets once in compliance x 3 month continued compliance c	tary Manager, ian, Speech tary committed puree diets on puree rone week, s x 2 weeks, months to is attained er will audit monthly for onths. then is to assure	ee

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	345163 B. WING			С			
	ROVIDER OR SUPPLIER			2	REET ADDRESS, CITY, STATE, ZIP CODE 111 MILTON BROWN HEIRS ROAD BOONE, NC 28607	07	7/29/2011
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