

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

PRINTED: 01/10/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345254	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/29/2011
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-MONROE	STREET ADDRESS, CITY, STATE, ZIP CODE 1212 EAST SUNSET DR MONROE, NC 28112
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 367 SS=D	<p>483.35(e) THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN</p> <p>Therapeutic diets must be prescribed by the attending physician.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interviews and record review, the facility failed to serve a physician ordered pureed diet to one (1) of three (3) sampled residents with physician ordered pureed diets (Resident #1).</p> <p>The findings are:</p> <p>Resident #1 was admitted to the facility with diagnoses which included Dementia.</p> <p>Review of physician's orders dated 12/16/11 revealed Resident #1 was to receive a pureed, No Added Salt (NAS) diet with nectar thick liquids.</p> <p>Review of a dysphagia progress report dated 12/26/11 revealed Resident #1 was unable to successfully chew and swallow a mechanical soft diet and should continue to receive a pureed diet.</p> <p>Observation on 12/29/11 at 12:20 PM revealed Resident #1 was served a lunch meal of cut up fried fish, pasta, coleslaw, fruit cup, one slice of bread and nectar thick beverages. The dietary slip on the lunch tray listed a NAS mechanical soft diet with nectar thick liquids with Resident #1's name. Resident #1 consumed 100% of the lunch meal without difficulty.</p>	F 367	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>Resident #1 is receiving a Pureed No Added Salt (NAS) diet with nectar thick liquids as ordered by the physician. 1/26/2012</p> <p>A one time diet order audit was conducted by the Registered Dietician with current resident population to ensure that diet order matches the dietary tray card.</p> <p>The SDC will re-educate the License Nurses to the centers policy and procedure for following a physicians order with an emphasis on communicating diet changes to the dietary department. The above in-service will be included in the orientation process for new nurses.</p> <p>The Unit Manager/Director of Nursing and/or the Registered Dietician will audit 5 records 2 times weekly for four weeks then monthly x2 to ensure that diet physicians orders are being followed as ordered.</p> <p>Data results will be reviewed and analyzed at the centers monthly Performance Improvement Committee meeting for three months with a subsequent plan of correction as needed.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Judith D. Olson</i>	TITLE ED	(X6) DATE 1/12/12
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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.

RECEIVED
JAN 17 2012
BY: MH

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F 367	<p>Continued From page 1</p> <p>Interview with Nursing Assistant (NA) #1 on 12/29/11 at 12:25 PM revealed Resident #1 received a pureed diet until "a week or so ago." NA #1 reported Resident #1 consumed the mechanical diet without difficulty the past week.</p> <p>Interview with Licensed Nurse (LN) #1 on 12/29/11 at 12:30 PM revealed Resident #1 progressed to a mechanical soft diet recently under the care of the Speech Therapist. LN #1 reported Resident #1 did not have difficulty with the mechanical soft diet.</p> <p>Interview with the Dietary Manager on 12/29/11 at 12: 46 PM revealed a Mechanical Soft diet was served to Resident #1 according to the dietary slip on the tray. The Dietary manager provided an undated dietary communication form which indicated a NAS pureed diet with nectar thick liquids should be served to Resident #1. In addition, she provided a dietary communication form dated 10/7/11 for a NAS Mechanical Soft with thin liquids.</p> <p>Interview with Speech Therapist #1 on 12/29/11 at 12:55 PM revealed Resident #1 was to receive a pureed diet. She reported a trial of mechanical soft consistency was not successful. Speech Therapist #1 reported Resident #1 usually received a pureed diet. She explained another Speech Therapist (Speech Therapist #2) worked with Resident #1 the past week in her absence so the diet could have been changed.</p> <p>Interview with Speech Therapist #2 on 12/29/11 at 2:10 PM revealed she did not change the diet of Resident #1. She explained Resident #1 required a pureed diet</p>	F 367			

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