

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345273	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/06/2018
NAME OF PROVIDER OR SUPPLIER KINDRED HOSPITAL EAST GREENSBORO			STREET ADDRESS, CITY, STATE, ZIP CODE 2401 SOUTH SIDE BOULEVARD GREENSBORO, NC 27406		
(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	
F 803 SS=D	<p>Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7)</p> <p>§483.60(c) Menus and nutritional adequacy. Menus must-</p> <p>§483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.;</p> <p>§483.60(c)(2) Be prepared in advance;</p> <p>§483.60(c)(3) Be followed;</p> <p>§483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups;</p> <p>§483.60(c)(5) Be updated periodically;</p> <p>§483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and</p> <p>§483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews and review of facility menus, the facility failed to serve portions of foods planned on the facility's menu for 5 of 10 foods requiring scoops on the lunch meal tray line. The findings included: Review of the facility's planned lunch menu for 12/5/18 included the following portion sizes were</p>	F 803	<p>Tag 0803-483.60(c)(1)-(7) Menus Meet Resident Nds/Prep in ADV/Followed (LONG TERM CARE FACILITIES)</p> <p>The plan of correction is the center's credible allegation of compliance. Preparation and /or execution of this plan of correction does not constitute admission or agreement by the provider of</p>	12/26/18	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

12/26/2018

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 803	<p>Continued From page 1</p> <p>to be served at lunch; 4 ounces of Chopped Chicken 4 ounces of Pureed Rice 4 and 2/3 ounces of Pureed Spinach 4 and 2/3 ounces of Pureed Squash 5 and 1/3 ounces of Sauteed Spinach</p> <p>On 12/5/18 at 11:45 AM, Dietary Staff (DS) #1 was observed in the kitchen plating foods for the resident lunch meal tray line service. At the same time the Dietary Manager (DM) and Director of Dietary Services (DDS) identified the amount of each scoop being used. The DM and DDS identified that DS #1 was plating one scoop each of the chicken, pureed rice, pureed spinach and pureed squash using green-handled scoops and a 3 ounce spoodle for the sautéed spinach. 3 and ¼ ounce scoop for the Chopped Chicken 3 and ¼ ounce scoop for the Pureed Rice 3 and ¼ ounce scoop for the Pureed Spinach 3 and ¼ ounce scoop for the Pureed Squash 3 ounce spoodle for the Sauteed Spinach</p> <p>During the same observation, the DM and DDS were asked to compare the menu portion sizes with the scoop sizes in use. The DDS stated there was confusion about the amount each scoop provided and the DM obtained a copy of the manufacturer's identified capacity for each color of scoop. The DM changed out the green-handled (3 and 1/4 ounce) scoop in the chopped chicken, with a white-handled scoop which she stated was a 4 ounce serving size, but didn't have enough white-handled (4 ounce) scoops for the rice, spinach and squash.</p> <p>On 12/5/18 at 12:31 PM, the DM and the DDS were interviewed about the serving sizes. They provided the correct scoop sizes and stated incorrect scoops had been used for some of the</p>	F 803	<p>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 the federal and state law.</p> <p>How corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>The Dietary Manager provided the correct scoop size and ordered additional scoops. The Administrator spoke with the Dietary Manager and Dietary Supervisor that her expectations were that the dietary staff follow the portions identified on the menu. The Dietary Staff was in-serviced by the Dietary Manager on the proper portion size and following the menu.</p> <p>How the facility will identify other residents having potential to be affected by the same deficient practice.</p> <p>The Dietary Manager and Dietary Supervisor reviewed resident meal slips and the menu observing the tray line for proper portion size and no other resident was affected. The Dietary Manager will continue with follow up in monitoring the cooks for serving on line the proper portioning as stated in the performance action plan on 12/13/18.</p> <p>What measures will be put in place or</p>		

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F 803	Continued From page 2 foods during lunch. The DM and DDS also indicated additional scoops would be ordered and education provided to staff. The Administrator was interviewed on 12/6/18 at 1:48 PM and stated that she had already been made aware of the incorrect portions of foods served during lunch on 12/5/18. The Administrator stated that she expected the dietary staff to follow the portions identified on the menu.	F 803	systemic changes made to ensure that the deficient practice will not recur. Additional scoops , ladels and spoodles were ordered. The Dietary Staff were in-serviced on 12/13/18 by the Dietary Manager on the proper portion size and following the menu. A performance action plan was developed by the Dietary Manager where as continued monitoring weekly by the Dietary Manager would be performed for following the portion size. Any new dietary employees will also be in-serviced by the Dietary Manager on proper portion size and following the menu. How does the facility plan to monitor its performance to make sure the solutions are sustained. The Dietary Manager will monitor the tray line weekly. The Dietary Manager will present her findings from her weekly monitoring of the serving line to the Administrator Monthly . The Administrator will present the findings to the Registered Dietician and the QAPI Committee for any recommendations x 3 months and will include the plan as part of the 2018 and 2019 Facility QAPI Plan. This Plan has been reviewed and approved by the Performance Improvement/QAPI Committee.		