

MAR 08 2013

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

MAR 08 2013

PRINTED: 02/25/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345186	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/14/2013
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NAME OF PROVIDER OR SUPPLIER FIVE OAKS MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 413 WINECOFF SCHOOL ROAD CONCORD, NC 28027
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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 312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to provide showers to 3 (Residents # 5, #6 & #7) of 3 sampled residents who were dependent on the staff for bathing. Findings included:</p> <p>1. Resident #5 was admitted to the facility on 8/5/03 with multiple diagnoses including Hypertension, Osteoporosis and Arthritis. The latest quarterly Minimum Data Set (MDS) assessment dated 11/7/12 indicated that Resident #5 had impaired cognitive status and was totally dependent on the staff for bathing.</p> <p>Review of the facility's shower schedule revealed that Resident #5 was scheduled to have a shower twice a week on Wednesday and Saturday.</p> <p>The shower book was reviewed. The shower sheet for 2/6/13 (Wednesday), 2/9/13 (Saturday) and 2/13/13 (Wednesday) did not have documentation that Resident #5 was provided a shower.</p> <p>On 2/13/13 at 4:15 PM, nursing assistant (NA) #1 (second shift) was interviewed. The NA revealed that residents were not getting shower as</p>	F 312	<p>1. Corrective action(s) accomplished for those residents found to have been affected by the alleged deficient practice;</p> <p>A. Resident #5, #6, and #7 are being provided their shower's via shower schedule with documentation that supports services were provided.</p> <p>2. Identify other residents who have the potential to be affected by the alleged deficient practice;</p> <p>A. Facility will audit 100% of all residents shower records who are scheduled to be provided shower daily x 60 days then weekly x 4 weeks to assure they are being provided showers. Audits will be completed by Director of Nursing or Nursing Supervisor. Initial audits started on March 6, 2013. Results of audits will be documented on shower audits tool.</p> <p>B. Facility will interview five (5) residents daily x 60 days then weekly x four (4) weeks to assure they are being provided showers via schedule. Interviews will be completed by Director of Social Services, Nursing Supervisor or Administrator. Initial interviews started on March 6, 2013. Results of interviews will be documented on resident interview form for showers.</p> <p>3. Measures/systematic changes put in place to ensure that the alleged deficient practice does not recur:</p>	3-14-13
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: John Wall TITLE: Administrator (X6) DATE: 3-5-13

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 312	<p>Continued From page 1</p> <p>scheduled. The NA further stated that most of the residents needed 2 person assist for transfer from the bed to the shower bed and it was hard to get help due to short of staff.</p> <p>On 2/14/13 at 8:55 AM, NA #3 (first shift) was interviewed. The NA stated there were times when she could not get all of her work done because they were short of staff and the workload was very heavy. NA #3 said if she had a lot of residents, the nail care got neglected and showers would not be provided to the residents.</p> <p>On 2/14/13 at 9:10 AM, NA #2 (first shift) was interviewed. The NA stated that because they were short of staff most of the time, showers and nail care were not provided to residents.</p> <p>2. Resident # 6 was admitted to the facility on 3/12/10 with multiple diagnoses including Diabetes Mellitus. The latest quarterly MDS assessment dated 1/23/13 indicated that Resident #6 had memory and decision making problems and was totally dependent on the staff for bathing.</p> <p>Review of the facility shower schedule revealed that Resident #6 was scheduled to have a shower twice a week on Monday and Thursday.</p> <p>The shower book was reviewed. The shower sheet for 2/7/13 (Thursday) revealed no documentation that a shower was provided to Resident #6. The shower sheet for 2/11/13 (Monday) revealed that a bed bath was provided to Resident #6 instead of a shower.</p>	F 312	<p>A. Facility will audit 100% of all residents shower records who are scheduled to be provided shower daily x 60 days then weekly x 4 weeks to assure they are being provided showers. Audits will be completed by Director of Nursing or Nursing Supervisor. Initial audits started on March 6, 2013. Results of audits will be documented on shower audits tool.</p> <p>B. All licensed nurse's/nursing assistants were in-serviced on the following topics;</p> <ul style="list-style-type: none"> • ADL care provided for dependent residents- A residents who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming ad personal oral hygiene. • All showers must be documented on shower records to include nursing assistant's signature along with charge nurse signature. • All refusals must be documented in resident's medical record by nurses. <p>In-services were completed on or before 3-14-13 by (SDC) Staff Development Coor. or Director of Nursing.</p> <p>4. Monitoring of corrective action to ensure the alleged deficient practice will not recur:</p>		

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F 312	<p>Continued From page 2</p> <p>On 2/13/13 at 4:15 PM, nursing assistant (NA) #1 (second shift) was interviewed. The NA revealed that residents were not getting shower as scheduled. The NA further stated that most of the residents needed 2 person assist for transfer from the bed to the shower bed and it was hard to get help due to short of staff.</p> <p>On 2/14/13 at 8:55 AM, NA #3 (first shift) was interviewed. The NA stated there were times when she could not get all of her work done because they were short of staff and the workload was very heavy. NA #3 said if she had a lot of residents, the nail care got neglected and showers would not be provided to the residents.</p> <p>On 2/14/13 at 9:10 AM, NA #2 (first shift) was interviewed. The NA stated that because they were short of staff most of the time, showers and nail care were not provided to residents.</p> <p>3. Resident #7 was admitted to the facility on 8/3/05 with multiple diagnoses including Dementia. The latest annual MDS assessment dated 12/26/12 indicated that Resident #7 had memory and decision making problems and was totally dependent on the staff for bathing.</p> <p>Review of the facility shower schedule revealed that Resident #7 was scheduled to have a shower twice a week on Monday and Thursday.</p> <p>The shower book was reviewed. The shower sheet for 2/7/13 (Thursday) revealed no documentation that a shower was provided to Resident #7. The shower sheet for 2/11/13 (Monday) revealed that a bed bath was provided</p>	F 312	<p>A. Reports of findings and subsequent disciplinary action, if applicable, will be reported to the facility Quality Assurance committee monthly x 3 months to review the need for continued intervention or amendment of plan. Findings will be reported by Administrator.</p>	

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F 312	Continued From page 3 to Resident #7 instead of a shower. On 2/13/13 at 4:15 PM, nursing assistant (NA) #1 (second shift) was interviewed. The NA revealed that residents were not getting shower as scheduled. The NA further stated that most of the residents needed 2 person assist for transfer from the bed to the shower bed and it was hard to get help due to short of staff. On 2/14/13 at 8:55 AM, NA #3 (first shift) was interviewed. The NA stated there were times when she could not get all of her work done because they were short of staff and the workload was very heavy. NA #3 said if she had a lot of residents, the nail care got neglected and showers would not be provided to the residents. On 2/14/13 at 9:10 AM, NA #2 (first shift) was interviewed. The NA stated that because they were short of staff most of the time, showers and nail care were not provided to residents.	F 312			
F 360 SS=D	483.35 PROVIDED DIET MEETS NEEDS OF EACH RESIDENT The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each resident. This REQUIREMENT is not met as evidenced by: Based on record review, observation, staff and resident interviews, the facility failed to provide a well balanced diet which included protein to 3 (Residents #8, #9 & #3) of 3 sampled residents	F 360	1. Corrective action(s) accomplished for those residents found to have been affected by the alleged deficient practice: A. Residents #3, #8, and #9 are receiving well balanced diet as ordered by physician which includes protein. 2. Identify other residents who have the potential to be affected by the alleged deficient practice:	3-14-13	

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F 360	<p>Continued From page 4 observed during breakfast. Findings included:</p> <p>1. Resident # 9 was admitted to the facility on 12/8/12 with multiple diagnoses including Diabetes Mellitus. The quarterly Minimum Data Set (MDS) assessment dated 12/26/12 indicated that Resident #9's cognitive status was intact.</p> <p>Review of the physician's orders revealed that the diet for Resident #9 was carbohydrate controlled diet. Interview with the dietary staff #2 on 2/14/13 at 10:30 AM revealed that 2000 calorie consistent carbohydrate diet was equivalent to controlled carbohydrate diet.</p> <p>The menu for the 2000 calorie consistent carbohydrate diet for 2/14/13 was reviewed. The menu for breakfast was cereal of choice, egg, and waffle (2 each).</p> <p>On 2/14/13 at 7:50 AM, Resident #9 was observed in the main dining room eating breakfast. Her tray was observed to have no eggs or any protein products. The tray had oatmeal, biscuit, and waffle. Her diet card did not have allergy to eggs or dislikes to eggs documented.</p> <p>On 2/14/13 at 8:15 AM, Resident #9 was interviewed. She was finished eating breakfast at this time. She indicated that she liked eggs but the facility did not serve eggs or any protein food for breakfast. She stated that this happened most of the time that the menu was not being followed.</p> <p>On 2/14/13 at 8:30 AM, dietary staff #1 was interviewed. She stated that the menu for breakfast included eggs. She further stated that</p>	F 360	<p>A. Facility will audit ten (10) resident meal trays daily x 60 days then weekly x 4 weeks to assure compliance with physician's diet order; menu and meal tray matches tray ticket, and to ensure resident meal trays contain appropriate nutritional content, including protein. Audits will be completed from breakfast, lunch and dinner meals by random selections. Audits will be completed by Dietary Manager/Nutritionist, Kitchen Manager or Dietary Consultant. Initial audits started on March 6, 2013. Results of audits will be documented on Quality Improvement Meal Accuracy audit tool.</p> <p>B. Facility will interview five (5) residents daily x 60 days then weekly x 4 weeks to assure compliance with menu's being followed and meal tray matches tray ticket and to ensure resident meal trays contain appropriate nutritional content, including protein. Interviews will be completed by Dietary Manager/Nutritionist, Kitchen Manager or Dietary Consultant. Initial interviews started on March 6, 2013. Results of interviews will be documented on Quality Improvement Meal Satisfaction Survey.</p> <p>3. Measures/systematic changes put in place to ensure that the alleged deficient practice does not recur:</p> <p>A. Facility will audit ten (10) resident meal trays daily x 60 then weekly x 4 weeks to assure compliance with physician's diet order; menu and meal tray matches tray ticket, and to ensure resident meal trays contain appropriate nutritional content, including protein.</p>		

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F 360	<p>Continued From page 5</p> <p>she did not know why the seven residents in the main dining room did not receive eggs for breakfast including Resident #9.</p> <p>On 2/14/13 at 8:33 AM., cook #1 stated they only had a small amount of eggs on the tray line for breakfast on 2/14/13 because the steamer was slow in cooking the eggs that morning. She stated the substitute for eggs would be double cereal, pancake and hot cereal.</p> <p>2. Resident #8 was admitted to the facility on 1/13/12 with multiple diagnoses including Diabetes Mellitus. The annual MDS assessment dated 12/14/12 indicated that Resident #8 had cognitive impairment.</p> <p>Review of the physician's orders revealed that the diet for Resident #8 was carbohydrate controlled diet. Interview with the dietary staff #2 on 2/14/13 at 10:30 AM revealed that 2000 calorie consistent carbohydrate diet was equivalent to controlled carbohydrate diet.</p> <p>The menu for the 2000 calorie consistent carbohydrate diet for 2/14/13 was reviewed. The menu for breakfast was cereal of choice, egg, and waffle (2 each).</p> <p>On 2/14/13 at 7:50 AM, Resident #8 was observed in the main dining room eating breakfast. His tray was observed to have no eggs or any protein products. The tray had biscuit, grits and waffle. His diet card did not have allergy to eggs or dislikes to eggs documented.</p>	F 360	<p>Audits will be completed from breakfast, lunch and dinner meals by random selections. Audits will be completed by Dietary Manager/Nutritionist, Kitchen Manager or Dietary Consultant. Initial audits started on March 6, 2013.</p> <p>Results of audits will be documented on Quality Improvement Meal Accuracy audit tool.</p> <p>B. Facility will interview five (5) residents daily x 60 days then weekly x 4 weeks to assure compliance with menu's being followed and meal tray matches tray ticket and to ensure resident meal trays contain appropriate nutritional content, including protein. Interviews will be completed by Dietary Manager/Nutritionist, Kitchen Manager or Dietary Consultant. Initial interviews started on March 6, 2013. Results of interviews will be documented on Quality Improvement Meal Satisfaction Survey</p> <p>C. All dietary staff will receive additional training on the following topics;</p> <ul style="list-style-type: none"> Providing each resident with a nourishing, palatable, well balanced diet that meets the daily nutritional and special dietary needs of each resident, including appropriate protein content. Providing a well balanced diet with all items on meal tray that matches meal tray ticket following physician orders. <p>In-services will be completed by consulting Registered Dietician on or before March 14, 2013.</p>	

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F 360	<p>Continued From page 6</p> <p>On 2/14/13 at 8:30 AM, dietary staff #1 was interviewed. She stated that the menu for breakfast included eggs. She further stated that she did not know why the seven residents in the main dining room did not receive eggs for breakfast including Resident #8.</p> <p>On 2/14/13 at 8:33 AM., cook #1 stated they only had a small amount of eggs on the tray line for breakfast on 2/14/13 because the steamer was slow in cooking the eggs that morning. She stated the substitute for eggs would be double cereal, pancake and hot cereal.</p> <p>3. Resident #3 was admitted to the facility 3/24/11. Cumulative diagnoses included Diabetes mellitus.</p> <p>An Annual Minimum data Set dated 12/18/12 indicated Resident #3 was cognitively intact.</p> <p>A review of physician's orders for February 2013 revealed that Resident #3 was on a carbohydrate controlled no added salt diet.</p> <p>On 2/13/13 at 3:32 PM., Resident #3 stated she seldom received a meat for her breakfast. She said she received powdered eggs but she could not eat them.</p> <p>The menu for the 2000 calorie consistent carbohydrate diet for 2/14/13 was reviewed. The menu for breakfast was cereal of choice, egg, and waffle (2 each).</p> <p>On 2/14/13 at 8:33 AM., cook #1 stated they only had a small amount of eggs on the tray line for breakfast on 2/14/13 because the steamer was</p>	F 360	<p>4. Monitoring of corrective action to ensure the alleged deficient practice will not recur;</p> <p>A. Report of findings and subsequent disciplinary action, if applicable, will be reported to the Quality Assurance Committee monthly x 3 months to review the need for continued intervention or amendment of plan. Findings will be reported by Administrator.</p>		

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F 360	Continued From page 7 slow in cooking the eggs that morning. She stated the substitute for eggs would be double cereal, pancake and hot cereal.	F 360	1. Corrective action(s) accomplished for those residents found to have been affected by the alleged deficient practice:	3-14-13
F 363 SS=E	483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed. This REQUIREMENT is not met as evidenced by: Based on record review, observation, staff and resident interviews, the facility failed to follow the menus on 3 (breakfast, lunch and dinner) of 3 meal observations. Findings included: 1. The facility's menu for the week was reviewed. The menu for lunch (2/13/13) was smothered steak noodles as the main dish. On 2/13/13 at 12:15 PM, lunch meal was observed in the dining rooms. Residents were served beef macaroni casserole and not smothered steak noodles as planned on the menu. On 2/14/13 at 8:15 AM, Resident #9 was interviewed. She stated that it happened most of the time that the menu was not being followed. On 2/14/13 at 8:20 AM, dietary staff #1 was interviewed. She stated that she served beef	F 363	A. All resident's nutrition needs are being met in accordance with physician ordered diet and following menus prepared in advance. 2. Identify other residents who have the potential to be affected by the alleged deficient practice: A. 100 % audit of physician ordered diets will be completed to verify diet order matches meal tray ticket. Audit will be completed on or before 3-14-13 by Dietary Manager/ Nutritionist. Results of audit will be documented on physician order/meal ticket audit tool. B. Facility will audit ten (10) resident meal trays daily x 60 days then weekly x 4 weeks to assure compliance with physician's diet order, adherence to menu and meal tray matches tray ticket. Audits will be completed for breakfast, lunch, and dinner meal by random selections. Audits will be completed by Dietary Manager/Nutritionist, Kitchen Manager or Dietary Consultant. Initial audits started on March 6, 2013. Results of audits will be documented on Quality Improvement Meal Accuracy audit tool. C. Facility will interview five (5) resident's daily x 60 days then weekly x 4 weeks to assure	

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F 363	<p>Continued From page 8</p> <p>macaroni casserole instead of smothered steak noodles because she did not have hamburgers.</p> <p>2. The menu for dinner (2/13/13) was fried chicken as the main dish.</p> <p>On 2/13/13 at 5:30 PM, dinner observation in the dining rooms was conducted. Residents were served baked chicken instead of fried chicken as planned on the menu.</p> <p>On 2/14/13 at 8:15 AM, Resident #9 was interviewed. She stated that it happened most of the time that the menu was not being followed.</p> <p>On 2/14/13 at 8:20 AM, dietary staff #1 was interviewed. She stated that the facility did not serve fried chicken only baked chicken.</p> <p>On 2/14/13 at 10:30 AM, dietary staff #2 was interviewed. She verified that the facility did serve fried chicken and she did not know why it was not served to the residents.</p> <p>3. The menu for breakfast (2/14/13) included cereal of choice, eggs and waffle.</p> <p>On 2/14/13 at 7:50 AM, breakfast observation was conducted in the main dining room. Seven of seven residents did not have eggs in their trays. Their diet cards did not have documentation that they disliked eggs or they were allergic to eggs.</p> <p>On 2/14/13 at 8:15 AM, Resident #9 was interviewed. She stated that it happened most of</p>	F 363	<p>compliance with menu's being followed and meal tray matches tray ticket. Interviews will be completed by Dietary Manager/Nutritionist, Kitchen Manager or Dietary Consultant. Initial interviews started on March 6, 2013. Results of interviews will be documented on Quality Improvement Meal Satisfaction Survey.</p> <p>3. Measures/systematic changes put in place to ensure that the alleged deficient practice does not recur:</p> <p>A. 100 % audit of physician ordered diets will be completed to verify diet order matches meal tray ticket. Audit will be completed on or before 3-14-13 by Dietary Manager/ Nutritionist. Results of audit will be documented on physician order/meal ticket audit tool.</p> <p>B. Facility will audit ten (10) resident meal trays daily x 60 days then weekly x 4 weeks to assure compliance with physician's diet order, adherence to menu and meal tray matches tray ticket. Audits will be completed for breakfast, lunch, and dinner meal by random selections. Audits will be completed by Dietary Manager/Nutritionist, Kitchen Manager or Dietary Consultant. Initial audits started on March 6, 2013. Results of audits will be documented on Quality Improvement Meal Accuracy audit tool.</p> <p>C. All dietary staff will receive additional training on the following topics;</p>	

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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
F 363	Continued From page 9 the time that the menu was not being followed.	F 363	<ul style="list-style-type: none"> • Providing each resident with a nourishing, palatable, well balanced diet that meets the daily nutritional and special dietary needs of each resident including alternate means of satisfying the resident's nutrient needs. • Meeting the nutritional needs of residents following menu's prepared in advance. • Any deviation from planned menu reason(s) must be approved by Dietary Manager/ Nutritionist or Dietary Consultant in writing and will be amended on the menus posted for resident use. <p>In-services will be completed on or before March 14, 2013 by Dietary Consultant.</p> <p>4. Monitoring of corrective action to ensure the alleged deficient practice will not recur:</p> <p>A. Report of findings and subsequent disciplinary action, if applicable, will be reported to the Quality Assurance Committee monthly x 3 months to review the need for continued intervention or amendment of plan. Findings will be reported by Administrator.</p>	
F 364 SS=D	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. This REQUIREMENT is not met as evidenced by: Based on record review, observation, staff and resident interviews, the facility failed to serve palatable food to 3 (Resident # 2 #3 & #4) of 3 sampled residents who were interviewed. Findings included: 1. Resident #4 was admitted to the facility on 8/4/12 with multiple diagnoses including Diabetes Mellitus and Congestive Heart Failure. The quarterly MDS assessment dated 1/15/13 indicated that Resident #4's cognition was intact. On 2/13/13 at 2:50 PM, Resident #4 was interviewed. She stated that she had problems with the food. The food was terrible. The fried egg was hard, rice was hard, the beef was greasy and the green beans were uncooked. She stated that she had talked to the staff about it but nothing had been done.	F 364		

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

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F 364 SS=D	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. This REQUIREMENT is not met as evidenced by: Based on record review, observation, staff and resident interviews, the facility failed to serve palatable food to 3 (Resident # 2 #3 & #4) of 3 sampled residents who were interviewed. Findings included: 1. Resident #4 was admitted to the facility on 8/4/12 with multiple diagnoses including Diabetes Mellitus and Congestive Heart Failure. The quarterly MDS assessment dated 1/15/13 indicated that Resident #4's cognition was intact. On 2/13/13 at 2:50 PM, Resident #4 was interviewed. She stated that she had problems with the food. The food was terrible. The fried egg was hard, rice was hard, the beef was greasy and the green beans were uncooked. She stated that she had talked to the staff about it but nothing had been done.	F 364	1. Corrective action(s) accomplished for those residents found to have been affected by the alleged deficient practice: A. Resident's #2, #3, and #4 are receiving food prepared by methods that conserve nutritive value, flavor, appearance; and food that is palatable, attractive and served at the proper temperature. 2. Identify other residents who have the potential to be affected by the alleged deficient practice A. Facility will complete temperature checks of test trays one (1) daily x 60 days then weekly x4 weeks to assure compliance with state/federal regulations. Temperature checks of test trays will be completed by Dietary Manager/ Nutritionist, Kitchen Manager or Dietary Consultant. Temperature checks of test trays will be completed for breakfast, lunch, dinner meals by random selection. Results of temperature checks of test trays will be documented on temperature checks/test tray audit tool. Initial audits started on March 6, 2013. B. Facility will interview five (5) residents daily x 60 days then weekly x 4 weeks to assure food served conserves flavor, appearance, is palatable, attractive and served at appropriate temperature. Interviews will be completed by Dietary Manager/Nutritionist, Kitchen Manager, or Dietary Consultant. Initial interviews started on March 6, 2013. Result of audits will be documented on Quality Improvement meal satisfaction survey.	3-14-13	

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F 364	<p>Continued From page 10</p> <p>On 2/14/13 at 8:30 AM, breakfast meal was observed. Resident #4 was served fried egg. The fried egg looked hard and the resident did not eat it. The staff was observed to discard the egg to the trash.</p> <p>On 2/14/13 at 8:45 AM, administrative staff #1 was interviewed. She stated that she had a resident in the resident council meeting who complained about food.</p> <p>Review of the grievance log for February, 2013 revealed that residents/families had expressed concerns with food.</p> <p>2. Resident #2 was admitted to the facility on 4/13/12. Cumulative diagnoses included: Diabetes Mellitus, Hypertension and GERD (gastroesophageal reflux disease).</p> <p>A Quarterly Minimum Data Set (MDS) dated 12/17/12 indicated Resident #2 was cognitively intact.</p> <p>On 2/13/13 at 11:00 AM., the Resident Council President stated that the residents had complained within the last two months about the food being bland and not enough variety.</p> <p>On 2/13/13 at 2:51 PM., Resident #2 stated the food was "awful" and said it was not seasoned and was cold and it had always been that way. She stated everyone knew about it but nothing had been done about it.</p> <p>On 2/14/13 at 8:45 AM, administrative staff #1 was interviewed. She stated that she had a resident in the resident council meeting who</p>	F 364	<p>3. Measures/systematic changes put in place to ensure that the alleged deficient practice does not recur:</p> <p>A. New menus will be implemented on or before 3-14-13.</p> <p>B. Facility will complete temperature checks of test trays one (1) daily x 60 days then weekly x 4 weeks to assure compliance with state/federal regulations. Temperature checks of test trays will be completed by Dietary Manager/Nutritionist, Kitchen Manager or Dietary Consultant. Temperature checks of test trays will be completed for breakfast, lunch, dinner meals by random selection. Results of temperature checks of test trays will be documented on temperature checks/test tray audit tool. Initial audits started on March 6, 2013.</p> <p>C. Facility will interview five (5) residents daily x 60 days then weekly x 4 weeks to assure food served conserves flavor, appearance, is palatable, attractive and served at appropriate temperature. Interviews will be completed by Dietary Manager/Nutritionist, Kitchen Manager, or Dietary Consultant. Initial interviews started on March 6, 2013. Result of audits will be documented on Quality Improvement meal satisfaction survey.</p> <p>D. All dietary staff will receive additional training on the following topics;</p> <ul style="list-style-type: none"> • Providing each resident with a nourishing palatable, well balanced diet that meets the daily nutritional and special dietary needs of each resident served at the proper temperature. • Providing food prepared by methods that conserve nutritive value, flavor and appearance; and food that is palatable, attractive, and at the proper temperature. • Appropriate temperature range for (hot foods being served hot and cold foods being served cold). 	

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F 364	<p>Continued From page 11 complained about food.</p> <p>Review of the grievance log for February, 2013 revealed that residents/families had expressed concerns with food.</p> <p>3. Resident #3 was admitted to the facility 3/24/11. Cumulative diagnoses included Diabetes mellitus.</p> <p>An Annual Minimum data Set dated 12/18/12 indicated Resident #3 was cognitively intact.</p> <p>On 2/13/13 at 11:00 AM., the Resident Council President stated that the residents had complained within the last two months about the food being bland and not enough variety.</p> <p>On 2/13/13 at 3:32 PM., Resident #3 stated she seldom received a meat for her breakfast. She said she received powdered eggs but she could not eat them. She said the food had gotten kind of repetitious.</p> <p>On 2/14/13 at 8:45 AM, administrative staff #1 was interviewed. She stated that she had a resident in the resident council meeting who complained about food.</p> <p>Review of the grievance log for February, 2013 revealed that residents/families had expressed concerns with food.</p>	F 364	<p>In-services will be completed on or before March 14, 2013 by Dietary Consultant.</p> <p>E. All nursing staff will be in-serviced on or before March 14, 2013 on the following topics;</p> <ul style="list-style-type: none"> • Meal Delivery- Meals must be delivered timely to assure compliance with proper temperature to ensure residents satisfaction- Food served at preferable temperatures (hot foods are served hot and cold foods are served cold) <p>In-services will be completed by (SDC) Staff Development Coordinator or Director of Nursing.</p> <p>4. Monitoring of corrective action to ensure the alleged deficient practice will not recur:</p> <p>A. Reports of findings and subsequent disciplinary action, if applicable, will be reported to the facility Quality Assurance committee monthly x3 months to review the need for continued intervention or amendment of plan. Findings will be reported by Administrator.</p>	