

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345177	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/15/2015
NAME OF PROVIDER OR SUPPLIER MANOR CARE HEALTH SVCS PINEHURST			STREET ADDRESS, CITY, STATE, ZIP CODE 205 RATTLESNAKE TRAIL PINEHURST, NC 28374		
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F 242 SS=D	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, resident interview and staff interview, the facility failed to allow one of three sampled residents to remain in a food related activity that was being held in the dining room (Resident #46). The findings included Resident #46 was admitted to the facility on 12/21/2009 and readmitted on 1/20/15. Cumulative diagnoses included: cerebrovascular disease, hemiplegia non-dominant side, diabetes mellitus, dysphagia and depression. Resident #46 was discharged to the hospital on 7/13/15. A Significant Change Minimum Data Set (MDS) dated 5/5/15 indicated Resident #46 was cognitively intact. Extensive assistance with eating was noted. A care plan reviewed on 5/15/15 indicated Resident #46 enjoyed activities such as music, pets/ animals, group activities, outdoors, religious/ spiritual and exercise. Interventions included: assist in planning and encouraging to plan own leisure time activities. Assist to transport to and from activities of choice. Encourage participation in group activities on interest. A care plan for nutrition reviewed 5/15/15 stated Resident #46 was on a therapeutic diet.</p>	F 242	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the facility has taken or will take the actions set forth in this plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date indicated.</p> <p>F242 ; Self-Determination-Right to Make Choices S/S - D It is the practice of this facility to provide all residents with the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care.</p> <p>Criteria 1 Resident #46 is currently admitted in the hospital.</p>	7/31/15	

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

TITLE

(X6) DATE

Electronically Signed

07/29/2015

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 242	<p>Continued From page 1</p> <p>Interventions included, in part, resident was fed by staff since last readmission.</p> <p>On 07/14/2015 at 3:26PM, a telephone interview was conducted with Resident #46. She stated that, sometimes, activity staff would tell her that she could not go to the dining room because she did not eat there. Resident #46 stated this had happened during some food related activities but did not give a specific time period when this occurred. Resident #46 stated she didn't go to activities much anymore anyway. Resident #46 stated she did not need their food. She had her own food.</p> <p>On 7/15/15 at 9:00AM, an interview with the Resident Council president was conducted. She stated she went to almost all the activities and had not seen anyone being fed in any of the food related activities. She stated she had heard facility staff say they didn't have feeders in the dining room and feeders could not come to the dining room. She could not remember when/ who had made the statement.</p> <p>On 07/15/2015 at 9:31AM, an interview was conducted with activity staff #2. Activity staff #2 stated there were some residents who had diet restrictions and activities personnel had a list of the diets so activity staff could see if they were pureed diets or feeders. She stated a "feeder" was someone who had to be fed and if the resident needed to be fed, they had to be fed by nursing personnel. When asked how the residents who required assistance with eating was fed in an activity, she stated the nursing assistant had to come and feed them. She stated "the state" said it was a dignity issue if someone had to be fed in the dining room at all and the resident would have to be taken to the nursing floor. Activity staff #2 said no one had been fed during a food activity in the dining room. Feeders</p>	F 242	<p>Criteria 2 Residents requiring the need for assistance with feeding and choosing to participate in food-related activities have the potential to be affected. An audit of like residents currently residing in the facility that participate in food-related activities was completed on July 28, 2015 by Director of Nursing to validate any residents requiring the need for assistance with feeding who attend food-related activities are met</p> <p>Criteria 3 Facility nursing staff, activities staff, and IDT members re-educated on residents' rights pertaining to participation in food-related activities and that require assistance with feeding initiated on July 16, 2015 by Director of Nursing and Assistant Director of Nursing. Newly hired employees in Nursing and Activities will be educated during orientation period by Human Resources Director. Resident council meeting held on July 29, 2015 by Activities Director to inform the resident council that assistance will be provided by CNAs for residents requiring assistance with feeding in regards to food related activities.</p> <p>Criteria 4 The Administrator and/or Director of Nursing will monitor one food-related activity per week for 4 weeks then one per month for 3 months or until QAPI Committee deems compliance. Results will be taken to the monthly QAPI meeting by the Administrator and/or Director of</p>		

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F 242	Continued From page 2 were fed in their rooms.	F 242	Nursing.		
F 363 SS=B	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 and staff interviews, the facility failed to maintain adequate food items to ensure that the facility menu was consistently followed as evidenced by two items being out of stock for two of three meals. The findings included: On 7/14/15 at 11:15AM, the dietician stated she began as the full time dietician on 6/1/15. She stated she had not participated in the processing of ordering and doing inventory since she had been there. The dietician stated she had not been aware of or informed of any substitutions that had been made to the menus since 6/1/15. She stated if there was a substitution made, she would have to approve it before the substitution was used for the meal. On 7/14/15 at 11:50AM, cook #1 stated the majority of the time, the foods were available that were noted on the menus. If something was not available, she would substitute vegetable for vegetable, meat for meat, potato for potato. Cook #1 stated the substitution was written in the substitution log book which was located in the kitchen. Cook #1 stated the cooks made the	F 363	F363 ¿ Menus Meet Resident Needs/Prep in Advance/Followed S/S - B It is the practice of this facility for menus to meet the nutritional needs of residents. Criteria 1 No residents identified. Criteria 2 Residents dining in the facility have the potential to be affected. Criteria 3 Dietary cooks and Food Services Director were re-educated on July 14, 2015 by Registered Dietician in regards to following the set menus and substitution policy to ensure that menus are followed appropriately. Criteria 4 Registered Dietician and/or Administrator will compare food orders to the menu	7/31/15	

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F 363	<p>Continued From page 3</p> <p>decision as to what to substitute. Cook #1 stated she would notify the dietary manager of any substitution.</p> <p>On 7/14/15 at 11:50AM, a review of the substitution log was conducted and revealed the following: 7/14/15--sausage was substituted with bacon during the breakfast meal. The reason it required a substitution was the item was " out of stock " . The entry was not signed by the dietician.</p> <p>A review of the facility menu for Tuesday 7/14/15 revealed breakfast was to include a sausage patty. Dinner was to include a three bean salad. The three bean salad was substituted in the afternoon for green bean salad due to being " out of stock " .</p> <p>On 7/14/2015 at 3:50PM, the dietary manager stated he placed food orders twice a week and the delivery truck came twice a week on Mondays and Thursdays. The dietary manager stated he used an order guide based on what was on the menus and the administrator had a spreadsheet order guide that someone put together for what/ how much to order for each meal. He said he also had a local supplier he would call if anything was needed and/or he would go to the local store to obtain needed food items. He stated he checked daily for adequacy of supplies and the kitchen staff would also inform him if they needed something. The dietary manager said he only ordered what the kitchen staff was going to cook in the next couple of days. If the cooks did not have an item, they notified him and he would ask them what they had for a substitution. The dietician was notified after the substitution was already made. He stated the dietician should be notified prior to the substitution taking place. He said that was not what the dietary staff had been doing.</p>	F 363	<p>once per week for 4 weeks and once per month for 3 months to validate facility ordering process meets the needs of the menu or until QAPI Committee deems compliance. RD and/or Administrator will monitor one random meal per week for 4 weeks and one meal per month for 3 months to ensure menus are followed. Registered Dietician and/or administrator will take the results to the monthly QAPI meeting for specified time period.</p>		

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

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F 363	Continued From page 4 On 7/14/2015 at 5:21PM, the dietician stated she was unaware of the need to substitute sausage and use bacon for breakfast on 7/14/15.	F 363			