

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

PRINTED: 06/29/2015
FORM APPROVED
OMB NO. 0938-0391

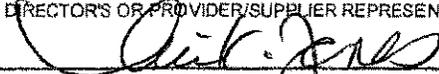
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/17/2015
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NAME OF PROVIDER OR SUPPLIER BRIDGE POINT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7300 WOODSPPOINT DRIVE FLORENCE, KY 41042
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F 000	INITIAL COMMENTS An Abbreviated Survey investigating KY00023318 and KY00023375 was initiated on 06/15/15 and concluded on 06/17/15. KY00023318 was unsubstantiated with no deficiencies cited. KY00023375 was unsubstantiated with an unrelated deficiency cited with a scope and severity (S/S) of a "D".	F 000		
F 363 SS=D	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 interview and review of menu records, it was determined the facility failed to offer foods consistently selected by one (1) unsample resident of four (4) sampled and two (2) unsampled residents, (Unsampled Resident A) as evidenced by review of menu card records. The facility failed to offer food items that were selected at meal time. The findings include: A request for a facility Policy concerning Menu Accuracy was made on 06/17/15 at 5:00 PM and the surveyor was informed by the Dining Services Manager the facility did not have a Policy. Record review for Unsampled Resident A	F 363	The Bridge Point Center provides this plan of correction without admitting or denying the validity or existence of the alleged deficiencies. The Plan of Correction is prepared and executed solely because it is required by federal and state law. F 363 1. "Unsampled Resident A" was given foods that were selected by the resident at meal times on 06/17/15 by the dietary manager "Unsampled Resident A" has not experienced any negative outcome.	

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BY: _____

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 7/8/15
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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.

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F 363	<p>Continued From page 1</p> <p>revealed the resident was re-admitted to the facility on 05/27/10 with diagnoses which included Dementia, Bipolar Disorder, Anxiety, Depression, Anemia and Osteoporosis. Review of the Annual Minimum Data Set (MDS) Assessment, dated 04/22/15, revealed a the facility assessed the resident to have a Brief Interview for Mental Status (BIMS) score of fourteen (14) out of fifteen (15) indicating the resident was cognitively intact..</p> <p>Review of the Care Plan, dated 04/25/14, with revision date of 01/14/15, revealed Unsampld Resident A was nutritionally risk.</p> <p>Review of Activities of Daily Living (ADL) form for 06/09/15 and 06/10/15, Unsampld Resident A refused his/her lunch both days.</p> <p>Review of twenty-two (20) menus cards, undated and two (2) dated menus cards, 11/27/14 and 01/22/15, revealed during the lunch and supper meals specific food items were not received that had been selected by Unsampld Resident A. Further review revealed many of the same food items were consistently always missing from the meal tray.</p> <p>Interview, on 06/16/15 at 12:10 PM, Unsampld Resident A revealed he/she did not receive what he/she selected or ordered. Unsampld Resident A further revealed it made him/her feel very angry not to receive the food he/she had ordered and wanted something done about it. The resident reported he/she informed the staff of missing food items on the tray but staff took to long to bring the missing food item from the kitchen.</p> <p>Interview, on 06/17/15 at 11:15 AM, with State Registered Nursing Assistant (SRNA) # 2</p>	F 363	<p>2. All residents of the facility have the potential to be affected. The Cook and Dietary Aides reviewed the tray cards to ensure the accuracy of trays including specific selections by the resident before leaving the kitchen on 6/17/15. No other areas of concern were identified.</p> <p>3. The cooks and dietary aides were re-educated on making sure the food items that were selected by the resident at meal times were offered on the tray by 7/08/15. A post-test was given on 7/8/2015 by the dietician to validate understanding. Staff not available during this timeframe will receive reeducation including posttest by the Administrator or Cook upon return to work.</p>		

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F 363	<p>Continued From page 2</p> <p>revealed Unsampld Resident A did show her the menu papers and voiced his/her concern over foods missing off the tray. She further revealed Unsampld Resident A became very upset over issues with Dietary.</p> <p>Interview, on 06/17/15 at 11:30 AM, SRNA #1 revealed she checked with Unsampld Resident A for any missing items on his/her meal tray. She further revealed the resident got very upset about food missing on the tray.</p> <p>Interview, on 06/17/15 at 5:10 PM, with SRNA #7 revealed Unsampld Resident A would transport himself/herself in the wheel chair to Dietary to show them his/her menu slip and ask for the food item(s) that were missing.</p> <p>Interview, on 06/17/15 at 4:55 PM, with Unit Manager #2 revealed if any resident had a request for a food item the staff would go and get the food item for them. She further revealed she was not aware of any issue of missing food items with Unsampld Resident A.</p> <p>Interview, on 06/17/15 at 8:55 AM, with the Dining Services Manager (DSM) revealed Unsampld Resident A was just angry with Dietary for honestly missing items on the meal tray that he/she had requested. The accuracy of trays was the responsibility of the DSM and the cook.</p> <p>Interview, on 06/17/15 at 3:05 PM, with the Administrator revealed Unsampld Resident A visited her office daily to show her the menu ticket. The resident voiced concerns over how food was prepared and food items missing on the tray. She further revealed she tried to address his/her concerns and offered him/her the missing</p>	F 363	<p>4. The Cook, Administrator, DON, Assistant DON, Unit Manager(s), Weekend Supervisor, and/or Charge Nurse will audit five trays per meal every day for five days x two weeks, then five trays per meal for three days x two weeks, then as determined by the monthly Performance Improvement Committee to ensure specific food items selected by the resident are included with corrective action if indicated.</p> <p>5. The Dietary Manager and/or Administrator will submit a summary of the findings of the audits to the monthly Performance Improvement Committee consisting of</p>	

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F 363	Continued From page 3 food items. The DSM should have a system in place to check residents' trays for accuracy to ensure the residents were receiving what they requested.	F 363	Administrator, DON, Medical Director, Social Service Director, Activity Director, Maintenance Director, Housekeeping Supervisor and Medical Records for any additional follow up and/or inservicing needs until the issue is resolved. Completion Date by 7/16/2015		