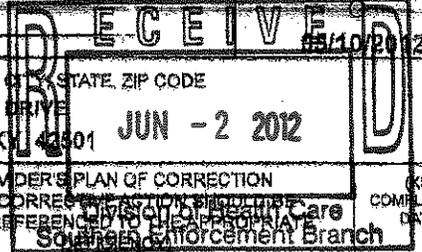


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185173	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/10/2012
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NAME OF PROVIDER OR SUPPLIER SUNRISE MANOR NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 200 NORFLEET DRIVE SOMERSET, KY 40301
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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 000	INITIAL COMMENTS	F 000	F 166	
F 166 SS=D	<p>483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES</p> <p>A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility policy and procedure, it was determined the facility failed to ensure prompt efforts were taken to resolve grievances for one of four sampled residents (Resident #1). Resident #1 reportedly voiced to staff repeated concerns that he/she was not being provided a hemodialysis renal diet as ordered by the physician. On 05/02/12 and 05/04/12, the facility received formal written grievances filed on Resident #1's behalf regarding dietary concerns. However, interview with Resident #1 on 05/09/12, revealed the resident was still not being provided the diet as ordered, and observations of the noon meal on 05/09/12, confirmed residents on renal diets were not served therapeutic diets as required. (Refer to F363.)</p> <p>The findings include: A review of the facility's "Concern-Resident/Family" policy (revised</p>	F 166	<p>1. Resident # 1 is receiving the correct diet, per physician's order. Res. #1 physician was notified on 5/10/12 of what food was served to the residents on Renal diets and gave no new orders. Facility Medical Director has been informed of the dietary concerns related to Renal diets by the DON on 5/18/12. All meals are being directly observed by the Adm.; Director of Nursing, Dietician, or their designee, to ensure all diets are being served per Physician's order.</p> <p>2. A one-time interview of all orientated residents was conducted by the Administrator, the Director of Nursing, Unit Managers, Social Service Director, and Life Enrichment Director, and Education and Training Director to identify any concerns and question related to meal service. This will be completed by 6/15/12. Any issues will be resolved immediately. A one time interview of 10 resident family members was conducted by the Social Service Director, the Administrator, and the Life Enrichment Director, to identify any concerns with their family members' care, and/or the meal service will be completed by 6/15/12. Any issues will be immediately addressed. Regional Director of Clinical Operations (RCDO) will review all grievances from 5/10/12 to 6/10/12 to identify any grievances that were not promptly resolved, and proper follow up was done, and these issues will be immediately resolved. This will be completed by 6/12/12.</p> <p>Administrator (ADM), Director(DON), and Unit Managers(UM) to call the facility nurses every shift, beginning 5/29/12 for 30 days to identify any concerns and assist with their resolution.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Gill Spurgeon</i>	TITLE <i>Adm.</i>	(X9) DATE <i>6/1/12</i>
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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 166	<p>Continued From page 1</p> <p>October 2009) revealed the facility provided residents with an uninhibited resident concern procedure, and would attempt to resolve the issue within five days.</p> <p>A review of Resident #1's medical record revealed the facility admitted the resident on 04/06/12. Resident #1 had diagnoses to include End Stage Renal Disease and Diabetes Mellitus. Admitting physician's orders dated 04/06/12, revealed Resident #1 was to receive hemodialysis three days per week and a controlled carbohydrate, low sodium, hemodialysis renal diet.</p> <p>Resident #1 voiced in interview on 05/09/12, at 5:10 PM, that the facility had failed to provide him/her with the appropriate therapeutic diet since being admitted to the facility. Resident #1 went on to state that at each meal he/she would receive food items that were not permitted on the therapeutic diet, and had reported to staff that he/she was unable to eat the food items due to dietary restrictions.</p> <p>Interviews conducted on 05/09/12, at 1:00 PM, with Licensed Practical Nurse (LPN) #1, and at 2:30 PM with Certified Nursing Assistant (CNA) #2, and on 05/10/12, at 9:00 AM, with CNA #1 confirmed Resident #1 could not eat several items at each meal that were provided on the meal tray due to the items not being within his/her dietary requirements. LPN #1 stated she had told the Administrator on several occasions (exact dates unknown) and placed notes on the 24-hour report regarding Resident #1 not receiving the correct diet, but stated no action was taken to resolve the complaint.</p>	F 166	<p>3. RDCO to re-educate the Adm., DON, and Unit Managers regarding grievance policy and procedures, and prompt resolution and proper follow up on 5/29/12. The ADM, DON, and ETD to re-educate all staff by 6/12/12 regarding policy and procedures for grievances, to include: what is a grievance, who can fill out a grievance, prompt grievance resolution, and investigation as well as proper follow-up with the parties involved. Adm, DON & UM's to call charge nurse each shift beginning 5/29/12 for 30 days then each shift three times a week for 30 days to ensure all grievances are identified and followed up promptly per policy. The Social Services Director(SSD), the ADM, and the Life Enrichment Director(LED) to interview 3 resident family members with specific questions regarding meal service, and record on audit sheet each week beginning 6/4/12 for 30 days to ensure all grievances are noted, and followed up on promptly per policy. The ETD, DON, and UM's are to interview 3 residents beginning 6/4/12 and continue for 30 days, recording their results on an audit sheet. To also ensure all grievances are noted and followed up on promptly per policy and procedure.</p>	

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F 166	Continued From page 2 A review of Resident Concern Reports dated 05/02/12 and 05/04/12, revealed facility staff had filed written grievances on Resident #1's behalf regarding the dietary concerns. Documentation on the grievance form dated 05/04/12, revealed Resident #1 was "not getting proper meals and nutrition since being a resident at the facility." The documentation also revealed "problem reported on numerous occasions without being addressed." The concern (grievance) form dated 05/04/12, indicated the Administrator spoke with Resident #1 (no date given) and the resident voiced no further issues. However, Resident #1 stated in interview on 05/09/12, that the Administrator had never discussed the dietary concerns with him/her. A review of the form was conducted on 05/10/12, and there was no documented evidence the facility had conducted a follow-up to the resident's concerns.	F 166	Dietary Manager and/or Facility Dietician will re-educate dietary staff regarding the policy for following the menu spreadsheet, how to read the spreadsheet correctly, and to ensure all therapeutic are followed correctly by 5/25/12. Beginning 5/11/12 all meals are being directly observed by the Adm, DON, Dietician, Dietary Manager, or designee, to ensure all diets are served per physician's orders. All residents in the center that receive renal diets are to be interviewed 3x/week for 30 days by the ETD, LED, or Dietary Manager to ensure they were served the correct diet and any concerns will be reported to the Dietician for follow-up beginning 5/29/12. Beginning 5/29/11 5 random interviewable residents will be interviewed by the LED, SSD, and Unit Managers to ensure no dietary concerns are noted. RCDO will audit 5 meals trays at least monthly to ensure physician's orders are followed, all food items are available, and are being served. The Dietician is to review any grievances related to dietary concerns at least weekly for 4 weeks, then at least monthly for 2 months to ensure they are addressed properly. 4. The facility Quality Assurance Committee (consisting of at least, the ADM, DON, UM's, various other departments heads, and the Medical Director) will meet weekly for two weeks and then monthly to review all audit findings and revise plan as needed based on the findings, until resolved. 5. Date of Compliance: 6/15/12.		
F 363 SS=D	The Administrator stated in interview on 05/10/12, at 10:20 AM, 10:55 AM, and 12:10 PM, that she had received the written Resident Concern Forms on 05/02/12 and 05/04/12, and had contacted the Registered Dietitian (RD) to speak with Resident #1 about the concerns. However, the Administrator stated she had conducted no observations of resident meals or followed up with Resident #1 since 05/04/12, to ensure residents in the facility were receiving therapeutic diets as ordered by the physician. Observations on 05/09/12, of the noon meal revealed residents ordered to receive therapeutic renal diets were not provided the diet as ordered. 483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED	F 363			

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F 363	<p>Continued From page 3</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of the facility's policy and procedure, the facility failed to prepare, in advance, and follow menus which met the nutritional needs of residents in accordance with the assessed needs of three of four sampled residents (Residents #1, #2, and #3). Residents #1, #2, and #3 all had physician's orders to receive therapeutic diets, however, on 05/09/12, during the noon meal, the facility failed to ensure Residents #2 and #3 received the therapeutic diets as prescribed. Additionally, interviews with Resident #1 and facility staff revealed the resident had not been provided the appropriate diet since being admitted to the facility, a timeframe of thirty-three days.</p> <p>The findings include:</p> <p>A review of the facility's Nutritional Services procedure (revised July 2010) revealed the facility would ensure nutritional services to all residents while maintaining individualized assessments of nutritional needs. According to the procedure, staff was to follow pre-planned written menus, recipes, and production sheets according to prescribed diets.</p>	F 363	<p>F363</p> <ol style="list-style-type: none"> 1. Resident #1 and #3 remain in the center, and both physicians and families were notified the correct diet was not served to them and there were no new orders noted. Resident #2 no longer resides in the center but the center did immediately notify R#2 physician on 5/9/12. The facility's Medical Director was also notified of dietary concerns related to renal diets on 5/18/12. 2. Beginning 5/11/12 all meals are being directly observed by the Adm., DON, UM, ETD, Dietary Manager, or their designee to identify and meal or meal item not served per physician order, and per the dietary spreadsheet (therapeutic diet menu). Any issues noted will be immediately corrected. The Dietician will audit the food order monthly for 3 months to identify that all food items on the Therapeutic Diet Menu are available per the dietary spread sheet. 3. Dietary staff have been reeducated on how to follow the dietary spreadsheets and how to substitute items, as well as how to ensure all foods on the menu are available. This reeducation was done by the Administrator and the Interim Dietary Manager on 5/25/12. Beginning 5/11/12 for 30 days and then 2 times and week for 30 days, all meals will be directly observed by the Adm, the DON, Unit Managers, Dietician, the ETD, the Dietary Manager, or their designee to 	
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F 363	<p>Continued From page 4</p> <p>A review of the menu to be served on 05/09/12, at the noon meal revealed residents on regular diets were to receive fish, hash brown potatoes, seasoned greens, cheddar biscuit, margarine, assorted fruit cup, and choice of beverage. Residents on renal diets were to be served a vegetable pasta blend in place of the hash browns, shredded lettuce in place of the greens, a slice of bread in place of the cheddar biscuit, and a renal fruit cup in place of the regular fruit cup.</p> <p>1. The facility admitted Resident #2 on 04/28/12, with diagnoses including Chronic Renal Disease and Diabetes Mellitus. A review of Resident #2's admitting physician's orders revealed the resident was to receive hemodialysis three days per week. Physician orders dated 05/02/12, revealed Resident #1 was to receive a controlled carbohydrate, hemodialysis renal diet.</p>	F 363	<p>Identify any issues with following physician's orders and all food that is on the menu is being served.</p> <p>4. The facility Quality Assurance Committee (consisting of at least, the ADM, DON, UM's, various other departments heads, and the Medical Director) will meet weekly for 2 weeks and then monthly, to review all audit findings and revise plan as needed based on the findings, until resolved.</p> <p>5. Date of Compliance: 6/15/12</p>		
	<p>The facility had not yet completed Resident #2's admitting Minimum Data Set (MDS) assessment. A review of Resident #2's care plan revealed the resident was interviewable, and only planned to stay a short time in the facility.</p> <p>A review of the hemodialysis renal/controlled carbohydrate menus for the noon meal on 05/09/12, revealed Resident #2 should have received fish, vegetable pasta blend, shredded lettuce, white bread, margarine, renal fruit cup, coffee, and no milk.</p> <p>Observation of Resident #2's noon meal on 05/09/12, at 12:10 PM, revealed the resident was feeding him/herself without difficulty in his/her room, with their spouse present. Observations</p>				

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F 363	Continued From page 5 and interview with Resident #2 revealed the facility failed to serve the resident the hemodialysis renal/controlled carbohydrate menu that had been planned for the noon meal on 05/09/12. Resident #2 received seasoned greens instead of shredded lettuce, cheddar biscuit instead of white bread, and a regular fruit cup instead of a renal fruit cup. Resident #1 was also served milk on the meal tray. Resident #2 stated he/she was provided milk during each meal, despite the resident's tray card indicating the resident was to receive "no milk." In addition, the facility failed to serve Resident #1 the vegetable pasta blend as planned for the therapeutic menu. 2. The facility admitted Resident #3 on 06/03/09. Resident #3's diagnoses included Chronic Kidney Disease. A review of Resident #3's physician orders dated 05/08/12, revealed the resident was to receive a "liberalized" renal diet.	F 363		
	A review of Resident #3's MDS dated 03/22/12, and care plan dated 05/03/12, revealed the facility assessed the resident to be cognitively intact, and only required supervision and tray setup for meals. A review of the "liberalized" renal diet menus for the noon meal on 05/09/12, revealed residents on the diet, including Resident #3, should have received fish, vegetable pasta blend, shredded lettuce with dressing, white bread, margarine, renal fruit cup, coffee and no milk. Observation of Resident #3 on 05/09/12, at 12:30 PM, during the noon meal revealed the resident was feeding him/herself without difficulty in his/her room. Observations and interview with			

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F 363	<p>Continued From page 6</p> <p>Resident #2 revealed the facility had served him/her seasoned greens instead of shredded lettuce, cheddar biscuit instead of white bread, and a regular fruit cup instead of a renal fruit cup. In addition, the facility failed to serve Resident #1 the vegetable pasta blend as planned for the therapeutic menu.</p> <p>3. Resident #1 was out of the facility on 05/09/12, during the noon meal and could not be observed.</p> <p>The facility admitted Resident #1 on 04/06/12, with diagnoses including End Stage Renal Disease and Diabetes Mellitus. Admitting physician's orders dated 04/06/12, revealed Resident #1 was to receive a controlled carbohydrate, low sodium, hemodialysis renal diet.</p> <p>A review of Resident #1's MDS assessment dated 04/19/12, revealed the facility assessed Resident #1 to have no cognitive impairment or behavioral symptoms.</p>	F 363		
	<p>An interview with Resident #1 on 05/09/12, at 5:10 PM, revealed the resident answered all questions appropriately and displayed no evidence of cognitive impairment. Resident #1 stated he/she had failed to receive the correct diet since residing in the facility (a timeframe of 33 days). Resident #1 was very articulate and knowledgeable of his/her physician ordered controlled carbohydrate renal diet. Resident #1 stated since being admitted to the facility he/she had received orange juice for breakfast on a daily basis, although the renal diet menu indicates the resident should have received cranberry juice. Resident #1 stated for every meal he/she had</p>			

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F 363	<p>Continued From page 7</p> <p>been served at the facility, one or two food items on the tray was not consistent with the hemodialysis renal diet ordered by the resident's physician. Resident #1 stated he/she does not eat the items, and the "girls" would often take the tray back to the kitchen to obtain a substitute, but on most occasions were told there were no other items available that were within his/her dietary requirements. Resident #1 stated staff had purchased and brought food items for him/her which were permitted on the hemodialysis renal diet for the resident to store in his/her room.</p> <p>Interviews conducted on 05/09/12, at 1:00 PM, with Licensed Practical Nurse (LPN) #1, at 2:30 PM, with Certified Nursing Assistant (CNA) #2, and on 05/10/12, at 9:00 AM, with CNA #1-confirmed Resident #1's diet prohibited several items each meal that were provided on the meal tray due to dietary restrictions. The staff stated when the food items were returned to the kitchen, they would be informed that no other items were available, or be asked by the kitchen staff "what can (he/she) have?" (The staff stated the facility had provided them with no "list" or training regarding what food items residents can/can't have when on a renal diet.) LPN #1 also confirmed that food items had been purchased by staff and brought to Resident #1 to keep in his/her room, due to appropriate food items not being consistently available in the facility.</p> <p>Interviews were conducted with the evening cook on 05/09/12, at 6:00 PM, and with the day cook on 05/10/12, at 10:00 AM. Both cooks stated the facility had been without a dietary manager for approximately one month. The evening cook confirmed she prepared "regular" menu items for</p>	F 363		
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F 363	<p>Continued From page 8</p> <p>meals served to residents and acknowledged she did not prepare foods for "therapeutic" diets. The evening cook voiced no knowledge of having specific menus for each of the therapeutic diets offered in the facility. The evening cook stated if a resident is on a "special" diet she "just don't give them whatever they can't have," adding, "I've done this so long I know what they can and can't have." However, the evening cook was only able to voice "potatoes" as being a food item inconsistent with a renal diet. The day cook stated that she "thought" the correct diet was served to residents on 05/09/12, but was confused as to how to "read the spreadsheet" (the menu that directs dietary staff in what food item and serving size should be served for each diet offered in the facility). The day cook stated on 05/09/12, all renal diets were served the "regular diet" menu except potatoes, because she "knew renal diets couldn't have potatoes." However, the day cook stated no vegetable pasta blend was prepared to take the place of the potatoes as required by the renal diet menu.</p>	F 363		
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	<p>Interviews with the Administrator on 05/10/12, at 10:20 AM, 10:55 AM, and 12:10 PM, confirmed the facility had been without a dietary manager for approximately one month. The Administrator stated she had been made aware on 05/02/12 and 05/04/12, that Resident #1 had filed written complaints regarding dietary concerns including not receiving the appropriate diet. The Administrator stated she contacted the Registered Dietitian (RD) to speak with Resident #1 about the concerns, but made no attempt to determine if the complaint was accurate, or to ascertain if other residents in the facility were/were not receiving therapeutic diets as</p>			
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F 363	<p>Continued From page 9 ordered by the physician.</p> <p>Interviews with the RD on 05/09/12, at 5:30 PM, and on 05/10/12, at 11:00 AM, revealed he had spoken to Resident #1 on 05/04/12, regarding the dietary concerns. The RD stated he also talked to the kitchen staff on 05/04/12, regarding the importance of following the prescribed diets, but made no meal observations to ensure therapeutic diets were being prepared and served as required, or to ensure kitchen staff was able to correctly utilize the therapeutic menus/spreadsheets.</p>	F 363		