

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

PRINTED: 06/27/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185281	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/20/2014
NAME OF PROVIDER OR SUPPLIER FRIENDSHIP HEALTH AND REHABILITATION, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 7400 LAGRANGE RD PEWEE VALLEY, KY 40056		
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F 000	INITIAL COMMENTS	F 000	The preparation and execution of this credible allegation of compliance does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiency. The facility reserves its right to dispute the facts and conclusions in any forum necessary and disputes that any action or inaction on its part created any deficient practice. This Plan of Correction is prepared and executed solely because it is required by federal and state law.		
F 361 SS=E	<p>483.35(a) QUALIFIED DIETITIAN - DIRECTOR OF FOOD SVCS</p> <p>The facility must employ a qualified dietitian either full-time, part-time, or on a consultant basis.</p> <p>If a qualified dietitian is not employed full-time, the facility must designate a person to serve as the director of food service who receives frequently scheduled consultation from a qualified dietitian.</p> <p>A qualified dietitian is one who is qualified based upon either registration by the Commission on Dietetic Registration of the American Dietetic Association, or on the basis of education, training, or experience in identification of dietary needs, planning, and implementation of dietary programs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of the facility's policy Resident Food Preferences, and Resident Nutrition Services, it was determined the facility's Dietary Manager (DM) failed to complete food preferences for eight (8) of eight (8) unsampled residents. The DM failed to re-evaluate Unsampled Resident A for preferences of portion sizes. The DM failed to assess Unsampled Residents B, C, D, E, F, G and H for food preference within twenty-four (24)</p>	F 361	<p>F 361 Dietary Services</p> <p>The facility must employ a qualified dietician either full time, part time, or on a consultant basis.</p> <p>Criteria 1: Unsampled resident's A, B, C, D, E, F, and G have all had completion of the food preferences form by the DM/RD/Designee as completed on 7/16/14. The completed forms were utilized to update tray cards to reflect the current likes/dislikes and portion sizes.</p> <p>Criteria 2: Chart audits have been completed by RD/DM on 7/6/14 to determine that all current residents have a completed food preferences form on their medical record. All records included a completed form.</p>		

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

TITLE

(X6) DATE

Gary A. Freese

Administrator 07/17/2014

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.

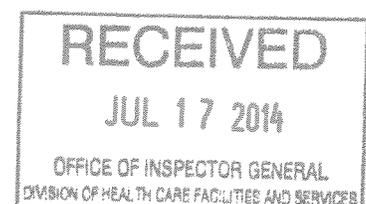
OFFICE OF INSPECTOR GENERAL
DIVISION OF HEALTH CARE FACILITIES AND SERVICES

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F 361	Continued From page 1 hours of their admission per the facility's policy. The findings include: Review of the facility's policy regarding Resident Food Preferences, undated, revealed nutritional assessments would include an evaluation of the individual's food preferences. Upon the resident's admission or within twenty-four (24) hours after his/her admission, the Dietitian would identify a resident's food preferences. Review of the facility policy, Resident Nutrition Services, undated, revealed each resident shall receive the correct diet with preferences accommodated as feasible and shall receive prompt meal service and appropriate feeding assistance. Observation of the lunch entree served to Unsampld Resident A , on 06/19/14 at 12:10 PM, revealed the resident was served a small portion of the chicken and dumplings. Clinical record review of Unsampld Resident A revealed the facility admitted the resident on 08/15/13 with diagnoses of Hypertension and Depression. The facility completed a quarterly Minimum Data Set (MDS), on 05/13/14 and assessed the resident using the Brief Interview for Mental Status and the resident scored fifteen (15) of fifteen (15). Review of Section K, of the MDS, revealed the resident had not had a weight loss or gain and was not on a physician prescribed diet, nor, a therapeutic diet. Clinical record review for Unsampld Resident B, revealed the facility admitted the resident on 05/18/14 and the food preference assessment	F 361	Criteria 3: A new policy has been developed by the facility dietary consulting group, directing the completion of the food preferences form within the first 72 hours of the resident admission. The DM has received in-service education by Meghan Combs on 6/22/14 on the new policy and the need to complete a food preferences form for all new admissions, and to update this form annually and prn. Criteria 4: The CQI indicator for the monitoring of dietary documentation, including but not limited to the admission food preferences form, will be utilized monthly under the supervision of the DM/RD. Results of the completed tool will be reviewed quarterly in the facility CQI meetings. Criteria 5: July 17, 2014	7/17/14	



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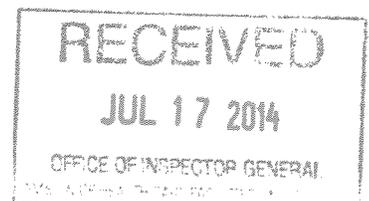
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F 361	<p>Continued From page 2 was not completed until ten (10) days later, on 05/28/14.</p> <p>Clinical record review for Unsampler Resident C, revealed the facility admitted the resident on 05/21/14 and the food preference assessment was not completed until seven (7) days later, on 05/28/14.</p> <p>Clinical record review for Unsampler Resident D, revealed the facility admitted the resident on 05/22/14 and the food preference assessment remained incomplete as of this date, 06/20/14. A note written on the food preferences assessment, dated 06/01/14, revealed the resident was out of the room.</p> <p>Clinical record review for Unsampler Resident E, revealed the facility admitted the resident on 05/22/14 and the food preference assessment was not completed until six (6) days later, on 05/28/14.</p> <p>Clinical record review for Unsampler Resident F, revealed the facility admitted the resident on 05/29/14 and the food preference assessment was not completed until twenty (20) days later, on 06/18/14.</p> <p>Clinical record review for Unsampler Resident G, revealed the facility admitted the resident on 06/06/14 and the food preference assessment was not completed until thirteen (13) days later, on 06/19/14.</p> <p>Clinical record review for Unsampler Resident H, revealed the facility admitted the resident on 06/09/14 and the food preference assessment was not completed until ten (10) days later, on</p>	F 361		
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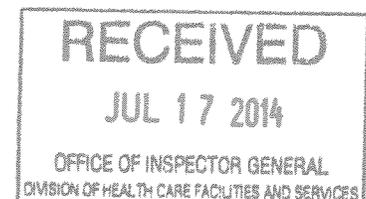
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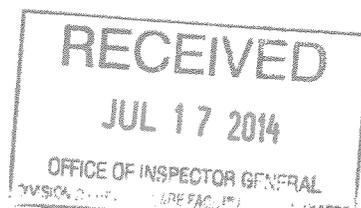
F 361	<p>Continued From page 3 06/19/14.</p> <p>Interview with Unsampld Resident A, on 06/19/14 at 12:10 PM, revealed the small portion serving was from a weight gain back sometime ago, about six (6) months. The resident stated, he/she did not need to have small portions anymore. He/she declined the entree served. He/she stated, no one had come back to talk to him/her about his/her meals.</p> <p>Interview with the Dietary Manager, on 06/19/14 at 10:15 AM, revealed she was new to the facility since late May 2014 and had not evaluated all of the residents since taking over the Dietary Department. She reported she had seventy-two (72) hours to complete the resident food preference assessments.</p> <p>Interview with the Dietary Manager, on 06/20/14 at 12:10 PM, during observation of Unsampld Resident A's lunch meal, revealed she was not familiar with the diet Unsampld Resident A was receiving. Interview with the Dietary Manager, at 1:50 PM, revealed Unsampld Resident A had a stable weight currently. The resident had a couple of pound weight gain sometime ago. A previous Dietary Manager assessed the residents needs and request; however, she had not reassessed the resident. She stated, as the Dietary Manager, her responsibility was to assess the new admissions for food preferences, such as food allergies, likes and dislikes. She stated she had been working through the newly admitted residents as she gets the opportunity, but had no time frame to complete the resident food preference assessments. She stated, she was onsite at the facility daily, Monday through Friday. She reported, the Dietician was at the facility one</p>	F 361		
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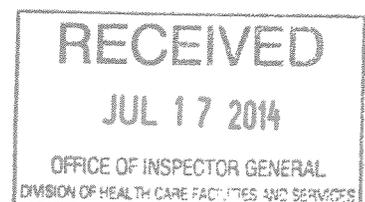
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F 361	<p>Continued From page 4</p> <p>day a week and would not be able to complete the food preferences with the residents. She stated she was not completing interviews with any facility identified residents for likes, dislikes or palatable food. She had not received direction to complete any interviews with specifically identified residents related to meals or meal service.</p> <p>Interview with the Registered Dietician Consultant, on 06/20/14 at 1:00 PM, revealed she was in the facility one (1) day a week and the Dietary Manager was at the facility through out the week. She stated she did not complete the resident's food allergies, food preference, likes or dislikes. She stated it was not feasible for her to complete these areas being on site one day a week. She stated, she had discussed with the Dietary Manager the importance of completing the resident food preference promptly upon the resident's admission, identifying allergies, as well as ensuring the residents were eating well in a new environment.</p> <p>Interview with the Administrator, on 06/19/14 at 1:50 PM, revealed the facility was to complete a new admission assessment for resident food preferences within twenty-four hours of admission. He reported, he had a new company contract for the food services in the recent weeks and was not aware the new admission assessments had not been completed on several of the residents. He stated, he was not monitoring the new admission for dietary services in particular. He had been working on getting through the dietary transition, but not concentrating on follow up. He reported he had not provided the Dietary Manager or the Registered Dietician with a list of residents, identified in the prior plan of correction, for</p>	F 361			



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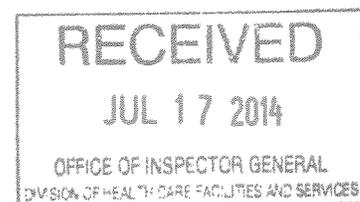
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F 361	Continued From page 5 interviewing or follow up related to the food concerns. He stated, he did not follow through with that monitoring.	F 361			
F 520 SS=E	483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff. The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies. A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based on record review, interview and review of the facility's policy Quality Assurance Committee-Role of the Dietition/Food Services	F 520	Criteria 1: Unsampled resident's A, B, C, D, E, F, G, and H have all had completion of the food preferences form by the DM/RD/Designee as completed on 7/16/14. The completed forms were utilized to update the resident tray cards to reflect the current likes/dislikes and portion sizes. <u>Residents #5, 8, 10, 16, 19 and unsampled residents B, C, D, G, H, I, J, and K have been interviewed weekly X 2 weeks, and then monthly by the Dietary Manager/Registered Dietician to determine they are satisfied with the meals being provided. The Dietary Manager has addressed all concerns presented by these residents as of 7/16/14, and this has been verified by the Administrator.</u> Criteria 2: Chart audits have been completed by the RD/DM on 7/16/14 to determine that all current residents have a completed food preferences form on their medical record. All records included a completed form. <u>-The DM and ADM have reviewed the Plan of Correction from the annual survey on 7/11/14 to determine that the criteria have been implemented.</u>		



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F 520	<p>Continued From page 6</p> <p>Manager, Resident Food Preferences, and the survey binder, it was determined the facility failed to implement their plan of action to correct identified quality deficiencies with dietary services for five (5) sampled residents and seven (7) unsampled residents identified by the facility in the plan of correction.</p> <p>The findings include:</p> <p>Review of the Quality Assessment and Assurance (QAA) policy regarding the Role of the Dietitian/Food Services Manager, not dated, revealed the duties and responsibilities to the QAA Program included developing a preliminary and a comprehensive assessment of the dietary needs of each resident. The role of the Dietitian/Food Services Manager included assisting the QAA Committee in developing and implementing appropriate plans of action to correct identified deficiencies. The role included visiting residents periodically to evaluate the quality of meals served, and individual likes and dislikes. The QAA program would periodically review issues related to food preferences and meals to try to identify more widesprad concerns about meal offerings and food preparation.</p> <p>Review of the facility's policy regarding Resident Food Preferences, undated, revealed nutritional assessments would include an evaluation of the individual food preferences. The facility's QAA program would periodically review issues related to food preferences and meals to try to identify more widesprad concerns about meal offerings and food preparation.</p> <p>Review of the facility's survey binder revealed a</p>	F 520	<p>Residents #5, 8, 10, 16, 19 and <u>unsampled residents B, C, D, G, H, I, J, and K have been interviewed weekly X 2 weeks, and then monthly by the Dietary Manager/ Registered Dietician to determine they are satisfied with the meals being provided. The Dietary Manager has addressed all concerns presented by these residents as of 7/16/14, and this has been verified by the Administrator.</u></p> <p>Criteria 3: A new policy has been developed by the facility dietary consulting group, directing the completion of the food preferences form within the first 72 hours of the resident admission. -The DM has received inservice education by the RD on 6/22/14 on the new policy and the need to complete a food preferences form for all new admissions, and to update this form annually and prn.</p> <p>Criteria 4: The CQI indicator for the monitoring of dietary documentation, including but not limited to the admission food preferences form, will be utilized monthly under the supervision of the DM/RD. Results of the completed tool will be reviewed quarterly in the facility CQI meetings.</p> <p>Criteria 5: July 17, 2014</p>	7/17/14	



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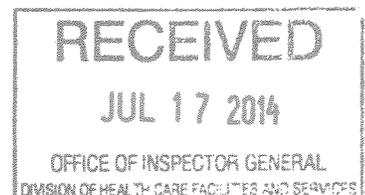
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F 520	<p>Continued From page 7</p> <p>plan of correction, dated 05/26/14, for five (5) sampled residents and eight (8) unsampled residents, were to be interviewed weekly for two (2) weeks and then monthly by the Dietary Manager/Registered Dietician to determine if they were satisfied with the meals provided.</p> <p>Interview with the Dietary Manager, on 6/19/14 at 1:50 PM, revealed as the Dietary Manager, she was onsite at the facility daily, Monday through Friday. She stated the Dietician was at the facility one day a week and would not be able to complete the food preferences with the residents. She stated she was not completing interviews with any facility identified residents for likes, dislikes or palatable food. She had not received direction to complete any interviews with specifically identified residents related to meals or meal service.</p> <p>Interview with the Administrator, on 06/19/14 at 1:50 PM, revealed the facility was to complete a new admission assessment for resident food preferences within twenty-four hours of admission. He reported he had not provided the Dietary Manager or the Registered Dietician with a list of residents identified in the prior plan of correction for interviewing or follow up with those specific residents related to the food concerns. He stated, he did not follow through with the monitoring and interviewing of the residents identified on his plan of correction for the deficit practice identified during the most recent standard survey. He reported he did not have any interview results or audits related to those specified interviews to take to the QAA meeting. He stated, he was not monitoring the new admission for dietary services in particular. He had been working on getting the dietary transition,</p>	F 520		
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F 520	Continued From page 8 but not on follow up. He reported, he had a new company contract for the food services in the recent weeks and was not aware the new admission assessments had not been completed on several of the residents. Telephonic interview with the Registered Dietician, on 06/20/14 at 1:00 PM, revealed she was the Dietary Consultant for the facility. She stated, she was in the facility one (1) day a week and the Dietary Manager was at the facility through out the week. She stated she was not provided a specific list of resident to interview related to the meal services, she interviews the residents based on the dietary needs identified medically and with the reviews that required MDS assessments. She stated, she had discussed with the Dietary Manager the importance of completing the resident food preference promptly upon the residents admission, identifying allergies, as well as ensuring the residents were eating well in a new environment.	F 520			

