

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

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OFFICE OF INSPECTOR GENERAL
DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 05/14/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185301	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/30/2015
NAME OF PROVIDER OR SUPPLIER REGIS WOODS			STREET ADDRESS, CITY, STATE, ZIP CODE 4604 LOWE RD LOUISVILLE, KY 40220		
(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 000	INITIAL COMMENTS	F 000			
F 364 SS=E	<p>483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and policy review it was determined the facility failed to ensure food was served at a preferable temperature for two (2) of the four (4) nursing units. There were complaints from the Resident Council meeting members of cold food and cold coffee. Residents complained of having to wait for long periods of time for their meals to be served.</p> <p>The findings include:</p> <p>Review of the Food Service Quality Indicators Policy dated 05/05/13 revealed meal service was to begin within ten (10) minutes of the posted meal time for that location. Foods are held at appropriate holding temperatures and served at temperatures appropriate for food safety and palatability. Review of the Food Service</p>	F 364			

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

TITLE

(X6) DATE

Joseph S. Schmedel

Administrator

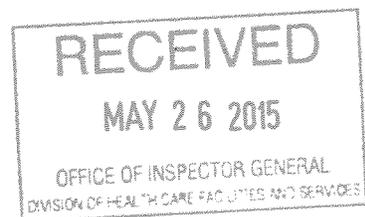
5-22-15

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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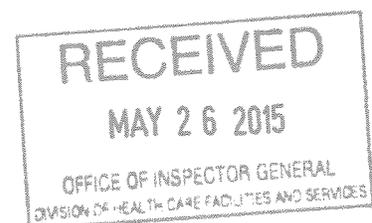
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F 364	<p>Continued From page 1</p> <p>Satisfaction policy revealed residents would be satisfied with their meals. Review of the Serviceware and Smallwares Ordering policy dated 04/01/14 revealed the Food Service Director determined and was responsible for the inventory and ordering of smallwares and serviceware items. Review of the Food and Nutrition Services Policies and Procedures dated 04/01/14 revealed the Food Service Director determined the needs and was responsible for inventory and ordering of food products.</p> <p>Review of the Food and Nutrition Services Meal Assessment dated 04/20/15 indicated the lunch meal for the NF 1 dining room was delivered at 12:30 PM and the last tray delivered was 12:42 PM. Review indicated the meal service did not begin within ten (10) minutes of the posted time. Review of the facility Dining Times revealed lunch was to be served on the NF 2 dining room at 11:30 AM to 11:45 AM. The NF 2 room trays were to be served at 11:30 AM to 11:40 AM. The NF 1 room trays were to be delivered at 11:45 AM to 11:55 AM. NF 1 dining room trays were to be delivered at 12:00 PM to 12:10 PM.</p> <p>Review of the Resident Council Meeting Minutes dated March 17, 2015, revealed coffee was cold at various meals, the chicken was tough and inedible, and the green beans were rubbery. Review of council minutes for February 17, 2015, revealed some foods were cold when served.</p> <p>Observation, on 04/30/15 at 8:35 AM, revealed kitchen staff were washing plates. Interview with kitchen staff, on 04/30/15 at 8:35 AM, revealed</p>	F 364	<p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Regis Woods Care & Rehabilitation Center does not admit that the deficiency listed on this form exists, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged Deficiency."</p> <p>F 364 Nutritive Value/appear, palatable/prefer temp.</p> <ol style="list-style-type: none"> 1) The Administrator and Assistant Administrator provided reeducation with the Dietary Manager regarding need to ensure inventory of plates, silverware and dishes is maintained and kept to par level on 5/5/15 The Dietary Manager, Chef, Administrator or Assistant Administrator will provide reeducation to the involved dietary staff on the need to maintain proper serving temperatures at point of service by June 5, 2015. Residents eating in the NF 1 and NF 2 dining rooms did not experience any negative outcome. 2) All residents have potential to be affected. Plates and Cups were ordered on 5-5-15. Dietary Manager, Chef, Administrator or Assistant Administrator checked food temperatures at point of service in NF 1 and NF 2 dining areas on 5-22-15 with corrective action if indicated. Resident food committee was held 5-18-15 to determine any trends or note any further issues with corrective action if indicated. 3) The Regional Dietary Manager, Dietary Manager, Chef, Administrator and Assistant Administrator will provide reeducation with the dietary staff on the need to maintain proper serving temperatures at point of service per policy and the food delivery service log with a post-test given by June 5, 2015 to validate understanding. Staff not available during this 		



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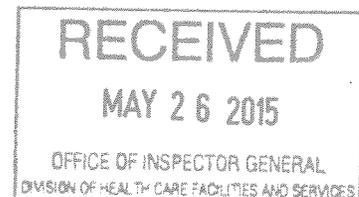
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F 364	Continued From page 2 they had to wash the plates in order to be able to finish serving breakfast to residents in the NF1 dining. Interview with dietary aid #1 at 11:00 AM revealed they had to wash the plates sometimes in order to finish a meal and occasionally they ran out of plates. The dietary aid revealed the Dietary Manager ordered them on a regular basis but they break. Observation of the Chef, on 4/30/15 at 11:08 AM, revealed he was washing dishes. Observation at 12:00 PM, revealed they were ten (10) plates short for the meal delivery. Observation of the lunch meal service on 04/30/15 revealed the residents were served their drinks at 11:30 AM on the NF 2 dining room. At 11:55 AM the food cart was taken to the rehab/locked unit area and food was brought out to the steam table. At 12:00 PM the tray cart left the dining room to the NF 2 hall. The plates and food was served in the NF 2 dining room at 12:00 PM and the main course was served at 12:05 PM. At 12:22 PM the last resident was served in the NF 2 dining room. Observation revealed meal was served at 12:31 PM. The cart to NF 1 was send out at 12:35 PM. The test tray was done at 12:41 PM. Temperatures for the soup was one hundred thirty (130) degrees Fahrenheit (F), broccoli was ninety eight (98 F) degrees, tatter tots was ninety (90 F) degrees and the pork sandwich was one hundred twenty-two (122 F) degrees. Interview with the Executive Chef, on 04/30/15 at 3:40 PM, revealed the temperature should be one hundred fifty (150 F) degrees to one hundred sixty (160 F) degrees off the steam table.	F 364	time frame will be provided reeducation by Administrator and Assistant Administrator upon return to work with a posttest completed to validate understanding. Regional Dietary Manager, Administrator and Assistant Administrator will complete reeducation with Dietary Manager and Chef regarding proper temperature and completing inventory of smallwares and serviceware items properly with post-test given on June 5, 2015 to validate understanding. 4) Inventory of smallwares and serviceware items will be completed by dietary manger and chef weekly to ensure appropriate par level is maintained and items are available for meal delivery with corrective action if indicated. Dietary cooks and servers will complete daily food temperature log on food bars and hall trays. The Administrator, Assistant Administrator, Dietary Manager, Registered Dietician, Chef or Cook will conduct meal service audits 7 days per week for 2 weeks, 3 days per week for 2 weeks, weekly for 5 weeks and then monthly thereafter. 4) Administrator will track results of audits. Results of the audits will be submitted to the monthly Performance Improvement Committee that consist of the Administrator, Director of Nursing, Business Office, Medical Records, Dietary Manager, Maintenance Director, Social Service Director, MDS Coordinator, and Medical Director for further review and recommendation for six months. 5) Date: 6-11-15		
F 490 SS=E	483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING	F 490			



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F 490	Continued From page 3 A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and policy review it was determined the facility failed to provide dinnerware and meals that were at preferable temperatures for each resident related to dietary services on two (2) of four (4) living units. It was observed dietary staff having to wash dishes before the meals could be finished in order to have enough service ware for residents at meals. The findings include: Review of the Serviceware and Smallwares Ordering policy on 04/30/15 revealed the Food Service Director was responsible for the inventory and ordering of smallwares and serviceware items. According to the policy serviceware included dishes, glasses, bowls/mugs, silverware. The Food Service Director or designee took an inventory at least quarterly of items on hand and records it. Review of the Administrators job description dated 08/01/12 revealed authorizing purchases of supplies and equipment within budgetary guidelines established by the governing body was their responsibility. Review of the Director of Dining Services job description dated 10/21/14 revealed they were to utilize purchasing programs, food specifications and	F 490	1. The Nursing Home Administrator (NHA) is aware of the ultimate responsibility for the operation of the facility and does understand that he/she possesses the authority to manage the facility and make needed changes to facility systems. The Regional Vice President of Operations will review the Administrator Job Description with the NHA by June 5, 2015 to verify understanding of responsibility including 483.35(d)(1)-(2) Nutritive Value/Appear, Palatable/prefer Temp The NHA has and will continue to ensure the facility is administered in an efficient and effective manner. As part of the facility governing body, along with the Director of Nursing Services (DNS), will effectively oversee and ensure that appropriate plans of action are in place to correct quality deficiencies. 2.) All residents have the potential to be affected. Plates and Cups were ordered on 5-5-15. Administrator and Assistant administrator attended resident council and resident food committee on 5-18-15 to identify any other issues with correction action if indicated. 3.) Administrator and Assistant Administrator will complete reeducation with Dietary Manager and Chef completing inventory of smallwares and serviceware items properly with post test given by June 5, 2015 to validate understanding. Administrator and assistant administrator will sign off on all inventory weekly. Administrator or Assistant Administrator will complete weekly rounds in dietary with dietary manager or chef. 4.) Administrator and Assistant Administrator will complete random round/test tray's 5 day per week for 5 weeks, 3 days per week for 5 weeks, weekly for 5 weeks and monthly thereafter.		



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F 490	Continued From page 4 ordering system to order food and supplies needed to operate the department. Observation, on 04/30/15 at 8:35 AM, revealed kitchen staff were washing plates. Interview with kitchen staff, on 04/30/15 at 8:35 AM, revealed they had to wash the plates in order to finish serving breakfast in the NF1. Interview with dietary aid #1 at 11:00 AM revealed they had to wash the plates sometimes in order to finish a meal and occasionally they had run out of plates. The dietary aid revealed the Dietary Manager ordered them on a regular basis but they break. Observation of the Chef on 4/30/15 at 11:08 AM revealed he was washing dishes. Observation at 12:00 PM revealed they were ten (10) plates short for the meal delivery. Interview, on 4/30/15 at 4:05 PM, with the Assistant Administrator revealed they had not done audits recently but did after the survey. She revealed the dietician does monthly audits for temperature and taste. Hot food and plates should be provided and she was assured they had everything they needed. Interview with the Director of Nursing, on 04/30/15 at 3:22 PM, revealed they do not do any audits on dietary services the Assistant Administrator did the audits. Interview with the Administrator, on 04/30/15 at 3:22 PM, revealed he was not aware that dietary was running out of dishes, that the food was cold, and meals were being served late. He further revealed communication could be better and he would try to look at the system.	F 490	Administrator will track results of the audits. Results of the audits will be submitted to the monthly Performance Improvement Committee that consist of the Administrator, Director of Nursing, Business Office, Medical Records, Dietary Manager, Maintenance Director, Social Service Director, MDS Coordinator, and Medical Director for further review and recommendation for six months. 5.) Date: 6-11-12		

