

PRINTED: 04/18/2012
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185364	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/05/2012
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NAME OF PROVIDER OR SUPPLIER OWENTON MANOR CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 906 HWY 127 NORTH OWENTON, KY 40359
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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	<p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Owenton Manor Care & Rehabilitation Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."</p> <p>F 368 1. Residents in the center have been offered an HS snack as of 4-25-12 by the nursing staff, unless NPO order is in place.</p> <p>2. Residents in the center benefit from being offered HS snacks unless NPO order is in place. The center's requirement to provide HS snacks to residents was reviewed with the residents in attendance at Resident Council on 4-24-12 by the Activity Director and the Director of Social Services.</p>	
F 368 SS=E	<p>483.35(f) FREQUENCY OF MEALS/SNACKS AT BEDTIME</p> <p>Each resident receives and the facility provides at least three meals daily, at regular times comparable to normal mealtimes in the community.</p> <p>There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except as provided below.</p> <p>The facility must offer snacks at bedtime daily.</p> <p>When a nourishing snack is provided at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span, and a nourishing snack is served.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of the facility's policy it was determined the facility failed to offer daily bedtime snacks. Review of the list of residents receiving 8:00 PM snacks revealed only fifty-three (53) of ninety-three (93) total residents received evening snacks.</p> <p>The findings include:</p>	F 368		

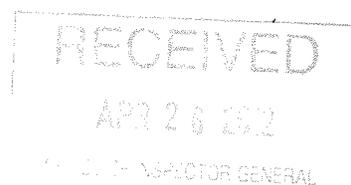
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>X Kara M. Medtner</i>	TITLE <i>X Administrator</i>	(X6) DATE <i>X 4-26-12</i>
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may 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 368	Continued From page 1 Review of the facility's policy regarding Snacks, Policy Number 8 with an effective date of 07/08, revealed it is the center's policy to provide snacks as identified in the individual plans of care, and Bedtime (HS) snacks to all residents. Observation, on 04/03/12 at 8:00 PM, of the 100 Unit revealed Dietary Aide #1 delivered a tray with a variety of snacks. Some snacks were labeled with resident's room number, and the type of snack. Continuous observation revealed a tray of three (3) of each unlabeled snacks: apples; bananas; peanut butter crackers; also two (2) bags of goldfish; packages of oatmeal snack bars; and a package of chocolate cookies. Observation at 8:03 PM revealed the 200 Unit was delivered labeled resident specific snacks and the same amount of unlabelled snacks. Interview with the Dietary Aide #1, on 04/03/12 at 8:05 PM, on the 200 Unit revealed labeled snack items are exclusively for the resident named. The unlabeled snacks are for any residents that would like a snack during the night. Interview with unsampled residents, on 04/03/12 from 6:00 PM to 7:00 PM, during initial tour of 100 and 200 Units revealed snacks are provided if requested. Continued interviews during this time revealed staff do not come to the room and offer a bedtime snack. Interview with CNA #1, on 04/03/12 at 8:20 PM, revealed labeled snacks are for the delivery to a specific resident. She further stated if any other residents would like a snack all that is need is for the resident to ask. She further stated snacks	F 368	3. Re-education on the Snack Policy and Procedure was given by the Nutritional Services Director to Dietary Staff by 4-17-12. Re-education will be given to Nursing Staff by the Director of Nursing Services, Assistant Director of Nursing Services and/or Unit Managers regarding offering HS snacks to residents unless they have an order to not receive anything by mouth by 4-25-12. Dietary Staff are sending an HS snack cart to the Nursing Units each evening as of 4-17-12. Nursing staff will utilize the Nursing Report sheet to document residents' acceptance of offered HS snack. The report sheet is being placed in the Unit Manager mailbox daily for review and then is taken to the Clinical Meeting. 4. The Director of Nursing and/or Assistant Director of Nursing will review the Nursing Report sheet during the Clinical Meeting five (5) times a week for four (4) weeks, then two (2) times a week for eight (8) weeks to validate that snacks are being offered to residents who are not NPO.		



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F 368	Continued From page 2 are not offered to residents. Interview with LPN #1, on 04/03/12 at 8:25 PM, revealed labeled snacks are provided for diabetics or residents that may be at risk for dehydration. She further revealed snacks are available if requested during the night. Interview with Director of Nurses (DON), on 04/05/12 at 1:00 PM, revealed snacks are labeled for specific residents based on dietician or physician recommendation. She further stated snacks are available for any resident during the day or night if requested. The DON stated she was unaware snacks needed to be offered at night. Interview with Dietary Director, on 04/04/12 at 1:10 PM, revealed the dietary department was provided a list of resident specific snacks. She stated these snacks are labeled with the resident's name, delivery time and preparation date. A variety of snacks are provided and available for residents.	F 368	Any concerns identified will be addressed immediately. The Director of Nursing will bring the HS snack reviews to the Performance Improvement Committee monthly for three (3) months for review and further recommendation. (PI Committee members include: Administrator, DNS, ADNS, Medical Director, Medical Records, Maintenance, Social Services, Activity Director, MDS, Admissions, Unit Managers and Nutritional Services). 4-26-12		

