

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

Second SOD

PRINTED: 10/08/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 85379	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/30/2012
NAME OF PROVIDER OR SUPPLIER MARTIN COUNTY HEALTH CARE FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 62 MAUDE ROAD NEZ KY 41224		

RECEIVED
 OCT 12 2012
 Division of Health Care
 Southern Enforcement Branch

(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 367 SS=D	<p>483.35(e) THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN</p> <p>Therapeutic diets must be prescribed by the attending physician.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and reference manual review, it was determined the facility failed to provide a therapeutic diet which had been ordered by the physician for one of four sampled residents (Resident #2). Resident #2 had a physician's order dated 08/30/12, for the resident to receive fortified oats and a sugar-free health shake on the resident's meal tray. However, observation of the supper meal on 08/30/12, at 4:30 PM, revealed staff failed to provide the resident fortified oats and a sugar-free health shake on the resident's meal tray.</p> <p>The findings include: An interview with the Director of Nursing (DON) on 08/30/12, at 8:30 PM, revealed the facility did not have a specific policy related to meal service and instead utilized "Serving A Food Tray" located on page 649 of a reference manual titled "Clinical Nursing Skills, Seventh Edition." A review of the reference manual revealed staff was to check all diet trays before serving to ensure the diet</p>	F 367	<p>Martin County Health Care Facility does not believe and does not admit that any deficiencies exist. Martin County Health Care Facility reserves the right to contest survey findings through formal dispute resolutions, formal legal appeal proceedings, or any administrative legal proceedings. This plan of correction does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds. Nor is meant to establish any standard of care, contact obligation or position, and Martin County Health Care Facility reserves all rights to raise all possible contentions and defenses in any type or civil or criminal claim, action, or proceeding. Nothing contained in this plan or correction should be considered as a waiver of any potentially applicable peer review, quality assurance or self-critical examination privileged which Martin County Health Care Facility offers it responses, credible allegations of compliance and plan of correction as part of its ongoing efforts to provide quality care to our residents.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Beth Ann* TITLE: *administrator* (X6) DATE: *10-9-12*

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 367	<p>Continued From page 1 provided was the one ordered by the physician.</p> <p>A review of the physician's orders revealed Resident #2 had a diet order dated 08/30/12, for the resident to receive fortified oats with all meals and a sugar-free health shake to be served with the resident's meal trays. Resident #2 was observed on 08/30/12, at 4:30 PM, to be eating in the main dining room. A review of the resident's tray card revealed the resident was to have a regular concentrated sweets diet with pureed meats. The tray card also revealed the resident's likes were fortified cereal and health shakes. Observation of the resident's meal tray revealed no evidence fortified oats or a sugar-free health shake had been provided for the resident as ordered by the physician.</p> <p>An interview conducted with Restorative Aide (RA) #1 on 08/30/12, at 5:30 PM, revealed she had not been aware Resident #2 was to receive fortified oats and a sugar-free health shake on each tray as these were only listed as something the resident likes on the tray card. The RA stated that she was required to check the resident's tray card to ensure the resident was receiving the correct diet. The RA stated the resident was to receive a regular concentrated sweets diet with pureed meat.</p> <p>An interview conducted with the Dietary Manager (DM) on 08/30/12, at 5:15 PM, revealed she had received the physician prescribed diet order from the nurse, entered the order in the computer, and listed the order under the resident likes section on the meal tray card. The DM stated she also placed the diet order on the bulletin board located in the Dietary Department for reference by the</p>	F 367	<ol style="list-style-type: none"> 1) It is and was on the day of the survey the policy of MCHCF that the facility provide physician ordered therapeutic diets. Resident #2 was assessed and found not to have been adversely affected by the deficient practice. Resident #2 was immediately given the correct diet. 2) Any resident receiving a doctors prescribed diet has the potential to be affected. All tray cards were reviewed to ensure that they reflect the physicians ordered diet. 3) On a daily basis any dietary order changes will be implemented by the Dietary staff on duty and a temporary tray card will be utilized. The Dietary Manager will make changes to the tray cards M-F and review changes with the dietary staff. 4) The facilities Quality Assurance Committee will conduct audits 3 x a week on 20% of the tray cards to ensure meal accuracy. Administrator and Dietary Manager conducted an in-service on September 14, 2012, with Dietary Department on requirements to follow tray cards and diet order changes. Administrator and Director of 		

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F 367	Continued From page 2 cook. The DM stated Resident #2 had not received fortified oats and a sugar-free health shake which had been ordered due to an oversight by the staff.	F 367	Nursing conducted an in-service on September 14, 2012 with Nursing Department on the requirement to review tray cards and validate meal accuracy on resident trays. 5) 9/14/12		