

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

PRINTED: 12/09/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION:	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185146	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/23/2011
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NAME OF PROVIDER OR SUPPLIER FOUNTAIN CIRCLE HEALTH AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 200 GLENWAY ROAD WINCHESTER, KY 40391
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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)	(X6) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>An Abbreviated Survey investigating AROs #KY00017424, #KY00017417, #KY00017419, #KY00017420, and #KY00017418 was initiated on 11/21/11 and concluded on 11/23/11. The survey was conducted in conjunction with the Revisit for the 10/07/11 Standard Survey (Event ID #BN5P11) and the Revisit for the 10/06/11 Life Safety Code Survey (Event ID #BN5P21). ARO #KY00017424 was substantiated with a deficiency cited at 42 CFR 483.35 (F364) Dietary Services at a scope and severity of an "E". ARO #KY00017417 was substantiated with no deficiencies identified. AROs #KY00017419, #KY00017420 and #KY00017418 were unsubstantiated with no deficiencies cited.</p>	F 000	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p>	
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 review of facility's policy, it was determined the facility failed to provide food which was palatable and served at the proper temperature. The facility failed to ensure food delivered to the 200 Unit for the evening meal on 11/22/11 was served at the facility's desired point of service temperature. Hot foods were served below 120 degrees Fahrenheit.</p>	F 364	<p>F364</p> <p>1. No individual resident was identified as having been served food that was non-palatable or below point of service temperatures.</p> <p>2. All residents who receive an oral diet have the potential to be affected by the alleged deficient practice; therefore the facility will implement the corrective interventions and monitoring as outlined in #'s 3 and 4 below.</p> <p>3. The facility has implemented a "Meal Monitor" schedule, which assigns meal monitors to verify that trays are passed in a timely manner and to ensure residents food is served at palatable temperatures, (i.e. hot foods served "hot" and cold foods served "cold") per the federal regulation (F 364).</p> <p>All nursing and dietary staff received in-service education between 11/28/11 and 12/14/11, provided by the Assistant Executive Director,</p>	12/16/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Karen H. Helling* TITLE: (AED), Registered Dietician (RD), DATE: 12/16/11

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 364	<p>Continued From page 1</p> <p>The findings include:</p> <p>Review of the facility's policy titled, "Internal Food Temperature Matrix", dated 10/31/10, revealed the temperature at the point of service for foods to be palatable was between 120 degrees and 130 degrees Fahrenheit for hot foods and between 40 degrees and 50 degrees Fahrenheit for cold foods.</p> <p>Interview with Resident #33, on 11/22/11 at 5:00 PM, who the facility assessed as cognitively intact per the Minimum Data Set (MDS) Assessment, dated 10/10/11, revealed his/her food was not always hot when it arrived to his/her room.</p> <p>On 11/22/11 at 6:20 PM, observation of the 200 Unit evening meal test tray revealed foods did not meet the required temperature. Temperatures of foods were taken by the Interim Nutritional Services Manager immediately following the delivery of the last resident's tray on the 200 Unit. The chicken marguerite was measured at 104 degrees Fahrenheit. In addition, roasted corn was measured at a temperature of 67 degrees Fahrenheit.</p> <p>An interview, on 11/22/11 at 6:30 PM, with Nutrition Services Manager #2 revealed the desired temperature at the point of service for hot foods was at least 120 degrees Fahrenheit, and the desired temperature at the point of service for cold foods was 60 degrees Fahrenheit or below.</p>	F 364	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>Staff Development Coordinator, (SDC) Weekend Supervisor (WS) and 3-11 House Supervisor (HS) with regard to the federal regulations (F 364) related to food palatability, (i.e. serving hot food "hot" and cold food "cold").</p> <p>Any nursing or dietary staff member who has not received the in-service education by 12/14/11 will not be allowed to work until they have received the in-service education.</p> <p>All nursing and dietary staff new hires will receive the information with regard to the federal regulations (F 364) regarding food temperatures/palatability.</p> <p>The facility will conduct at least one "test tray" temperature audit per day for a period of four weeks, then three times weekly for four weeks and then once weekly for four weeks in order to ensure that residents receive their meal trays in a time frame that will ensure serving hot food "hot" and cold food "cold". The location of the</p>	12/16/11
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temperatures can be assessed throughout the facility.

The Registered Dietician will complete the Nutritional Services Evaluation Tool monthly, which addresses food palatability. This tool 12/16/11 will be used to monitor compliance with the corrective actions herein to insure ongoing compliance is maintained.

The facility will utilize the Abaqis resident interview process to conduct quarterly interviews with residents and families to ascertain concerns they may have related to palatable food temperatures.

The Nutrition Services Manager, Registered Dietician or Assistant Executive Director, will be available to attend the facility monthly Resident Council Meeting in order to discuss food temperature concerns that the residents may have.

4. The compliance results, related to the "Test Tray" temperature audits, Nutritional Services Evaluation Tool,

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Abaqis interviews and Resident Council information related to food temperatures will be reviewed in the monthly Performance Improvement (PIC) [Members include, but not limited to, ED, DNS, Assistant Director of Nursing Services (ADNS), UM, SW, NSM, RD, AD, TCU PD, RPD, Maintenance Director (MD) and the Medical Director] meeting for the next three months and as needed thereafter. Further inventions/corrective actions will be implemented as necessary.

12/16/11