

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

PRINTED: 12/19/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185148	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ DEC 27 2013	(X3) DATE SURVEY COMPLETED  12/05/2013
NAME OF PROVIDER OR SUPPLIER  WILLIAMSBURG HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 287 N ELEVENTH ST WILLIAMSBURG, KY 40769 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 364 SS=D	<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, record review, and facility policy review, it was determined the facility failed to ensure foods were served at the proper temperature for residents on the Sunny Brook Hall for the evening meal on 12/03/13. A test tray conducted of a regular diet tray, on 12/03/13, revealed the pudding and milk temperatures were not in accordance with the facility's policy.</p> <p>The findings include: A review of the facility policy titled Meal Pass, not dated, revealed residents meals would be delivered and served timely. Further review of the policy revealed residents were to receive food at the appropriate temperatures; cold food was to be 41 degrees or below.</p> <p>Observations of the evening meal on 12/03/13 revealed an enclosed meal cart arrived on the Sunny Brook Hall at 5:35 PM. The last tray was</p>	F 364	See Attached	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Michelle Garboe* TITLE: *Administrator* (X6) DATE: *12/23/2013*

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	Continued From page 1 intercepted at 6:25 PM (50 minutes later), and milk and pudding temperatures were obtained with facility staff. The temperature of the milk was 70 degrees. The pudding, which contained milk, was 55 degrees.  Interview conducted with State Registered Nurse Aide (SRNA) #1 on 12/04/13 at 4:00 PM confirmed she had passed trays on the Sunny Brook Hall during the evening meal on 12/03/13. The CNA stated trays should be delivered to facility residents within 15 minutes of arrival to the floor. The CNA acknowledged the trays were on the floor "too long" yet was unsure exactly how long the trays remained in the enclosed cart prior to being passed to facility residents.  Interview conducted with the Registered Dietitian (RD) on 12/04/13 at 4:15 PM revealed milk and foods containing milk should be delivered to facility residents at a temperature of 40 degrees or below.  Interview with the Director of Nursing (DON) on 12/05/13 at 4:00 PM revealed trays should be delivered to facility residents within 15 or 20 minutes after meal carts arrived to the floor. The DON further stated milk and foods which contained milk should be safely served at 40 to 50 degrees.	F 364	See Attached		
F 366 SS=E	483.35(d)(4) SUBSTITUTES OF SIMILAR NUTRITIVE VALUE  Each resident receives and the facility provides substitutes offered of similar nutritive value to residents who refuse food served.	F 366	See Attached		

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NAME OF PROVIDER OR SUPPLIER  <b>WILLIAMSBURG HEALTH AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>287 N ELEVENTH ST WILLIAMSBURG, KY 40769</b>		
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F 366	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined the facility failed to ensure substitutes were offered to residents that refused foods served and/or that had identified food dislikes for two of twenty-four sampled residents (Resident #7 and Resident #10), and two of two unsampled residents (Residents A and B). Observation of meal tray cards during the noon meal service on 12/03/13, revealed Resident #7 disliked stewed tomatoes, however, facility staff served Resident #7 stewed tomatoes during the noon meal service; Resident #10 disliked apple juice, but facility staff served the resident apple juice during the meal service; Resident A disliked green beans, but staff served Resident A green beans; and Resident B disliked chicken and was served chicken and dumplings on his/her meal tray.</p> <p>The findings include:</p> <p>Interview conducted with the Administrator on 12/04/13, at 9:05 AM, revealed the facility did not have a policy related to resident food preferences.</p> <p>1. Observation of Resident #10's noon meal tray on 12/03/13, at 11:35 AM, revealed staff served the resident apple juice on his/her meal tray. Review of the tray card for Resident #10 revealed the resident disliked apple juice.</p> <p>An interview was attempted with Resident #10 on 12/03/13, at 11:35 AM, and the resident did not respond.</p> <p>Interview with State Registered Nurse Aide</p>	F 366	See Attached		

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F 366	<p>Continued From page 3</p> <p>(SRNA) #3 on 12/03/13, at 11:50 AM, revealed she was required to check the meal tray cards prior to serving the resident's meal tray. The SRNA stated she was required to check food dislikes and return any food listed as a food the resident disliked to the kitchen for replacement and she had "missed" that Resident #10 had a dislike for apple juice.</p> <p>2. Observation of the noon meal service on 12/03/13, at 11:40 AM, revealed staff served Resident #7 stewed tomatoes on his/her meal tray. Review of the tray card for Resident #7 revealed the resident disliked stewed tomatoes.</p> <p>An interview was attempted with Resident #7 on 12/03/13, at 11:40 AM, and the resident did not respond.</p> <p>Interview conducted with SRNA #2 on 12/04/13, at 1:20 PM, revealed she was required to check the resident's tray card prior to serving the meal, and if a food dislike was identified on the tray card she was required to take the food item back to the kitchen for replacement. The SRNA revealed she had not identified the stewed tomatoes on Resident #7's meal tray as a food the resident disliked. The SRNA stated she had been trained by the facility to check food dislikes and return any food listed as a food the resident disliked to the kitchen for replacement and she had "missed" that Resident #2 had a dislike for stewed tomatoes.</p> <p>3. Observation of the noon meal in the 200 Unit Dining Room on 12/03/13, at 12:15 PM, revealed staff served Resident A green beans on his/her meal tray. Review of the tray card for Resident A revealed he/she disliked green beans.</p>	F 366	<i>See Attached</i>		

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F 366	Continued From page 4  An interview with Resident A on 12/03/13, at 12:15 PM, revealed, "I do not like green beans and I have not been asked if I wanted a substitute for the green beans."  Interview conducted with SRNA #4 on 12/05/13, at 1:30 PM, revealed she had delivered food trays in the 200 Unit dining room on 12/03/13, for the noon meal. SRNA #4 stated she did not recall if she had delivered the meal tray to Resident A. However, the SRNA stated if a dislike was on a resident's meal tray, she was required to return the food item to the kitchen for a replacement.  4. Observation of the noon meal service on the 200 Unit revealed SRNA #6 fed Resident A chicken and dumplings on 12/03/13, at 12:45 PM. Review of the tray card for Resident A revealed the resident disliked chicken.  An interview was attempted with Resident A on 12/03/13, at 12:55 PM, and the resident did not respond.  Interview conducted with SRNA #6 on 12/03/13, at 12:45 PM, revealed she was required to check all residents' tray cards prior to feeding the resident. The SRNA stated she did not know why she had not identified the resident's dislike for chicken and stated she should have returned the food to the kitchen for a replacement.  Interview conducted with Cook #1 on 12/03/13, at 12:50 PM, revealed she had prepared the food trays for the noon meal on 12/03/13. The Cook stated she had been "nervous" and had overlooked the resident's food dislikes, and that the facility had food substitutes available.	F 366	See Attached	

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F 366	Continued From page 5  Interview conducted with the Registered Dietitian (RD) on 12/04/13, at 4:45 PM, revealed she monitored meal service two times per week at the facility. The RD stated she also talked to three residents every week regarding their meal service. The RD stated meal trays were monitored as part of the facility's Quality Assurance process and she had occasionally observed a meal tray that had been prepared to be served that contained an identified food dislike; however, the RD stated she had not identified this to be a pattern at the facility. The RD stated staff was required to obtain a replacement food item for the resident if the resident received an item on the food tray he/she disliked and that the facility had food substitutes available.	F 366	<i>See Attached</i>		

Williamsburg Health and Rehabilitation Center

Plan of Correction

F364 483.35

1. The tray that was noted to have inappropriate milk and pudding temperatures was removed and the resident received a new tray.
2. An audit of food and beverage temperatures were completed by the clinical coordinators of all units, dietician, and dietary manager for the next meal pass to ensure there were no problems with food and beverage temperatures for all other residents.
3. An inservice was held by the dietary manager and clinical coordinators with dietary and nursing staff to address the improper food/beverage temps. Dietary staff was instructed on new procedures to place cold items (milk/pudding) in the freezer 30 min prior to serving. A new meal delivery system was also initiated to ensure all resident trays are delivered in a timely manner to the residents with the appropriate required temperatures. Nursing staff have been instructed that any tray that has not been passed out of the cart after 15 minutes is to be removed and a new tray received for the resident.
4. The QI committee designee ( dietary manager and/or clinical coordinators) will complete meal pass audits on all units to include all meals weekly for one month then monthly thereafter to ensure all food/beverage temperatures meet the appropriate requirements. Any irregularities found will be corrected and reported immediately to the dietary manager and clinical coordinators of all units.
5. December 13<sup>th</sup>, 2013

## Williamsburg Health and Rehabilitation Center

### Plan of Correction

F 366 483.35

1. Resident #7, #10, and Resident A and B did not have any negative results from having their dislikes on their noon meal tray. The dietary staff and nurse aides responsible for those resident trays were counseled on making sure resident meal trays are accurate and if nurse aide finds one not accurate to send the tray back and get a new meal tray for the resident.
2. An audit was completed of all meal trays to include all meals by clinical coordinators, dietary manager, and the dietician to ensure the resident's dislikes were not on their meal tray and that the dislikes were correct on their card as well as make sure staff were offering alternatives for those that didn't like the routine meal. The dietary manager and dietician re-interviewed all residents to get their likes and dislikes to ensure correct on their diet cards.
3. An inservice was conducted by the dietary manager and the clinical coordinators with all dietary and nursing staff to discuss making sure the resident's meal trays are served accurate specifically to ensure their dislikes are not placed on their meal tray as well as make sure alternatives for any refused meals are always offered to the residents. Dietary staff are to do a double check on the resident tray before it leaves the kitchen and the card caller is to sign off on the card that it is correct before it leaves the kitchen. The nurse aides that pull the trays off the cart are to sign off as well on the card to ensure that the tray is accurate before serving to the resident. Any meal tray found to not be accurate will be sent back to the kitchen and a new tray obtained for that resident.
4. The QI committee designee (dietary manager and/or clinical coordinators) will complete meal pass audits on all units to include all meals weekly for one month then monthly thereafter to ensure meal trays are accurate and no dislikes are on their trays as well as ensure that alternatives are being offered to any resident that refuses or dislikes the routine meal. Any irregularities found will be corrected and reported immediately to dietary manager and clinical coordinators of all units.
5. December 13<sup>th</sup>, 2013

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NAME OF PROVIDER OR SUPPLIER  <b>WILLIAMSBURG HEALTH AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>287 N ELEVENTH ST WILLIAMSBURG, KY 40769</b>		
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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR §483.70 (a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1989</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One story, Type V (000)</p> <p>SMOKE COMPARTMENTS: Eight</p> <p>COMPLETE SUPERVISED AUTOMATIC FIRE ALARM SYSTEM</p> <p>FULLY SPRINKLERED, SUPERVISED (WET AND DRY SYSTEM)</p> <p>EMERGENCY POWER: Two Type II diesel generators</p> <p>A life safety code survey was initiated and concluded on 12/03/13, for compliance with Title 42, Code of Federal Regulations, §483.70 (a). The facility was found to be in compliance with NFPA 101 Life Safety Code, 2000 Edition.</p> <p>No deficiencies were identified during this survey.</p>	K 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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