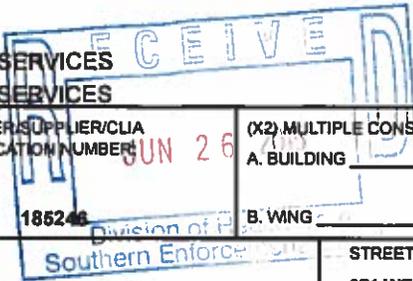


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/17/2015
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185246	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/03/2015
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NAME OF PROVIDER OR SUPPLIER ROCKCASTLE HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 371 WEST MAIN STREET BRODHEAD, KY 40409
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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
F 000	INITIAL COMMENTS	F 000		6/12/15
F 363 SS=E	<p>483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED</p> <p>Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of the facility's planned menu it was determined the facility failed to follow the menu for servings of bread for fourteen (14) residents who received a pureed diet from the tray line during the noon meal on 06/03/15. In addition, residents who received a meal tray that included bread from the tray line did not receive a full serving of bread during the noon meal on 06/03/15.</p> <p>The findings include:</p> <p>An interview conducted with the Dietary Manager on 06/03/15 at 4:00 PM, revealed the facility did not have a specific policy for following the menu. According to the Dietary Manager, it was facility practice to prepare items in accordance with the menu that was received from the corporation.</p>	F 363	<p>Rockcastle Health and Rehabilitation, a Signature Healthcare Facility does not believe and does not admit any deficiencies existed before, during or after survey. The facility reserves the rights to contest the survey findings through informal dispute resolution formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care contract obligation pt position and the facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of potentially applicable Peer review, Quality assurance or self critical examination privilege which the facility does not waive and reserves the right to assert in any administrative, civil, or criminal claim, action or proceeding. The facility offers it's response, credible allegations of compliance and plan of correction as part of it's ongoing efforts to provide quality care to residents.</p> <ol style="list-style-type: none"> All residents were reviewed for weight loss by the Director of Nursing for the month of May, 2015. No residents experienced significant weight loss. All residents were reviewed for weight loss by the Director of Nursing for May 2015 with no residents were identified to have weight loss. Dietitian educated the dietary manager and dietary staff 6/9/15 on following the selected menu to include a serving of bread that is not added into a vegetable as a filler with pureed diets. All food selections should be served as they are served on a regular diet tray. The education also included following the suggested serving size in accordance to the resident diet order. Dietitian will conduct weekly audits beginning 6/15/15 to ensure that menus are followed to include a portion of each item on the menu on the tray and the serving size of each food is honored. Results of the audits will be given to the administrator and will be taken to the QAPI committee for review and follow up. 	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Alicia Bullock</i>	TITLE NHA	(X6) DATE 6/26/15
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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 363	<p>Continued From page 1</p> <p>Observation of the tray line during the noon meal on 06/03/15 at 11:30 AM, revealed residents were served a one-inch by two-inch roll from the tray line. Further observations revealed residents who received a pureed diet did not receive a pureed roll or bread.</p> <p>Observation of the lunch tray for Resident #1 conducted at 12:10 PM revealed the resident received a pureed tray that did not contain a pureed roll or any evidence of a pureed bread item.</p> <p>Review of physician's orders and the dietary tray card for Resident #1 revealed the resident was to receive a pureed diet with no calorie restrictions.</p> <p>Review of the facility menu spreadsheet revealed that residents who were on a regular diet were to receive one dinner roll and residents who received a pureed diet were to receive two ounces of pureed dinner roll.</p> <p>Review of the dinner roll package revealed that a serving of "Colonial Dinner Time Rolls" was considered to be five of the one-inch by two-inch rolls. A weight was obtained of one roll and according to the facility scale one of the rolls was observed to weigh less than one-half ounce and five rolls were observed to weigh two ounces.</p> <p>An interview with the Dietary Manager on 06/03/15 at 11:45 AM revealed the menu spreadsheet only called for one roll to be served to residents. The Dietary Manager stated she added bread to the pureed vegetables to improve the consistency of the vegetables and had not considered serving residents the bread separately, nor was she aware of how much</p>	F 363		6/12/15

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F 363	Continued From page 2 bread each resident would have received in a serving of the vegetables. Further interview revealed the Dietary Manager was not aware of the serving size recommendations for the rolls and had not considered that only one roll was not a complete serving of bread.	F 363		6/12/15	
F 364 SS=E	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP 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. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and a review of facility policy it was determined the facility failed to serve food that was palatable to fourteen (14) residents who received a pureed diet at the noon meal on 06/03/15. Pureed mixed vegetables were observed to be bland and without flavor. Pureed honey mustard chicken was observed to be bland and without any honey mustard flavor. The findings include: A review of the facility policy for food palatability, untitled and undated, revealed the cook was required to taste the food prior to the meal service and if the food needed seasoning then the cook was required to add seasoning prior to serving. A test tray observation was conducted with the Dietary Manager on 06/03/15 at 12:20 PM on a regular pureed diet tray requested from the	F 364	1. All residents that were able to be interviewed and on pureed diets were interviewed by dietary manager on 6/8/15 to determine if they felt that the food was under seasoned. Findings include that some residents wanted more salt and more pepper. others felt that the seasoning was to taste. 2. Residents were interviewed by the dietary manger on 6/8/15 to determine if the food was well seasoned. Some residents wanted more salt and some wanted more pepper and the remaining felt that the food was seasoned well. 3. The dietitian educated the dietary manager and dietary staff on 6/9/15 on food palatability and seasoning and determine what the seasoning preferences are to be for each food recipe on the menu. The menu will be adjusted according to resident preference. 4. Five residents on pureed diets will be interviewed once a week for four weeks and then once a month for two months to ensure that the food is seasoned to their preference. The results will be discussed in QAPI committee for review and follow up.		

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F 364	Continued From page 3 kitchen. Palatability test of the pureed honey mustard chicken revealed the chicken was bland and did not have any flavor of honey mustard seasoning. Palatability test of the pureed mixed vegetables revealed the vegetables were bland and did not have any seasoning. An interview conducted with the Dietary Manager on 06/03/15 at 12:35 PM, revealed the Dietary Manager had cooked the noon meal for 06/03/15 and had tasted the food but did not recognize there was not enough seasoning in the pureed chicken and pureed mixed vegetables. The Dietary Manager stated that she had a decreased sense of taste.	F 364		6/12/15	