

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

PRINTED: 09/19/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185437	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 25 2013 Division of Health Care PROVIDER'S PLAN OF CORRECTION </div>	(X3) DATE SURVEY COMPLETED C 09/05/2013
NAME OF PROVIDER OR SUPPLIER THE VILLAGE OF LEBANON II, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 105 VILLAGE WAY LEBANON, KY 40033			
(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 An abbreviated standard survey (KY20621, KY20643) was initiated on 09/04/13 and concluded on 09/05/13. KY20621 was unsubstantiated with no regulatory violations identified. KY20643 was substantiated with deficient practice identified at "D" level.	F 000	The preparation and execution of this plan does not constitute admission or agreement by the provider of truth of the facts alleged or conclusions set forth in the statement for deficiency. The plan of correction is prepared and executed solely because it is required by the Federal and State law.			
F 365 SS=D	483.35(d)(3) FOOD IN FORM TO MEET INDIVIDUAL NEEDS Each resident receives and the facility provides food prepared in a form designed to meet individual needs. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and a review of the facility policy it was determined the facility failed to ensure each resident received food prepared in a form designed to meet individual needs for one of four sampled residents (Resident #1). Resident #1's physician had ordered for Resident #1 to be served chopped meats. However, during the supper meal on 09/04/13 and the lunch meal on 09/05/13, facility staff was observed to serve Resident #1 whole portions of meat. The findings include: A review of the facility policy titled Assisting the Resident with In-room Meals, revised April 2011, revealed staff was required to check the tray before serving it to the resident to be sure that food consistency was appropriate to the resident's ability to chew and swallow.	F 365	F 365 1. Resident #1 was immediately assessed for any ill effects of having received the wrong diet, Resident #1 was then provided a tray with the correct diet, verified by the physician's order and tray tag. Dietary personnel were immediately re-educated and the cook that was in charge of verifying the tray tag to the actual meal was counseled and terminated. After further investigation, other issues leading to this breakdown in process were discovered leading to the termination of the Dietary Director. (See Exhibit #1-Tabitha Thomas counseling form). (See Exhibit #2: Dietary Director Counseling Form) 2. Once identified the Director of Nursing immediately and personally reviewed and compared all resident meal orders to what was actually being served. It was determined that no other residents were affected by the aforementioned practice, (See Exhibit #3- Nursing Tray Accuracy Audit). Continued.....			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Administrator

(X6) DATE

09/25/2013

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 365	<p>Continued From page 1</p> <p>A review of the medical record for Resident #1 revealed the resident was admitted to the facility on 05/02/13 with diagnoses including Adult Failure to Thrive and Dysphagia. Additional review of the medical record revealed Resident #1's physician had ordered "chopped" meats for the resident.</p> <p>Observations of the meal service on 09/04/13 at 5:50 PM revealed the facility served a whole portion of country-fried steak to Resident #1. During the meal on 09/05/13 at 12:30 PM the facility served Resident #1 a whole hamburger patty.</p> <p>Certified Nurse Aide (CNA) #1 was observed to serve the meal tray to Resident #1 on 09/04/13 at 5:50 PM and on 09/05/13 at 12:30 PM. An interview conducted on 09/05/13 at 12:35 PM with CNA #1 revealed the CNA did not normally check the resident's tray card to ensure the diet served was accurate.</p> <p>An interview was conducted on 09/05/13 at 12:30 PM with Resident #1's private sitter. According to the private sitter, the facility served Resident #1 meats that were whole, not chopped, and she would routinely cut the meat for the resident. Resident #1's private sitter stated the resident did not eat "very much" of the meats served.</p> <p>An interview with the facility Cook conducted on 09/05/13 at 12:40 PM revealed the cook was required to cut up meats for residents who were on a diet that included chopped meats. According to the facility Cook, she had overlooked the note on Resident #1's meal tray card for chopped meats and had failed to chop the meat served to the resident.</p>	F 365	<p>F -365 Continued.....</p> <p>3. An Action Plan was developed for Dietary Services and initiated immediately on 09/05/2013.</p> <p>(See Exhibit # 4: Dietary Action Plan). The Director of Dietary started auditing <u>each individual tray</u> for accuracy to physicians order before the tray was allowed to leave the kitchen; (See Exhibit #5- Dietary Tray Accuracy Audit). This is to be done for each meal for two weeks, then weekly for random meal times for two weeks then monthly until 100% compliance is achieved, longer if 100% compliance is not achieved. The policy "Assisting the Resident with In-Room Meals" was reviewed on 09/05/2013. All licensed and non licensed staff, as well as, Dietary staff, were re-educated through in-servicing by The Director of Nursing, this was completed on Monday night 09/23/2013 (See Exhibit #6 In-Service Policy: Assisting the Resident with In-Room Meals). An audit of all tray passes by SRNA's (State Registered Nursing Assistant) was performed to ensure that SRNA's were verifying the meal that the resident received matched the physician order. (See Exhibit #3: Nursing Tray Audit form). SRNA tray audit is to be performed for every tray and meal for the two weeks or until 100% compliance has been achieved.</p> <p>Continued next page.....</p>		

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			<p>F -365 Continued.....</p> <p>4. Quality Assurance Committee for review and input The Director of Dietary shall randomly audit a minimum 10%, of trays monthly for accuracy and report findings to The Charge Nurse on the floor shall randomly audit 10-15%, of trays once monthly for accuracy and report findings to the Director of Nursing for immediate correction and review. Any errors will be reported to Administrator in writing and submitted to QA for review and further action. This will be performed for three months. If any discrepancies are found the audits will be performed for every meal service until 100% compliance is achieved and maintained.</p>	09/25/2013	