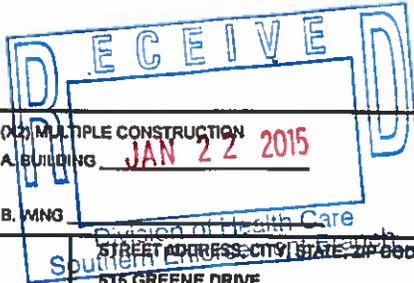


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/07/2015
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185294	(X2) MULTIPLE CONSTRUCTION A. BUILDING JAN 22 2015 B. WING	(X3) DATE SURVEY COMPLETED 12/18/2014
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NAME OF PROVIDER OR SUPPLIER
KINDRED NURSING AND REHABILITATION-MAPLE

STREET ADDRESS-CITY STATE ZIP CODE
575 GREENE DRIVE
GREENVILLE, KY 42345

(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
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F 000	INITIAL COMMENTS	F 000	<i>This Plan of Correction is the center's credible allegation of compliance.</i>	
F 225 SS=D	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and</p>	F 225	<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>F 225</p> <ol style="list-style-type: none"> On 12/17/2014 the Nurse Aid Abuse Registry was checked for employee #3 and the document was placed into the personnel record by Staff Development Coordinator. An audit of current employee's personnel files was completed by the Staff Development Coordinator on 12/17/2014 to identify others who may have been affected. Nurse Aid Abuse registry checks were completed for any employees that did not have documented proof of the Nurse Aid Abuse Registry check in their file. On 12/17/2014 the Staff Development Coordinator was educated by the Director of Nursing on Policy 504-0 with focus on responsibility to investigate in the past histories of all employee candidates to include inquiry on the State Nurse Aid Abuse Registry. The Payroll Benefits Clerk will audit potential new hire paperwork prior to hire for each new employee to ensure that an inquiry has been made to the Nurse Aid Abuse Registry, and results received with no concerns. Findings of the audits 	12/30/14

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

TITLE

(X6) DATE

James J. Cantone

Executive Director

1/22/2015

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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NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-MAPLE			STREET ADDRESS, CITY, STATE, ZIP CODE 615 GREENE DRIVE GREENVILLE, KY 42345	
(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 225	<p>Continued From page 1 certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, personnel record review, and review of facility policy, it was determined the facility failed to ensure the Nurse Aide Abuse Registry check was requested/obtained upon hire for one (1) of five (5) employees (Employee #3). Employee #3's date of hire was 11/24/14; however, there was no evidence the facility had checked the status of Employee #3 on the State Nurse Aide Abuse Registry.</p> <p>The findings include: Review of the facility's policy, "Abuse," with a revision date of 04/09/04, revealed all potential employees would be queried to determine the individual's status on the State (Kentucky) Nurse Aide Registry. Review of the personnel record on 12/17/14 at 10:36 AM for Employee #3 revealed the employee's hire date was 11/24/14; however, no documentation of a status check of the Nurse Aide Abuse Registry was found. The facility hired Employee #3 to work in the Dietary Department as a cook. Interview with the Staff Development Coordinator on 12/17/14 at 10:50 AM revealed she was responsible for checking the Nurse Aide Abuse Registry on all potential new hires. Further interview with the Staff Development Coordinator</p>	F 225	will be reviewed in the PI meeting monthly for 3 months.	

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NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-MAPLE			STREET ADDRESS, CITY, STATE, ZIP CODE 516 GREENE DRIVE GREENVILLE, KY 42346		
(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 225	Continued From page 2 revealed she only checked the status of a potential employee on the State Nurse Aide Abuse Registry if they were applying for a nursing position. According to the Staff Development Coordinator, she had not checked the State Nurse Aide Abuse Registry for the status of Employee #3 since Employee #3 had applied and was hired for a non-nursing position.	F 225	<i>This Plan of Correction is the center's credible allegation of compliance.</i>		
F 253 SS=E	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and facility policy review, it was determined the facility failed to ensure services were provided to maintain a sanitary and comfortable interior. Observations on 12/16/14 and 12/17/14 revealed four (4) residents' Broda chairs were noted to be in need of repair and/or cleaning and three (3) residents' wheelchairs were in need of repair and/or cleaning. The findings include: Review of the facility's policy titled, "Work Practices: Cleaning," with a revision date of 10/31/10, revealed that patient care items are to be cleaned, disinfected, or sterilized. Observations on 12/16/14 at 7:32 PM and 12/17/14 between 7:58 AM and 8:27 AM revealed seven chairs that were soiled and/or in need of	F 253	F 253 1. On 12/17/14 the seven identified Broda Chairs/Wheelchairs were cleaned and/or repaired by the Maintenance Supervisor and the Certified Nurse Aids. 2. On 12/17/14 the Maintenance Supervisor conducted an audit to identify other chairs that may be in need of repair and made any needed repairs. On 12/17/14 the Unit Managers conducted rounds on the units to identify chairs in need of cleaning. The Certified Nurse Aids on duty cleaned the chairs identified in need of cleaning on 12/17/14. 3. Staff education on the cleaning assignments for Broda and Wheelchairs was completed with the nursing staff on 12/30/14 by the Staff Development Coordinator. On 12/30/14 the Staff Development Coordinator provided education to the facility staff on submitting maintenance requests for equipment in need of repair.	12/30/14	

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NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-MAPLE			STREET ADDRESS, CITY, STATE, ZIP CODE 515 GREENE DRIVE GREENVILLE, KY 42345		
(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 253	Continued From page 3 repair. Broda chairs for Residents #3, C, and D were observed to be soiled with a white substance on the armrests as well as the lower section of the chair. Residents D and #4's Broda chair armrests were observed to be chipped, torn, cracked, and in need of repair. In addition, the wheelchair for Resident E was soiled with a white substance on the armrest and seat. Residents F and G's wheelchair armrests were torn and cracked. Interview with State Registered Nurse Aide (SRNA) #3 on 12/17/14 at 9:03 AM revealed third shift staff normally cleans residents' equipment such as Broda chairs and wheelchairs and they are pretty good about cleaning them. Further interview with SRNA #3 revealed she was unaware of Resident #3's Broda chair being soiled. According to SRNA #3, she reported soiled resident equipment to the nurse. Interview with SRNA #4 on 12/17/14 at 9:17 AM revealed, "Everyone is responsible" for cleaning Broda chairs, wheelchairs, and/or resident equipment when dirty; "technically, third shift" SRNAs are responsible. According to SRNA #4, she was not aware that Residents C and D's Broda chairs were dirty and in need of cleaning. Interview with Registered Nurse (RN) #2 on 12/17/14 at 9:12 AM revealed SRNAs are responsible for cleaning resident equipment. RN #2 stated there were cleaning schedules in the SRNA task book. Further interview with RN #2 revealed she was not aware that Resident #3's Broda chair was soiled. RN #2 stated the resident's chair definitely needed cleaning. Interview with the Maintenance Director on 12/17/14 at 10:00 AM revealed all staff was required to complete a work order form for needed repairs and to place the form in a notebook maintained at each nurses' station. He	F 253	4. The Maintenance Director will conduct preventative maintenance audits two times monthly for two months, and then monthly thereafter to ensure the Broda and wheelchairs are not in need of unidentified repairs. The unit managers will make audit rounds two times weekly for twelve weeks to ensure compliance with the cleaning of the Broda and wheelchairs. Findings will be reviewed in PI meeting monthly for three months.		

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F 253	Continued From page 4 reported that he checked the work order notebook daily. The Maintenance Director stated that he was not aware of the Broda chairs and wheelchairs that were in need of repair and had not seen work orders for the identified areas. In addition, the Maintenance Director stated he randomly monitored the facility for areas in need of repair and had not identified any concerns. Interview with the facility's Director of Nursing (DON) on 12/17/14 at 9:52 AM revealed she was not aware of the soiled Broda chairs and wheelchairs and/or the Broda chairs and wheelchairs in need of repair/replacement. The DON said staff is required to complete Maintenance request forms if they identify equipment that needs to be repaired or replaced. Further interview with the DON revealed Maintenance staff is responsible for repairing and/or replacing Broda chairs and wheelchairs.	F 253	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <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>		
F 364 SS=D	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 facility policy review, it was determined the facility failed to ensure foods were palatable and at the proper temperature for residents during the evening meal on the B Hall on 12/16/14. A test tray conducted for a regular and a pureed tray on	F 364	1. On 12/17/14 replacement trays were provided by the Dietary Manager for the residents whose trays remained on the cart. The trays were served by the Certified Nursing assistants. 2. On 12/29/14 a review of residents currently residing in the facility was conducted by the Director of Nursing, the Dietary Manager, and the Registered Dietician to identify the residents preference on where to eat meals, and to determine the level of assistance required for each resident to consume meals.	12/30/14	

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NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-MAPLE			STREET ADDRESS, CITY, STATE, ZIP CODE 615 GREENE DRIVE GREENVILLE, KY 42345	
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F 364	<p>Continued From page 5</p> <p>12/16/14 revealed food items were not palatable and not at the appropriate temperature.</p> <p>The findings include:</p> <p>Review of the Tray Service and Meal Delivery policy (dated 02/28/14) revealed the meal would be served to maintain food temperatures within desirable and safe ranges, to maintain quality and flavor, and according to resident food preferences.</p> <p>Observation of the evening meal on 12/16/14 revealed an open cart that contained 21 trays was transported from the kitchen to the B Hall at 6:40 PM (EST). Initially one State Registered Nurse Aide (SRNA) was observed to distribute the trays to the residents on the B Hall. The SRNA was also observed to stop distributing the trays to answer resident call lights and respond to resident requests. After the tray cart had been on the B Hall for 20 minutes only 4 trays had been delivered to residents. A second SRNA was observed to be pushing other residents back to their rooms from their meal in the dining room and started to assist in distributing the trays on B Hall at approximately 7:10 PM (EST). At 7:40 PM (one hour after the trays had been delivered), two trays still remained on the tray cart. The Dietary Manager (DM) was called and a test tray was conducted of the remaining trays at 7:40 PM with the DM. The temperature and palatability of the regular tray revealed the chicken patty was 92.1 degrees Fahrenheit and tasted cold and the potatoes wedges were 89.2 degrees Fahrenheit and tasted cold. The pureed chicken was 106.8 degrees Fahrenheit and tasted cold, and the pureed tater tots were 91.7 degrees Fahrenheit and tasted cold.</p>	F 364	<p>3. Dining location assignments were revised on to meet the resident's preferences and abilities. Staff mealtime assignments were revised to allow for sufficient staff to be available in each dining location to serve the meals in a timely manner to ensure the palatability of the food. Mealtime delivery was reviewed and revised to accommodate efficient tray delivery and feeding of residents that require assistance. On 12/30/14 staff education was provided by the Staff Development Coordinator on meal delivery and assistance.</p> <p>4. The Director of Nursing, Unit Managers, and/or Administrative Nursing Staff will monitor three meal services and interview three residents with each meal monitoring weekly for eight weeks to ensure compliance with serving palatable meals. The Dining Committee will meet monthly to make revisions to meal service as needed thereafter. Findings of monitoring will be reviewed in PI meeting monthly times three months.</p>	

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F 364	Continued From page 6 Interview with Resident #13 on 12/17/14, at 1:05 PM, revealed the resident eats all meals in his/her room on the B Hall. The resident stated sometimes his/her foods were cold. The resident stated breakfast was "usually okay, lunch and dinner not so good." Interview with Resident #14 on 12/18/14, at 3:50 PM, revealed the resident eats most meals in his/her room on the B Hall. Resident #14 stated the food is sometimes cold and burnt. According to the resident, he/she had never complained to anybody about the food because it would not do any good. Interview with SRNA #1 on 12/18/14, at 3:00 PM, revealed there was usually two SRNAs scheduled for B Hall but one went to the dining room for the evening meal on 12/16/14 leaving one SRNA to pass the trays on the floor until the dining room was complete. SRNA #1 stated it usually took approximately 45 minutes to pass the trays to resident rooms on the B Hall for the evening meal. The SRNA also stated there were six to eight residents who required total assistance with eating, which required more time. SRNA #1 stated she had not been trained to obtain a new tray for a resident if the tray had sat for an extended time. SRNA #1 stated Resident #13 had complained about his/her food being cold and this had been reported to the charge nurse. Interview with SRNA #2 on 12/18/14, at 3:15 PM, confirmed one SRNA was left to pass food trays on the B Hall to residents for the evening meal on 12/16/14. SRNA #2 stated the SRNA was also responsible for answering call lights, going back to the dining room for special	F 364			

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NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-MAPLE			STREET ADDRESS, CITY, STATE, ZIP CODE 516 GREENE DRIVE GREENVILLE, KY 42346		
(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 364	<p>Continued From page 7</p> <p>requests/substitutions, and providing incontinence care. SRNA #2 stated tray delivery usually took 35-40 minutes if there were no interruptions. The SRNA also confirmed residents had complained of cold foods. SRNA #2 stated there had been an increase in the number of residents who require total assistance with feeding about three to four weeks ago. The SRNA stated the nurses were aware and were "locking into it," but nothing had changed to address the increase in the number of residents requiring total assistance with meals.</p> <p>Interview with the Registered Dietitian (RD) on 12/18/14, at 3:45 PM, revealed test trays were conducted at different intervals on each unit for temperature and palatability and no problems had been identified with trays on the B Hall. The RD stated she would like three people to be available to pass trays on each hall since there were more residents who required total assistance with meals on the B Hall.</p> <p>Interview with the Dietary Manager (DM) at 2:35 PM on 12/18/14 revealed she monitors food temperatures. The DM stated she conducted test trays on each unit at intervals but had not identified any problems.</p> <p>Interview with the Director of Nursing (DON) on 12/18/14, at 5:20 PM, revealed resident trays should be passed to residents in a timely manner to ensure the foods were palatable, but there was no specific timeframe indicated. The DON stated she had monitored tray delivery, but "not lately." The DON stated she tested food for palatability by eating food from the kitchen. The DON stated she was also aware there had been an increase in the number of residents requiring total</p>	F 364			

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F 364	Continued From page 8 assistance with meals on the B Hall recently; however, she had not monitored tray delivery on the B Hall to determine how that possibly affected tray delivery.	F 364			