

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

PRINTED: 11/30/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185857	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/15/2012
NAME OF PROVIDER OR SUPPLIER STANTON NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 51 DERICKSON LANE STANTON, KY 40380		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	Division of Health Care Southern Enforcement Branch	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 (KY19333, KY19336) was initiated on 11/13/12 and concluded on 11/15/12. KY19333 was substantiated with deficient practice identified at "D" level. KY19336 was unsubstantiated with no deficiencies.	F 000		
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, record review, and facility policy review, it was determined the facility failed to ensure foods were palatable and at the proper temperature for residents on the 100 Hall of the facility for the evening meal on 11/14/12. The findings include: Interview with the facility's Nurse Consultant on 11/15/12 at 12:00 PM, revealed the facility utilized a form, undated, entitled "Nutrition Services Quality Validation-Test Tray" to monitor food temperatures. A review of the form revealed the temperature for hot food at the point of service was to be greater than or equal to 135 degrees Fahrenheit. The temperature for cold food at the point of service was to be less than or equal to 41 degrees Fahrenheit.	F 364	F 364 Corrective Actions for Targeted Resident(s): Residents on the 100 hall were offered alternative food at proper temperatures on 11/14/2012. Identification of Other Residents with Potential to Be Affected: The Nutrition Service Manager and Social Services Director are to complete a one time interview of all cognitive residents by 12/14/2012, to identify any resident who's food temperatures were not correct when served. Any issue identified will be immediately addressed. Systemic Changes: The Managers and Department Heads conducting the Hands on Dining Program have been in-serviced by the Nutrition Service Manager on how to conduct a Test Tray and to complete the form for the same. This in-service will be completed by 12/14/2012. The Managers and Department Heads along with the Nutrition Service Manager will conduct at least three Test Trays per week for a period of	

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



TITLE

Administrator

(X6) DATE

12/17/12

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185352	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/15/2012	
NAME OF PROVIDER OR SUPPLIER STANTON NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 31 DERIGKSON LANE STANTON, KY 40380		
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F 364	<p>Continued From page 1</p> <p>Observation of the evening meal on 11/14/12 at 6:03 PM, revealed a closed cart of meal trays on the 100 Hall. Continued observation revealed facility staff removed the last tray from the cart on the 100 Hall at 6:08 PM. The last tray was intercepted and food temperatures were obtained with the assistance of Dietary Aide #1 and the facility's Nurse Consultant on 11/15/12 at 6:08 PM. The temperature of the zucchini was 109 degrees Fahrenheit, the sweet potatoes were 89.6 degrees Fahrenheit, and the ham was 85.1 degrees Fahrenheit. The temperature of the milk from the test tray was noted to be 50.8 degrees Fahrenheit.</p> <p>Interview on 11/14/12 at 6:08 PM, with Dietary Aide #1 revealed the meal cart had been sitting on the 100 Hall for "quite a while, at least 20 minutes" and Dietary Aide #1 stated, "Of course it's cold." The Dietary Aide further stated she did not "know why it's still sitting here."</p> <p>Interview with the Dietary Manager on 11/15/12 at 12:15 PM, revealed staff was required to ensure meal carts containing meal trays were removed from the kitchen within five minutes of being prepared. In addition, the Dietary Manager stated staff was required to remove all meal trays from the cart within 20 minutes of leaving the kitchen. Further interview revealed the Dietary Manager monitored test trays at the point of service one time per month and had not identified any concerns related to food temperatures. The Dietary Manager further stated she was not aware of any resident complaints related to cold food.</p>	F 364	<p>three months beginning the week of December 10, 2012. The SRNA's and Nurses have been in-serviced on getting all trays passed with in twenty minutes of the cart reaching the floor. The in-service on getting the trays passed is being conducted by the Nutrition Service Manger, Director of Nursing and our staffing coordinator and will be completed by 12/14/2012.</p> <p>Monitoring: The Nutrition Service Manager and Social Service Director will conduct a follow up interview with all cognitive residents in January 2013, to see if any resident's received meals where the food temperatures were not correct when served. Any issue identified will be immediately addressed.</p> <p>Additionally, the Nutrition Service Manager will present the Test Tray Audits to the QA committee once per month beginning in December 2012 and will continue until March 2013, unless the QA committee determines to review further.</p>	12/15/2012

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F 364	Continued From page 2 Interview with the Nurse Consultant on 11/14/12 at 6:08 PM, revealed the food temperatures for the evening meal on 11/14/12 were not acceptable by facility standards.	F 364			