

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 05/31/2012
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NAME OF PROVIDER OR SUPPLIER LAKE PARK RESIDENTIAL CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2075 RIPLEY ST LAKE STATION, IN 46405
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R0000	<p>This visit was for the Investigation of Complaint IN00107388.</p> <p>Complaint IN00107388-Substantiated. State residential deficiencies related to the allegations are cited at R268.</p> <p>Survey dates: May 30 & 31, 2012</p> <p>Facility number: 001136 Provider number: 001136 AIM number: N/A</p> <p>Survey team: Lara Richards, RN, TC Kathleen Vargas, RN</p> <p>Census bed type: Residential: 133 Total: 133</p> <p>Census payor type: Other: 133 Total: 133</p> <p>Sample: 5</p> <p>These state residential findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review 6/05/12 by Suzanne Williams, RN</p>	R0000		

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

TITLE

(X6) DATE

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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R0268	<p>410 IAC 16.2-5-5.1(a) Food and Nutritional Services - Deficiency (a) The facility shall provide, arrange, or make available three (3) well-planned meals a day, seven (7) days a week that provide a balanced distribution of the daily nutritional requirements.</p> <p>Based on observation, record review, and interview, the facility failed to ensure the dietary spreadsheet was followed related to serving the correct dessert portion for the 75 residents who received a regular diet and for the 58 residents who received a no concentrated sweet diet for 2 of 2 meals observed. The facility also failed to ensure 1 resident in the sample of 5 received a soft/ground meat diet as ordered. (Resident #F)</p> <p>Findings include:</p> <p>1. On 5/30/12 at 4:55 p.m., dietary staff members were observed preparing the evening meal. The items on the steam table included the following: sloppy joe meat, buns, french fries, pickle slices, and a hot dog was the alternate. Pear crumble was the dessert.</p> <p>Dietary Employee #2 was observed to be using a #12 scoop for the pear crumble. There was no spreadsheet available at the steam table. When asked what size scoop she was to be using, the dietary employee was not aware. She indicated the</p>	R0268	<p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Dietary Staff #2 will be re-inserviced regarding the incorrect usage of scoop for the pear crumble and the non usage of the spreadsheet at the steam table. The Dietary Manager will be re-inserviced for serving the portion served at lunch, although there was no harm to any of the diabetic residents due to the dessert being made with splenda an artificial sweetner. Resident#F's diet order was clarified as Regular no added salt per the resident's physician. The clarification was made to reflect in the clinical records and also in the Dietary Department. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. All residents in the facility have the potential to be affected by the alleged deficient practice. All residents diet orders will be audited by the Dietary Manager and Dietitian to ensure that all residents therapeutic ordered diets are correct. The Dietary Manager and</p>	08/01/2012			

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	<p>spreadsheet was in a book in the kitchen.</p> <p>Review of the spreadsheet on 5/30/12 at 6:00 p.m., indicated the pear crumble was to be served with a #8 scoop and the no concentrated sweet diets were to receive a 1/2 portion.</p> <p>Interview with the Dietary Food Manager on 5/31/12 at 12:18 p.m., indicated a #8 scoop was 1/2 cup and a #12 scoop was almost 3 ounces. She indicated Dietary Employee #2 should have used the #8 scoop. She also indicated the pear crumble had been made with splenda (an artificial sweetener) therefore, everyone received the same portion.</p> <p>Further review of the spreadsheet at the time did not indicate the adjustment was made related to the use of splenda in the dessert and the no concentrated sweet dessert portion.</p> <p>2. Observation of the lunch meal on 5/31/12 at 12:00 p.m., indicated strawberry shortcake was being served for dessert. A slice of angle food cake was placed in a bowl and strawberries were placed on top of the cake.</p> <p>When asked at 12:20 p.m., what dessert the no concentrated sweet diets received, the Dietary Food Manager indicated</p>		<p>Dietitian will re-inservice all Dietary Staff on serving portions as noted in the spreadsheets.3. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.The Dietitian will make adjustments to the spread sheet to reflect that Splenda will be used for no concentrated sweets desserts and the dietitian will also have a directed inservice with the Dietary Manager and the Dietary Staff on portion control.The Dietary Manager and/or designee will check the serving utensils before each meal and also review the spreadsheet with the staff serving prior to meal service.4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur.The Dieitian will spot check meals served when monthly visits are make to the facility to ensure that dietary spreadsheet is followed relating to serving the correct dessert portions and that all diets are served as ordered.The Dietary Manager will randomly supervise meals weekly and will check to ensure that the proper portion control utensil is being used as indicated on the spreadsheet and will document findings on a quality assurance tool.The Dietary Manager and/or designee will review the residents diets in the clinical records on a monthly basis to ensure that all diets are served as ordered.5. By</p>				

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	<p>everyone received the same dessert due to the strawberries were sweetened with splenda.</p> <p>Review of the dietary spreadsheet at 12:30 p.m., indicated a 2 x 2 slice of strawberry shortcake was to be served to the regular diets and the no concentrated sweet diets were to receive a 1/2 portion.</p> <p>Interview with the Dietary Food Manager at 12:35 p.m., indicated that she makes the desserts with splenda, that way everyone gets the same portion. She indicated the spreadsheet nor the recipe book had been updated by the Registered Dietitian to reflect these changes.</p> <p>3. Resident #F was observed on 5/31/12 at 12:15 p.m., in the main dining room. The resident's lunch meal had been served. The resident had whole pieces of chicken strips on her plate. The resident's tray card was next to her plate and indicated her diet was "No added salt, soft, chopped meat."</p> <p>Observation of the food in the steam table on 5/31/12 at 12:20 p.m., indicated there were whole chicken strips and chopped chicken. Interview with the Registered Dietitian at that time, indicated the chopped chicken was to be served to the residents who received a mechanical soft diet.</p>		what date the systemic changes will be completed. August 1, 2012	

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	<p>Interview with the Registered Dietitian on 5/31/12 at 12:25 p.m., acknowledged Resident #F was served whole chicken strips. She stated, "the staff made a mistake, she should have received the chopped chicken."</p> <p>Continued interview with the Registered Dietitian on 5/31/12 at 12:30 p.m., indicated the dietary staff reported the resident always refused to eat the soft foods. She indicated she was not aware the resident refused the mechanically altered meats.</p> <p>The record for Resident #F was reviewed on 5/31/12 at 12:45 p.m. The resident had diagnoses that included, but were not limited to, end stage chronic obstructive pulmonary disease, hypertension and bipolar disease.</p> <p>The current, May 2012 Physician Order Sheet indicated the resident's diet was, "Regular, no added salt, chopped meat."</p> <p>Review of the Nutrition Risk Assessment dated 6/20/11, and completed by the Registered Dietitian, indicated the resident's diet was, "Regular, no added salt, chopped meat."</p> <p>The form titled, "6 Month or Yearly</p>			

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	<p>Nursing Assessment" dated 1/12/12, was reviewed. It indicated the resident was, "Medication compliant. Alert and cooperative." It also indicated the resident's diet was regular, no added salt, chopped meat and her appetite was good.</p> <p>Review of the Nurse's Notes dated 2/11/12 through 5/30/12, indicated there was no evidence the resident refused to eat the mechanically altered, chopped meat diet.</p> <p>Resident #F was interviewed on 5/31/12 at 12:50 p.m. She indicated she had not refused chopped meat because no one gave her chopped meat. She indicated her tray card is old and has stated soft food and chopped meat for years. She indicated if she can't chew something she just leaves it.</p> <p>Interview with QMA#1 and LPN #1 on 5/31/12 at 1:15 p.m., indicated they were not aware the resident refused to eat chopped meat. They also indicated the resident had physician's orders for mechanically altered meat.</p> <p>This state finding relates to complaint IN00107388.</p>			