

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155580	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/23/2014
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NAME OF PROVIDER OR SUPPLIER TIMBERVIEW HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2350 TAFT ST GARY, IN 46404
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F000000	<p>This visit was for the Investigation of Complaints IN00147169, IN00147527, and IN00147856.</p> <p>This visit was in conjunction with the PSR (Post Survey Revisit) to the Investigation of Complaints IN00144648 and IN00146506 completed on April 2, 2014.</p> <p>Complaint IN00147169- Substantiated. Federal/State deficiencies related to the allegations are cited at F282, F368, and F371.</p> <p>Complaint IN00147527- Substantiated. Federal/State deficiency related to the allegations is cited at F282.</p> <p>Complaint IN00147856- Substantiated. Federal/State deficiency related to the allegations is cited at F282 and F371.</p> <p>Survey dates: April 21, 22, & 23, 2014</p> <p>Facility number: 008505 Provider number: 155580 AIM number: 200064830</p> <p>Survey team: Janet Adams, RN-TC</p> <p>Census bed type: SNF: 10 SNF/NF: 119 Total: 129</p> <p>Census payor type:</p>	F000000		

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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F000282 SS=E	<p>Medicare: 12 Medicaid: 110 Other: 7 Total: 129</p> <p>Sample: 16</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on April 25, 2014, by Janelyn Kulik, RN. 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, record review, and interview, the facility failed to ensure Physician orders and the resident's plan of care were followed related to alarms not in place, ointment not applied during incontinence care, and not providing care with two staff members present for 5 of 7 residents reviewed for following the resident's plan of care in the sample of 16. (Residents #B, #D, #F, #J and #N) (CNA #1)(LPN #2)</p> <p>Findings include:</p> <p>1. On 4/21/14 at 4:10 a.m., CNA #1 was observed providing incontinence care for Resident #N. The resident was in bed. The CNA turned the resident to her right side and removed the resident's disposable brief. The CNA then washed the resident's perineal area and applied a new brief. CNA #1 then repositioned the resident on her back. There</p>	F000282	<p>F282 The facility requests paper compliance for this citation. This Plan of Correction is the center's credible allegation of compliance. 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. 1) Immediate actions taken for those residents identified: Resident #N: Kardex and CNA care sheets were checked and information was present. Assigned staff were reminded of Care in Pairs for Resident #N.</p>	05/14/2014			

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	<p>were no other staff members present in the room while CNA #1 provided care to the resident.</p> <p>The record for Resident #N was reviewed on 4/22/14 at 11:40 a.m. The resident's diagnoses included, but were not limited to, joint contractures, high blood pressure, altered mental status, and anemia.</p> <p>Review of the 3/17/14 MDS (Minimum Data Set) Significant Change Full Assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (8). A score of (8) indicated the resident's cognitive patterns were moderately impaired. The assessment also indicated the resident required extensive assistance(resident involved in activity, staff provide weight bearing support) of two staff members for bed mobility and transfers. The assessment indicated the resident was totally dependent on one staff member for personal hygiene and two staff members for bathing.</p> <p>The resident's current care plans were reviewed. A care plan initiated on 6/9/11 indicated the resident had a decline in her ADL (Activities of Daily Living) function due to generalized weakness and hemiplegia. The care plan was last reviewed with a target date of 6/19/14. Care plan interventions were for (2) staff members to be present at all times when giving care.</p> <p>A Bedside Kardex Report for Resident #N was reviewed. The report was printed off on 4/22/14. The Kardex report indicated two staff members were required to be present at all times when giving care.</p> <p>When interviewed on 4/23/14 at 8:30 a.m., the Nurse Consultant indicated the resident's</p>		<p>Resident #J: Alarm cord and pad was attached to alarm box.</p> <p>Resident #F, #B, #D: Aloe Vesta cream was supplied to PCU unit. Residents were assessed with no skin concerns noted. 2) How the facility identified other residents: Reviewed list of residents requiring "Care in Pairs" to identify other residents potentially affected. All residents receiving incontinence care on PCU unit had the potential to be affected. Residents with alarms were checked and no other concerns were identified. 3) Measures put into place/ System changes: Nursing staff will be re-educated regarding applying moisture barrier, guidelines for "Care in Pairs", and checking safety devices for placement and functioning. Random observation rounds on varied shifts will be performed on at least 5 residents per week receiving incontinence care, Care in Pairs, and/or have safety devices to ensure compliance. The Director of Nursing will be responsible for oversight of these audits. 4) How the corrective actions will be monitored: The results of these audits will be reviewed in Quality Assurance Meeting monthly x3 months, then quarterly x1 for a total of 6 months. 5) Date of compliance: May 14, 2014</p>	

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	<p>care plan should have been followed.</p> <p>2. On 4/22/14 at 10:52 a.m., 12:10 p.m., and 12:25 p.m., Resident #J was observed sitting in a high back wheel chair next to her bed. There was an alarm box strapped over a bar on the back of the wheel chair. No cord was attached to the box or the resident. There were no staff members or visitors in the resident's room at the above times.</p> <p>The record for Resident #J was reviewed on 4/22/14 at 10:40 a.m. The resident's diagnoses included, but were not limited to, anxiety state, senile dementia, high blood pressure, and cerebrovascular disease.</p> <p>Review of the 3/16/14 MDS (Minimum Data Set) Significant Change Full Assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (3). A score of (3) indicated the resident's cognitive patterns were severely impaired. The assessment also indicated the resident required extensive assistance (resident involved in activity, staff provide weight-bearing support) of two staff members for transfers and bed mobility. The assessment indicated the resident did not walk in her room or the corridor. The assessment also indicated the resident had limitations in range of motion in both of her upper extremities and both of her lower extremities.</p> <p>Review of a care plan for potential for fall related to unfamiliar environment, anxiety, poor safety awareness, and psychotropic medications, indicated interventions to included but were not limited to, chair pad alarm dated 7/5/13.</p> <p>A Bedside Kardex Report for Resident #J</p>			

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	<p>was reviewed. The Kardex report indicated the resident was to have a chair pad alarm in place.</p> <p>3. On 4/21/14 at 4:00 a.m., CNA #1 was observed providing incontinence care for Resident #F. The resident was in bed. The CNA removed the resident's disposable brief. The brief was wet with urine. CNA #1 cleansed the resident's perineal area and then placed a new brief on the resident. The CNA did not apply Aloe Vesta Cream or any barrier cream to the resident's buttock or perineal areas prior to placing the clean brief on the resident.</p> <p>The record for Resident #F was reviewed on 4/22/14 at 1:00 p.m. The resident's diagnoses included, but were not limited to, altered mental status, Alzheimer's Disease, dementia, and depressive disorder.</p> <p>Review of the current Physician orders indicated there was an order to apply Aloe Vesta skin protective ointment to the resident's buttock areas every shift after each incontinence episode. The order was dated 4/4/14.</p> <p>The 2/17/14 MDS (Minimum Data Set) Quarterly Assessment indicated the resident BIMS (Brief Interview for Mental Status) score was (7). A score of (7) indicated the resident's cognitive patterns were severely impaired. The assessment indicated the resident was always incontinent of bowel and bladder. The assessment also indicated the resident required extensive assistance of one staff member for bed mobility and toileting.</p> <p>A care plan initiated on 3/13/12 indicated the resident was incontinent of bowel and</p>			

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	<p>bladder. The care plan was last revised with a target goal date of 8/11/14.</p> <p>4. On 4/21/14 at 5:05 a.m., Resident #B was observed in bed. CNA #1 and LPN #2 started to rendered incontinence to the resident. The resident was turned to her right side. The resident's disposable incontinence brief was removed. Bowel movement was smeared in the resident's brief. The staff members cleansed the resident and applied a new brief. The staff members did not apply any Aloe Vesta or any other ointment or cream to the resident's perineal or buttock areas during incontinence care.</p> <p>The record for Resident #B was reviewed on 4/22/1/4 at 9:50 a.m. The resident's diagnoses included, but were not limited to, diabetes mellitus, anemia, senile dementia, and asthma.</p> <p>Review of the 3/12/14 MDS (Minimum Data Set) Significant Change Full Assessment indicated the resident's cognitive skills for decision making were severely impaired. The assessment also indicated the resident was always incontinent of bowel and bladder. The assessment indicated the resident required extensive assist(resident involved in activity, staff provide weight-bearing support) of two staff members for bed mobility and transfers. The assessment also indicated the resident was totally dependent on staff for personal hygiene.</p> <p>The resident's current care plans were reviewed. A care plan initiated on 1/19/11 indicated the resident was at risk for pressure ulcers. The care plan was last updated with a target date of 6/13/14. Care plan</p>			

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	<p>interventions included for staff to check the resident routinely for incontinence care and provide protective barrier to the buttocks.</p> <p>5. On 4/21/14 at 4:32 a.m., CNA #1 was observed entering Resident #D's room. The resident was in bed. The CNA began to provide incontinence care to the resident. There was dried bowel movement smeared in the resident's brief. The CNA cleansed the resident's perineal area, applied a new brief on the resident, and changed the resident's bed sheet. CNA #1 did not apply any Aloe Vesta or other cream to the resident's buttock or perineal areas at this time.</p> <p>The record for Resident #D was reviewed on 4/22/14 at 7:55 a.m. The resident's diagnoses included, but were not limited to, Alzheimer's Disease, left above the knee amputation, peripheral vascular disease, and diabetes mellitus.</p> <p>Review the 2/10/14 MDS (Minimum Data Set) Significant Change Full Assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (8). A score of (8) indicated the resident's cognitive patterns were moderately impaired. The assessment indicated the resident was always incontinent of bowel and bladder. The assessment also the resident required extensive assistance (resident involved in activity, staff provide weight bearing support) of one staff member for bed mobility and personal hygiene.</p> <p>The current Physician orders were reviewed. A Physician's order was written on 3/21/14 to apply Alore Vesta cream to the coccyx after each incontinence episode.</p> <p>When interviewed on 4/21/14 at 7:20 a.m.,</p>				

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F000368 SS=D	<p>CNA #1 indicated incontinence care was to be provided to the above residents every two hours. The CNA indicated Aloe Vesta cream was to be applied to residents after each incontinent episode. CNA #1 indicated she did not apply Aloe Vesta or other creams after providing incontinence care to the above residents at the above times. The CNA indicated there was no Aloe Vesta in the residents rooms and she could not locate any in the Utility Room.</p> <p>This Federal tag relates to Complaints IN00147169, IN00147527, and IN00147856.</p> <p>3.1-35(g)(2) 483.35(f) FREQUENCY OF MEALS/SNACKS AT BEDTIME Each resident receives and the facility provides at least three meals daily, at regular times comparable to normal mealtimes in the community.</p> <p>There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except as provided below.</p> <p>The facility must offer snacks at bedtime daily.</p> <p>When a nourishing snack is provided at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span, and a nourishing snack is served.</p> <p>Based on record review and interview, the facility failed to ensure evening snacks were</p>	F000368	F368 The facility requests IDR and paper compliance for this citation. <i>This Plan of Correction is the center's credible allegation</i>	05/14/2014			

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	<p>served to residents on a daily basis for 2 of 3 residents reviewed for evening snacks in the sample of 16. (Residents #E & #K)</p> <p>Findings include:</p> <p>1. The record for Resident #E was reviewed on 4/22/14 at 8:10 a.m. The resident's diagnoses included, but were not limited to, high blood pressure, diverticulitis, and chronic kidney disease.</p> <p>The current Physician orders were reviewed. An order written on 12/5/13 indicated the resident was to receive a NAS (No Added Salt) diet, regular texture foods, and thin consistency liquids.</p> <p>Review of the 3/3/14 MDS (Minimum Data Set) Quarterly Assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (10). A score of (10) indicated the resident's cognitive patterns were moderately impaired. The assessment also indicated the resident required extensive assistance (resident involved in activity, staff provide support) of one staff member for eating. The MDS assessment also indicated the resident was on a Therapeutic diet.</p> <p>The resident's Bedtime Snack logs from 3/23/14 through 4/21/14 were reviewed. Entries made on the following dates/times were all marked "Not Applicable." The entries did not indicate of the resident had been offered a Bedtime Snack. 3/24/14 at 9:07 p.m. 3/25/14 at 9:59 p.m. 3/26/14 at 10:59 p.m. 3/28/14 at 10:51 p.m. 3/29/14 at 10:59 p.m.</p>		<p><i>of compliance. 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. 1)</i></p> <p>Immediate actions taken for those residents identified: Bedtime snacks were offered to Resident #E and #K on the dates listed in 2567. Reason for IDR: Surveyor provided this information to the facility on 4/23/14 shortly before exiting. The information regarding reason for documenting "not applicable" was not available at the time of the survey because the staff could not be reached for a statement until after the surveyor exited. When interviewed, staff state they documented "Not Applicable" on these dates because these residents were asleep when snacks were brought to the room. Staff state the only other option is to document as a refusal, which was not appropriate since the resident did not refuse. Additionally, there is not an option to document 0%. Therefore, the facility feels it is acceptable practice to document "not applicable" if resident is not available or sleeping when bedtime snacks are offered. 2)</p>				

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	<p>3/30/14 at 10:56 p.m. 3/31/14 at 8:18 p.m. 4/01/14 at 10:59 p.m. 4/02/14 at 10:59 p.m. 4/03/14 at 10:44 p.m. 4/04/14 at 8:54 p.m. 4/07/14 at 10:59 p.m. 4/08/14 at 10:59 p.m. 4/11/14 at 10:51 p.m. 4/15/14 at 10:59 p.m. 4/16/14 at 10:19 p.m. 4/21/14 at 10:59 p.m.</p> <p>2. The record for Resident #K was reviewed on 4/22/14 at 11:00 a.m. The resident's diagnoses included, but were not limited to, altered mental status, depressive disorder, diabetes mellitus, and high blood pressure.</p> <p>The current Physician orders were reviewed. There was an order for the resident to receive a pureed texture regular diet and nectar thickened liquids</p> <p>Review of the 3/10/14 MDS (Minimum Data Set) Quarterly Assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (11). A score of (11) indicated the resident's cognitive patterns were moderately impaired. The assessment also indicated the resident required extensive assistance (resident involved in activity, staff provide support) of one staff member for eating. The assessment also indicated the resident received a mechanically altered diet.</p> <p>The resident's Bedtime Snack logs from 3/23/14 through 4/21/14 were reviewed. Entries made on the following dates/times were all marked "Not Applicable." The entries did not indicate of the resident had</p>		<p>How the facility identified other residents: Audit of Bedtime snack documentation was completed to identify other residents affected. 3) Measures put into place/ System changes: Nursing staff will be re-educated regarding procedure for offering and documenting bedtime snacks. Bedtime snack documentation will be reviewed on at least 5 residents per week. Director of Nursing will be responsible for oversight of these audits. 4) How the corrective actions will be monitored: The results of these audits will be reviewed in Quality Assurance Meeting monthly x3 months, then quarterly x1 for a total of 6 months. 5) Date of compliance: May 14, 2014</p>		

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F000371 SS=D	<p>been offered a Bedtime Snack. 3/23/14 at 10:59 p.m. 3/25/14 at 10:21 p.m. 3/28/14 at 10:59 p.m. 3/29/14 at 10:59 p.m. 3/30/14 at 10:59 p.m. 3/31/14 at 9:35 p.m. 4/01/14 at 10:53 p.m. 4/02/14 at 10:59 p.m. 4/04/14 at 8:57 p.m. 4/07/14 at 10:59 p.m. 4/08/14 at 10:59 p.m. 4/11/15 at 10:59 p.m. 4/12/14 at 10:40 p.m. 4/13/14 at 9:23 p.m. 4/16/14 at 10:50 p.m. 4/17/14 at 10:56 p.m.</p> <p>When interviewed on 4/23/14 at 8:30 a.m., the Nurse Consultant indicated CNA's are required to log into the Kiosk and indicate the percentage of the evening snack the resident consumed or if the resident refused the snack. The Nurse Consultant indicated there were options for the CNA's to chose such as resident refusal or the percentage of the snack each resident consumed nightly. The Nurse Consultant indicated the CNA's should have recorded the percentage of the snack consumed each day or if the resident refused instead of entering "not applicable".</p> <p>This Federal tag relates to Complaint IN00147169.</p> <p>3.1-21(e) 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or</p>						

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	<p>local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observation, review, and interview, the facility failed to ensure meal trays served to residents in their rooms were at the proper temperatures for 2 of 2 room trays tested for meal temperatures at the time they were served to the residents. (Residents #E and #K)</p> <p>Findings include:</p> <p>1. On 4/21/14 at 8:19 a.m., staff members were observed passing breakfast trays in the PCU Dining Room. Dietary staff were preparing the trays from the steam table in the kitchenette in the PCU Dining Room.</p> <p>On 4/21/14 at 8:55 a.m., Resident #E was observed in bed. There were no staff members in the room. The resident did not have her breakfast tray at this time.</p> <p>On 4/21/14 at 8:57 a.m., the resident's breakfast meal tray was observed on a table at the entrance to kitchenette area in the PCU Dining Room. There was a transportation cart next to the table. There transportation cart was full of meal trays. The resident's meal tray was not placed in the cart.</p> <p>On 4/21/14 at 9:01 a.m., the transportation cart was brought out of the Dining Room into the hall. At 9:06 a.m., Wound Nurse #2 was observed bringing Resident #E's food tray into her room. Food temperatures were taken at this time and were as follows: Scrambled eggs: 98 degrees Fahrenheit</p>	F000371	<p>F371</p> <p>The facility requests paper compliance for this citation.</p> <p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <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>1) Immediate actions taken for those residents identified:</p> <p>Resident #E and #K were given new food trays.</p> <p>2) How the facility identified other residents:</p> <p>All residents receiving room trays on PCU had the potential to be affected.</p> <p>3) Measures put into place/ System changes:</p>	05/14/2014			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155580		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/23/2014	
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	<p>Toast: 82 degrees Fahrenheit Sausage link: 90 degrees Fahrenheit. The sausage links were not warm to touch.</p> <p>The record fro Resident #E was reviewed on 4/22/14 at 8:10 a.m. The resident's diagnoses included, but were not limited to, high blood pressure, diverticulitis, and chronic kidney disease.</p> <p>The current Physician orders were reviewed. An order written on 12/5/13 indicated the resident was to receive a NAS (No Added Salt) diet, regular texture foods, and thin consistency liquids.</p> <p>Review of the 3/3/14 MDS (Minimum Data Set) Quarterly Assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (10). A score of (10) indicated the resident's cognitive patterns were moderately impaired. The assessment also indicated the resident required extensive assistance (resident involved in activity, staff provide support) of one staff member for eating. The MDS assessment also indicated the resident was on a Therapeutic diet.</p> <p>2. On 4/21/14 at 8:19 a.m., staff members were observed passing breakfast trays in the PCU Dining Room. Dietary staff were preparing the trays from the steam table in the kitchenette in the PCU Dining Room.</p> <p>On 4/21/14 at 8:55 a.m., Resident #K was observed in bed in his room. The resident had not been served his breakfast tray at this time.</p> <p>On 4/21/14 at 9:20 a.m., the resident was served his breakfast tray. The resident</p>		<p>Nursing staff will be re-educated regarding timely passing of room trays to ensure food is served at the proper temperature, and to offer to re-heat food as needed.</p> <p>Room tray temperatures will be observed during at least 5 varied meals per week to ensure food is served at the appropriate temperature.</p> <p>Dietary Manager or designee is responsible for oversight of these audits.</p> <p>4) How the corrective actions will be monitored:</p> <p>The results of these audits will be reviewed in Quality Assurance Meeting monthly x3 months, then quarterly x1 for a total of 6 months.</p> <p>5) Date of compliance: May 14, 2014</p>				

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	<p>received a pureed diet. Food temperatures were taken at this time and were as follows: Oatmeal: 100 degrees Fahrenheit Meat: 98 degrees Fahrenheit Eggs: 98 degrees Fahrenheit</p> <p>The record for Resident #K was reviewed on 4/22/14 at 11:00 a.m. The resident's diagnoses included, but were not limited to, altered mental status, depressive disorder, diabetes mellitus, and high blood pressure.</p> <p>The current Physician orders were reviewed. There was an order for the resident to receive a pureed texture regular diet with nectar thickened liquids.</p> <p>Review of the 3/10/14 MDS (Minimum Data Set) Quarterly Assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (11). A score of (11) indicated the resident's cognitive patterns were moderately impaired. The assessment also indicated the resident required extensive assistance (resident involved in activity, staff provide support) of one staff member for eating. The assessment also indicated the resident received a mechanically altered diet.</p> <p>The facility policy titled "Monitoring Food Temperatures" was reviewed on 4/21/14 at 1:20 p.m. The policy had an original date of 7/08. The Dietary Manager provided the policy and indicated the policy was current. The policy indicated hot and cold food were to be checked just prior to the service time. The policy indicated the minimal acceptable temperature for hot food was 135 degrees Fahrenheit or above.</p> <p>When interviewed on 4/21/14 at 1:20 p.m., the Dietary Manager indicated the residents</p>			

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	<p>should be served their meals at the appropriate temperatures. The Dietary Manager indicated the Dietary staff take the temperatures of the foods on the steam table in the PCU Dining room before they serve the food. The Dietary Manager indicated the facility policy listed acceptable temperatures for hot and cold foods. The Dietary Manager indicated Dietary staff does not monitor the food temperatures of the meal that are taken out to resident rooms.</p> <p>This Federal tag relates to Complaints IN001476169 and IN00147856.</p> <p>3.1-21(i)(3)</p>			