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
	155686		06/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVING CENTER-KNOX	300 E CULVER RD KNOX, IN 46534

(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 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00172539. Complaint IN00172539-Substantiated. Federal/State deficiency related to the allegations was cited at F364. Survey dates: June 3, 2015 Facility number: 000088 Provider number: 155686 AIM number: 100289260 Census bed type: SNF/NF: 52 Total: 52 Census Payor type: Medicare: 3 Medicaid: 40 Other: 9 Total: 52 Sample: 5 Supplemental Sample: 3 This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.	F 0000	Preparation, submission and implementation of this plan does not constitute an admission of or agreement with the facts and conclusions set forth on this survey report. This Plan of Correction is prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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 0364 SS=E Bldg. 00	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. Based on observation, record review, and interview, the facility failed to ensure food was palatable, related to the temperature of residents' food for 5 of 13 residents interviewed, who reside on the East and West Halls and received meals in their rooms. (Residents #D, #E, #G, #H, and #J) Finding includes: 1. During an interview on 06/03/15 at 6:53 a.m., Resident #J indicated the food	F 0364	**F364** The facility will provide food prepared by methods that conserve the nutrient value, flavor, and appearance and food that is palatable, attractive and at the proper temperature. 1) Facility purchased on June 5, 2015 new In-room service small wares (domes, insulated pellets, plates.) 2) Dietary and All staff that serve during meal times were in-serviced on June 8, 2015 regarding temperatures, meal timeliness, palpability, and delivery. 3) On June 5, 2015 DSM implemented Audit Monitoring	06/08/2015

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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-KNOX		STREET ADDRESS, CITY, STATE, ZIP CODE 300 E CULVER RD KNOX, IN 46534	

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	on the meal trays delivered to her room was cold. 2. During an interview on 06/03/15 at 8:07 a.m., Resident #G indicated the food on the meal trays delivered to her room was sometimes cold and "tastes horrible". 3. During an interview on 06/03/15 at 8:11 a.m., Resident #E indicated the food on the meal trays delivered to her room was usually cold. Resident #E indicated she had reported this to the Dietary Manager in the past. 4. During an interview on 06/03/15 at 8:13 a.m., Resident #H indicated sometimes the food on the meal trays delivered to her room was cold. She indicated the waffle served this morning was cold. 5. During an interview on 06/03/15 at 9:34 a.m., Resident #D indicated the temperature of the food was sometimes cold when the meal tray was served. 6. During an observation on 06/03/15 at 6:57 a.m., the Cook obtained the following temperatures of the breakfast meal, while the food was on the steam table, prior to serving the food for the room trays: sausage bake (egg/sausage/cheese		Tool. Audit Tool to be used to monitor Food serving temperatures, Palpability and meal delivery and timeliness. In-Room service will be monitored daily 5 times weekly for 1 month. Monitoring will then be 3 times weekly for 2 months. Final monitoring will be 3 times per month times 3 months. (Meal Monitoring Form) 4) Three residents will be interviewed for food palatability and proper temperature (one meal time per day, alternating AM meal, Lunch meal, and PM meal) 5 times per week for 1 month by Dietary Manager or Designee. Monitoring will then be 3 times per week for 2 months. Final monitoring will be three residents per month times 3 months. (Meal Monitoring Form) 5) Dietary Manager and/or Registered Dietitian will meet with the residents in Food Committee 1 time per week for 1 month and then monthly for 2 months. Dietary Manager and Registered Dietitian will continue to meet with residents for Food Committee 1 time per month for 3 months. 6) Dietary Manager will report any trends or deficiencies to QAPI Committee monthly for 6 months and will determine the need for further and/or ongoing monitoring. The committee will also make any recommendations and resolutions to the plan of correction. **Completion Date: 6-8-15**	

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	casserole)- 166 degrees waffle- 120 degrees oatmeal- 172 degrees 7. During an observation on 06/03/15 at 7:34 a.m., the enclosed cart with the room trays arrived on the West Hall at 7:34 a.m. and six staff members began to deliver the trays to resident rooms on the West Hall. Upon completion of the tray pass on the West Hall, three staff members began passing trays on the East Hall. During the meal tray pass, the lids covering the plates on the trays in the cart were observed to be sliding off the plates, leaving part of the food uncovered. During an interview at the time of the observation, the Dietary Manager indicated the plate covers fit over the plates but they slide. She stated, "they don't catch". 8. The meal trays were all served by 7:50 a.m. and the temperatures of the food on the test tray were obtained by the Dietary Manager: sausage bake-108.5 degrees, waffle- 87 degrees, and the oatmeal was 154.8 degrees. The food on the tray was tasted and the sausage bake and waffle were cold upon tasting. During an interview on 06/03/15 at 1:20			

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	p.m. with the Dietary Manager with the Registered Dietician Consultant present, the Dietary Manager indicated the residents had not voiced recent concerns in regards to the food being cold. She indicated the food leaves the kitchen at the correct temperature. A facility policy, dated 2011, titled, "Holding and Serving", and received from the Dietary Manager as current, on 06/03/15 at 9:14 a.m., indicated, "Food is held and served at acceptable temperatures...Exempt hot regular-consistency foods are...Waffles..." This Federal Tag relates to complaint IN00172539. 3.1-21(a)(2)			