STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155801	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 06/06/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANSCENDENT HEALTHCARE OF BOONVILLE - NORTH, LLC	305 E NORTH ST BOONVILLE, IN 47601

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F000000	This visit was for the Investigation of Complaint IN00129775 and Complaint IN00129884. Complaint IN00129775 - Substantiated, no deficiencies related to the allegations are cited. Complaint IN00129884 - Substantiated, Federal/State deficiency related to the allegations is cited at F364. Survey dates: June 5 and 6, 2013 Facility number: 000450 Provider number: 155801 AIM number: 100273890 Survey team: Anne Marie Crays RN Census bed type: SNF/NF: 27 Total: 27 Census payor type: Medicare: 3 Medicaid: 19 Other: 5 Total: 27	F000000		

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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	Sample: 8 This deficiency reflects state findings in accordance with 410 IAC 16.2. Quality review completd on June 7 2013, by Jodi Meyer, RN			

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F000364 SS=E	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, interview, and record review, the facility failed to ensure meals were palpable, for 3 of 3 residents interviewed, 1 of 3 family members interviewed, and 1 of 1 meals tasted, in a sample of 8 residents. Residents B, D, G, H Findings include: 1. On 6/5/13 at 9:05 A.M., during the initial tour, the Director of Nursing (DON) indicated Resident B was interviewable. On 6/5/13 at 11:10 A.M., during interview with Resident B and a family member, Resident B indicated, "Don't ask" when queried about the facility food. The family member indicated, "It's horrible." Resident B indicated she could ask for a substitute, but she wouldn't be able to eat that either. On 6/5/13 at 12:20 P.M., Resident B was observed in her room with her tray. She	F000364	By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility request that the plan of correction be considered our allegation of compliance effective June 21, 2013 to the complaint survey conducted on June 5 th and 6 th , 2013. In addition, we respectfully request a paper review. **F364** **It is the practice of Transcendent Healthcare of Boonville North to assure that food is well seasoned and prepared in a manner that preserves nutritional value and is acceptable to our residents.**	06/22/2013

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	indicated she did not like the meal, but was eating the meat. 2. On 6/5/13 at 9:05 A.M., during the initial tour, the DON indicated Resident G was interviewable. On 6/5/13 at 11:40 A.M., during interview with Resident G, Resident G wrinkled her nose when the facility food was mentioned. Resident G indicated, "The food is awful." Resident G indicated she didn't know if it was the food, or the way it was cooked. Resident G indicated she had had 2 cold sandwiches the 2 days previous. 3. On 6/5/13 at 9:05 A.M., during the initial tour, the DON indicated Resident H was probably interviewable. On 6/5/13 at 11:45 A.M., during interview with Resident H, she indicated, "The food isn't very good." She indicated she thought maybe the food was not cooked correctly. 4. On 6/5/13 at 9:05 A.M., during the initial tour, the DON indicated Resident D was probably interviewable. On 6/5/13 at 12:20 P.M., Resident D was observed lying in bed with her tray beside her. Resident D indicated she "took 1 bite		***The correction action taken for those residents found to be affected by the deficient practice include:*** Since the residents were identified confidentially, specifics residents are not known. However, all interviewable residents are part of the food committee which met on 6-11-13. Related to the specific identified on the 2567, bread products are now placed in wax paper, pancakes are now being poured from batter versus pre-made pancakes, pizza has been removed from menu per residents' request, and lids for the thermal coffee cups have been ordered. ***Other residents that have the potential to be affected have been identified by:*** Potentially all residents could be affected. Please see systematic changes below to prevent reoccurrence. ***The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur include:***	

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	of everything. I guess I'm not hungry. It wasn't any good." 5. On 6/5/13 at 11:50 A.M., Resident Council minutes, dated 5/29/13, were reviewed. The minutes indicated 9 residents were in attendance. The minutes included: "Bread and dinner rolls are wet and soggy from being place [sic] on wet vegetables...Pancakes are too tough to eat...Coffee is cold...Pizza his [sic] hard and cold...." The minutes included a food committee meeting was to be scheduled in June. On 6/5/13 at 12:15 P.M., a test tray was requested from the serving line. A chicken pattie, vegetable blend, and rice were tested. The vegetables were mushy, and the rice was plain and bland. On 6/6/13 at 11:00 A.M., during interview with the Administrator-in-Training, he indicated a new dietary manager had been hired approximately 1 month previously, and new menus were being used. This federal tag relates to Complaint IN00129884. 3.1-21(a)(2)		All dietary staff has been in-serviced related to assuring that food is properly seasoned and preparations methods preserve nutritional values. The Dietary Manager will be responsible for monitoring to assure that food is cooked and seasoned appropriately. The Dietary Manager will also review the recipes to assure proper seasoning and cooking instructions. In addition, a resident food committee has been established to ensure that residents are actively involved with selection of foods for the menus and ensuring that they are happy with food preparations and seasonings in food. It should be noted that the first food committee meeting that met on 6-11-13 went very well. Recommendations were made by the residents which are receiving follow through. The food committee will meet weekly until such time as the facility believes that the residents are satisfied. On a routine basis the food committee will meet monthly in correlation with the resident council meetings. ***The corrective action taken to monitor performance to assure compliance through quality***	

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			assurance is: A Performance Improvement Tool has been initiated that randomly reviews 2 meals to assure that they were prepared and seasoned appropriately. In addition, this tool interviews residents related to their opinions of the meals served. The Dietary Manager, or designee, will complete this tool weekly x3, monthly x3, and then quarterly x3. Any issues identified will be immediately corrected. The Quality Assurance Committee will review the tools at the scheduled meetings with recommendations as needed for additional interventions. ***The date the systemic changes will be completed:*** June 21, 2013	

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			PERFORMANCE IMPROVEMENT TOOL ***TOPIC***: Dietary (F364) Please answer **YES** or **NO** or **NA** for each of the following questions. Please note that any response of "***NO***" requires	

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			Corrective Action. **Y** **es No Yes No** **Corrective Action** **MEAL/DATEà** Per observation of the tray for a regular diet, are bread products wrapped separately?	

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			Per tasting of the regular diet (test tray), are all foods proper consistency (ex. Vegetables not mushy, pancakes not hard)	
			Per tasting of the test tray for a regular diet, is the food seasoned appropriately??	
			Per tasting of the puree tray was the food seasoned	

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			properly?	
			Are vegetables that contain liquid served in separate bowls?	
			Per interview of 4 residents, do they indicate that the food is good, seasoned appropriately, and cooked to their satisfaction?	

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			Do the test tray temps indicate appropriate temperatures?	
			Is there evidence of the food committee being conducted with proper follow-up to resident satisfaction?	

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			Signature of Auditor Date	