

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155665	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/13/2014
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NAME OF PROVIDER OR SUPPLIER JENNINGS HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 701 HENRY ST NORTH VERNON, IN 47265
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F000000	<p>This visit was for the Investigation of Complaint IN00150465.</p> <p>This visit was in conjunction with the Recertification and State Licensure Survey.</p> <p>Complaint IN00150465 - Substantiated. Federal/state deficiency related to the allegation is cited at F362.</p> <p>Survey dates: June 9, 10, 11, 12, and 13, 2014</p> <p>Facility Number: 010996 Provider Number: 155665 AIM Number: 200232210</p> <p>Survey team: Angela Halcomb RN, TC Julie Dover RN Jennifer Sartell RN Tammy Forthofer RN Rita Bittner RN Trudy Lytle RN</p> <p>Census bed type: SNF/NF: 108 Total: 108</p> <p>Census payor type: Medicare: 9</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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F000362 SS=E	<p>Medicaid: 69 Other: 30 Total: 108</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on June 21, 2014, by Brenda Meredith R.N.</p> <p>483.35(b) SUFFICIENT DIETARY SUPPORT PERSONNEL The facility must employ sufficient support personnel competent to carry out the functions of the dietary service. Based on observation, interview, and record review, the facility failed to ensure meals were provided timely and as scheduled for three of three dining rooms observed during 1 of 1 lunch observation (6/9/14) and for 2 of 2 breakfast observation (6/12/14 and 6/13/14).</p> <p>Findings include:</p> <p>1. On 6/9/2014 from 11:25 a.m. to 12:30 p.m., lunch was observed in the Azalea dining room. The first meal tray was observed to be served at 12:02 p.m. to an unidentified resident.</p>	F000362	F 362 1. Resident #A showed no apparent adverse affect. 2. All residents served from the kitchen have a potential to be affected by this deficient practice. 3. The Regional Director of Nutritional Services (RDNS) will re-educate the Department Managers on the regulation F362 and the facility's meal service policy by July 8, 2014. The DCS/Nurse Manager will re-educate the nursing staff on the facility's meal service policy by July 11, 2014. 4. The ED/Department Manager will conduct QI monitoring of the regulation F 362 to ensure meals are provided timely and as scheduled through observation of alternating meal services. QI	07/13/2014			

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	<p>On 6/09/2014 at 11:50 a.m. in the Blossom Hall Dining Room lunch was observed. Seventeen (17) residents were present in the dining room. At 12:05 p.m., Resident #A was awakened and served his meal tray</p> <p>At 12:26 p.m. the food cart arrived in the Blossom Dining Room.</p> <p>On 6/12/2014 at 9:21 a.m., QMA #13 was advised from the Assistant Dietary manager to notify CNA's of assistance needed to help serve meals. During an interview at this same time, QMA #13 indicated the normal process was to page or just pass by word of mouth staff was needed to help with meal trays. QMA #13 indicated if the CNA's were busy general support staff would jump in to help. QMA #13 also indicated staff assistance normally happened once a week, but today she indicated the Assistant Dietary Manager was busy and the delay was not identified quickly enough. QMA #13 indicated normally a 10 to 15 min wait could be expected.</p> <p>On 06/13/2014 at 9:30 a.m., during a dining observation in Blossom Hall there were three missing food trays and drinks. The kitchen was called twice. CNA #19 finally went to the kitchen to bring back trays at 9:40 a.m. and the three residents</p>		<p>monitoring will be conducted five times a week for four weeks, three times a week for four weeks, weekly for four weeks, then monthly for three months. The ED/Department Manager will report the findings to two quarterly QAPI committee meetings. The QAPI committee will determine if further action needs to be taken and determine the continued time schedule for further monitoring.</p> <p>5. Date of Compliance: July 13, 2014</p>				

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	<p>were fed.</p> <p>The following meal times are posted:</p> <p>Azalea Hall Meal Times Breakfast - 7:30 a.m. Lunch - 11:30 a.m. Supper - 5:30 a.m.</p> <p>Blossom Hall Meal Times Breakfast - 7:45 a.m. Lunch - 11:45 a.m. Supper - 5:45 p.m.</p> <p>Main Dining Room Meal Times Breakfast - 8:15 a.m. Lunch - 12:15 a.m. Supper - 6:15 p.m.</p> <p>2. During a lunch meal observation on 6/9/2014, the following was observed:</p> <p>At 12:58 p.m. - observed the first tray being served in the main dining room, the meal was served 45 minutes late from the scheduled meal time.</p> <p>On 6/9/2014 at 11:45 a.m., the DON (Director of Nursing) presented a copy of the facility's meal times. "Main Dining Room Meal Times" Breakfast - 8:15 a.m., Lunch - 12:15 p.m., and Supper - 6:15 p.m. There were 25 resident's observed in the main dining room.</p>			

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	<p>On 6/12/2014 at 8:45 a.m., Resident #A and room mate were observed in room eating breakfast. Resident #A's room mate indicated breakfast was late, it was always late, they have new cooks in the kitchen.</p> <p>On 6/13/2014 at 8:55 a.m., CNA #33 was observed passing hall trays on C hall. The trays were observed to be served 40 minutes late.</p> <p>This Federal tag relates to Complaint IN00150465.</p> <p>3.1-21(c)</p>			