

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155473	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/15/2014
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NAME OF PROVIDER OR SUPPLIER CHALET VILLAGE HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1065 PARKWAY ST BERNE, IN 46711
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F000000	<p>This visit was for the Investigation of Complaint IN00141475.</p> <p>Complaint IN00141475-Substantiated, Federal/State Deficiencies related to the allegations are cited at F-241 and F-364.</p> <p>Survey Dates: January 14 & 15, 2014</p> <p>Facility number: 000546 Provider number: 155473 AIM number: 100267370</p> <p>Survey team: Angela Strass, RN</p> <p>Census bed type: SNF/NF: 30 Total: 30</p> <p>Census payor type: Medicare: 1 Medicaid: 24 Other: 5 Total: 30</p>	F000000	Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirement under state and federal law. please accept this plan of correction as our credible allegation of compliance.	

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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F000241 SS=E	<p>Sample: 3</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2.</p> <p>Quality review completed on January 16, 2014 by Randy Fry RN.</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on observation and interview the facility failed to serve lunch timely for 14 of 14 residents who ate in the dining room and failed to ensure meals were timely for 5 of 12 residents interviewed.</p> <p>Finding includes:</p> <p>Observation of the dining room on 1/14/14 at 11:30 a.m. indicated 14 residents were seated in the dining</p>	F000241	F241 Corrective action for residents affected: Current meal times were discussed with all alert & oriented residents on 01-16-14. All residents agreed to reschedule meal times with service times differing from main dining room and hall cart as both can not be served at the same posted time. New meal times are Breakfast- hall cart: 7:30 am, D.R.: 7:45am, Lunch – Hall cart 11:30am, D.R. 11:45am, & Dinner- Hall cart: 5:30pm, D.R. 5:45pm. All residents waived 30 day notification of time changes as all wanted immediate	01/28/2014

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	<p>room. Observation of the posted meal times, at the entrance to the dining room, indicated lunch was served at 11:30 a.m. At 11:43 a.m. a dietary cart was brought out of the kitchen and was taken down the hall for residents who eat in their rooms. At 11:56 a.m. a dietary cart was brought out of the kitchen and staff proceeded to pass trays to the residents in the dining room.</p> <p>Interview with the dietary manager on 1/14/14 at 12:15 p.m. indicated lunch had been served late because of the measuring they had to do of the meat for the turkey manhattans. She indicated they usually start lunch in the dining room around 11:45 a.m. Hall trays are served before the dining room around 11:35 a.m.</p> <p>Confidential interviews with alert and oriented residents during the survey indicated the following:</p> <p>Resident #1 - "Meals are served late half the time. Usually half an hour late."</p>		<p>implementation. Other residents having potential to be affected and corrective action: Current meal times were discussed with all alert & oriented residents on 01-16-14. All residents agreed to reschedule meal times with service times differing from main dining room and hall cart as both can not be served at the same posted time. New meal times are Breakfast- hall cart: 7:30 am, D.R.: 7:45am, Lunch – Hall cart 11:30am, D.R. 11:45am, & Dinner- Hall cart: 5:30pm, D.R. 5:45pm. All residents waived 30 day notification of time changes as all wanted immediate implementation. Measures to ensure practice does not recur: Dietary and Nursing staff were in-serviced on 01-28-14 of meal service times and importance of service times served as posted. Corrective action will be monitored by: Dietary staff will log times of hall cart and D.R. cart delivered to nursing staff. Dietary Manager and/or designee will review logs on normal scheduled days and will report any off scheduled delivery time greater than 5 minutes from scheduled to the Administrator. All off schedule reported incidents will result in re-education and /or disciplinary action and will be corrected. Administrator or designee will also monitor and document meal service times at varying meal times and days 3x weekly. Any meal service times</p>	

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	<p>Resident #2 - "Meals are late sometimes. Lunch sometimes does not get served until 12:15 p.m."</p> <p>Resident #3 - "Meals are late often. Sometimes 30 minutes. Breakfast was late this morning."</p> <p>Resident #4 - "Do have to wait for your food in the dining room. It is often late."</p> <p>Resident # 5 - "Sometimes food is late in the dining room. Have had to wait up to a half hour."</p> <p>This federal tag is related to complaint IN00141475</p> <p>3.1-3(t)</p>		<p>greater than 5 minutes from scheduled will result in re-education and/or disciplinary action. Meal service monitoring will be reviewed in the facility's monthly Quality Assurance meeting for continued compliance and will be ongoing. Correction Date: 01-28-2014</p>		

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F000364 SS=D	<p>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.</p> <p>Based on record review, observation and interview, the facility failed to ensure 1 resident (A) in a sample of 3 resident records reviewed received food which they preferred.</p> <p>Finding includes:</p> <p>On 1/14/14 at 10:30 a.m. review of the clinical record for resident (A) indicated she was admitted to the facility with diagnoses including but not limited to Alzheimer Dementia, Diabetes, Depression and Anxiety. Review of physician orders for resident (A) indicated she was to receive a pureed diet with nectar thick liquids. Review of the Minimum Data Set (MDS) quarterly assessment for the resident, indicated she was dependent on staff for eating.</p> <p>Observation of lunch on 1/14/14 at</p>	F000364	<p>F364 Corrective action for residents affected: Resident's food preference check list were reviewed and updated to include all likes and dislikes. Food preferences were also discussed with resident's daughter (P.O.A.) to ensure all preferences were correct. Other residents having potential to be affected and corrective action: No other residents were affected but all residents had the potential to be affected. All resident's food preference checklist was reviewed updated to include all likes and dislikes. Measures to ensure practice does not recur: New dietary manager was in-serviced on the importance of having all resident's likes and dislikes documented and placed on meal cards for all staff to see. Resident's food preference checklists are completed upon admission and annually thereafter. Corrective action will be monitored by: Dietary manager will monitor and note on monitoring form monthly that all likes and dislikes are updated and any changes are made and added on the meal cards. Residents will be polled during</p>	01/28/2014

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	<p>12:10 p.m. indicated resident (A) received her meal which consisted of turkey manhattan with mashed potatoes, green beans, and poke cake. Review of the resident's dietary card indicated a section for "dislikes" in food, but there were none listed on the card. Review of the menu for the day indicated the resident's were to have cauliflower with cheese.</p> <p>On 1/14/14 at 12:30 p.m. the dietary manager was queried as to why the resident did not receive cauliflower with cheese, and she indicated the cauliflower did not puree well so they gave the resident green beans. The dietary manager was queried as to the resident's likes, and dislikes in food and she indicated she would provide a list.</p> <p>On 1/14/14 at 2:00 p.m. a list of the resident's likes and dislikes, dated 11/25/13, was provided. Review of the list indicated the resident did not like turkey.</p> <p>Observation of the lunch meal on</p>		<p>monthly resident council meeting to ensure food preferences are being served as desired. Any negative findings of monitoring and resident council will be immediately reported to the Administrator and will result in re-education and/or disciplinary action and will be corrected. Food preference monitoring will be reviewed in the facility's monthly Quality Assurance meeting for continued compliance and will be ongoing. Corrective action will be monitored by: 1-28-2014</p>		

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	<p>1/15/14 at 12:00 p.m. indicated resident (A's) dietary card had dislikes listed. Interview with the nurse consultant at 12:10 p.m. determined the dietary department had updated the resident's dietary card yesterday.</p> <p>This federal tag relates to complaint IN00141475</p> <p>3.1-21(a)(4)</p>			