STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155444	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 02/14/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORWOOD HEALTH AND REHABILITATION CENTER	3720 N NORWOOD RD HUNTINGTON, IN 46750

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F000000	This visit was for the Investigation of Complaint IN00144170. Complaint IN00144170 -Substantiated. Federal/State deficiencies related to the allegations are cited at F312 and F364. Survey dates: February 13 and 14, 2014 Facility number: 000463 Provider number: 155444 AIM number: 100290910 Survey team: Shelley Reed, RN-TC Census bed type: SNF/NF: 63 Total: 63 Census payor type: Medicare: 5 Medicaid: 43 Other: 15 Total: 63 Sample: 5 These deficiencies reflect state findings cited in accordance with	F000000	This plan of correction is the facility's credible allegation of compliance.Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider to the facts alleged or the 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.	

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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	410 IAC 16.2. Quality review completed by Debora Barth, RN.			
F000312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on record review and interview, the facility failed to ensure a resident who was dependent on staff for grooming and personal hygiene received those services in regards to a shower and/or full bath twice weekly for 1 of 5 residents reviewed for assistance with activities of daily living in a sample of 5. (Resident B) Findings include: The clinical record for Resident (B) was reviewed on 2/13/14 at 10:20 a.m. Diagnoses for Resident (B) included, but were not limited to, pain, depression, hypertension, anxiety and rehabilitation for post knee	F000312	F312: ADL Care Provided for Dependent Residents It is the practice of this facility to ensure that residents who are dependant on staff for grooming and personal hygiene receive those services in regards to showers or full bed baths twice weekly. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident #B no longer resides in the facility. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; Shower schedule reviewed and adjustments made as needed. Accunurse reviewed for scheduled showers. What measures will be put into place or what systemic changes will be	03/16/2014

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	replacement. Resident (B) received the following Activities of Daily Living (ADL) assistance; transfer-limited assistance with one person assist, ambulation-limited assistance with one person assist, dressing-limited assistance with one person physical assist, hygiene and bathing-limited assistance with one person physical assist. A health care plan problem dated 1/3/14, indicated Resident (B) was a fall risk related to pain and total knee replacement. Resident (B) also had a health care plan problem related to self-care deficit related to total knee replacement. One of the approaches for this problem indicated "personal hygiene with one person physical assist" and "bathing with one person physical assist". The current "Shower/Bathing Schedule", provided by DoN on 2/13/14 at 4:00 p.m., indicated Resident (B) was to have a twice weekly shower or bath on Tuesdays and Fridays. During review of the shower record from 1/3/14-1/8/14, no shower and/or full bath was given to the		made to ensure that the deficient practice does not reoccur; Nursing staff, licensed and CNA, will be re-educated on the resident shower schedule and documentation. How the corrective action(s) will be monitored to ensure the deficient practice will not recoccur, i.e., what quality assurance program will be put into place; DON, or Designee, will use an audit tool to monitor documentation of showers. This tool will be completed daily, during normal days of business, x2 weeks, then 3x weekly x2 weeks, then weekly x2 weeks, then monthly in QA process x6 months or until compliance achieved. Any findings will be addressed immediately. Date of Completion: 3/16/14	

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	resident. Resident (B) was discharged on 1/8/14. During an interview on 2/14/14 at 10:30 a.m., the DoN indicated she was unsure why Resident (B) did not receive a shower and/ or full bath during the facility stay. This Federal tag relates to Complaint IN00144170 3.1-38(a)(2)(A)			
F000364 SS=B	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 interview and record review, the facility failed to ensure food was served at a palatable temperature and overall quality of taste for 5 of 5 residents interviewed for food quality. (Residents B, C, D, E and F) Findings included: During an interview on 2/13/14 at 9:00 a.m., Resident (C) indicated the food was not good. She indicated she did have a good taco salad and	F000364	F 364It is the practice of this facility to ensure that each resident receives food prepared by methods that conserve nutritive value, flavor and appearance; and food that is palatable, attractive, and at the proper temperature.What corrective action[s] will be accomplished for those residents found to have been affected by the deficient practice:All affected and other residents will be included with these corrective steps. At meal time, 20 resident interviews were conducted over a 5 day period [2/24-2/28/14]	03/16/2014

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	chicken and noodles the other day, but otherwise the food is just not good. During an interview on 2/13/14 at 9:40 a.m., Resident (D) indicated the food is bland and is served either hot or cold. During an interview on 2/13/14 at 10:20 a.m., Resident (B) indicated she had only one meal during her facility stay that was good. Otherwise, the food was inedible. During an interview on 2/13/14 at 3:00 p.m., Resident (E) indicated the food was not very good. She indicated the temperatures were ok, but would often ask for a salad daily. She indicated the weekend seemed to be worse. During an interview on 2/14/14 at 9:15 a.m., Resident (F) indicated the food was not good and was not always served warm. Following dining room observation on 2/13/14 at 12:20 p.m., Cook #1 was asked to provide a sample meal for temperature check. Cook #1's thermometer indicated the following temperatures: cooked carrots 120.0 degrees F. (Fahrenheit), Salisbury		asking if the food quality was good and whether or not the food was warm. Only [1] resident/[1] meal rated the food as poor. How other residents having the potential to be affected by the same practice will be identified and what corrective action[s] will be taken: All affected and other residents will be included with these corrective steps. At meal time, 20 resident interviews were conducted over a 5 day period [2/24-2/28/14] asking if the food quality was good and whether or not the food was warm. Only [1] resident/[1] meal rated the meal as poor. What measures will be put into place or what systematic changes will be made to ensure that deficient practice does not reoccur: The Administrator shall require each department head to serve as a Meal Monitor. Meal Monitors shall observe and assist during meal time at least 10 meals per week. The Meal Monitor shall complete a Food Quality Assessment. This assessment shall assess food appearance, and resident satisfaction. A minimum of 5 residents shall be interviewed regarding their satisfaction with food taste and temperature. Each assessment shall be forwarded to the Administrator for monitoring and, if necessary, corrective action taken. In-service training for dietary staff will be completed by the DM and/or RD related to food quality	

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	steak 120.0 degrees F. and mashed potatoes 140.0 degrees F. The serving table food was then checked and indicated the following temperatures: potatoes 120.0 degrees F., carrots 118.0 degrees F. and steak 118.0 degrees F. During an interview on 2/14/14 at 10:12 a.m., the Dietary Manager indicated Cook #1's thermometer had rolled off the table and was not working properly. She indicated Cook #1 did not test a second thermometer, which was also off by approximately 30 degrees. She indicated a 3rd thermometer was found in working condition. Review of a current facility policy dated, 02/14 titled "Food Temperatures" which was provided by the DoN on 2/13/14 at 2:00 p.m., indicated the following: "...6. Hot foods will be held at 135 degrees F or higher during meal service (on the tray line). This Federal tag relates to Complaint IN00144170 3.1-21(a)(2)		and temperature.The Dietary Manger shall ensure that food temperatures are recorded and within a satisfactory level before serving each meal. How the corrective action[s] will be monitored to ensure the deficient practice will not reoccur: The Dietary Manager shall host weekly Food Committee Meeting to review resident meal satisfaction . This committee shall consist of residents. Minutes of this meeting shall be reviewed with the Administrator. These weekly meeting shall continue for at least 4 weeks and then monthly after satisfactory results are achieved. The Quality Assurance Committee shall review progress on a monthly basis for a minimum of 6 months.	