STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155700	A. BUILDING 00 B. WING	07/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATHERINE KASPER HOME	9601 S UNION RD DONALDSON, IN 46513

(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 IN00235042. This visit was in conjunction with the Recertification and State Licensure Survey. Complaint IN00235042 - Substantiated. Federal/State deficiencies related to the allegations are cited at F309 and F464. Survey dates: July 10, 11, 12, 13, 14 and 17, 2017. Facility number: 002982 Provider number: 155700 AIM number: 200382090 Census bed type: SNF/NF: 56 SNF: 14 Total: 70 Census payor type: Medicare: 14 Medicaid: 26 Other: 30 Total: 70 These deficiencies reflects State findings	F 0000	**Submission of the response and plan of correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited and is also not to be construed as an admission of interest against the facility, the Executive Director, or other associates, agents, or other individuals who draft or may be discussed in this response and plan of correction. Preparation and submission of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any fact alleged or the correctness of any conclusion set forth in these allegations by the survey agency.**	

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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	cited in accordance with 410 IAC 16.2-3.1. Quality Review was completed on July 24, 2017.			
F 0309 SS=D Bldg. 00	483.24, 483.25(k)(l) PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care. 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices, including but not limited to the following: (k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.			

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	(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. Based on observation, record review and interview, the facility failed to provide a resident with assistance during dining for 1 of 3 meals observed. (Resident A). Findings include: During the evening meal ,on 7/13/17 at 5:24 P.M., Resident A was in her recliner with her meal tray on the over bed side table at the end of her bed. During an interview, on 7/13/17 at 5:25 P.M. Resident A indicated "the staff are coming back to feed me." During observation of Resident A's room, from 5:24 P.M. to 5:53 P.M., no staff members were observed assisting the resident. CNA (Certified nursing aide) #12, was observed at 5:53 P.M. entering Resident A's room and immediately came out of the room. During an interview, on 7/13/17 at 5:54 P.M. C.N.A #12 indicated she was going to get a chair so she could feed the	F 0309	1.Resident A is receiving assistance with dining at all meals. 2.Observation at 3 meals reveals that all residents requiring assistance with dining are receiving that assistance at all meals. 3.Nursing staff will be re-educated on prompt dining assistance with meals. 4.The DON or designee will randomly audit dining assistance being provided 2 times/week for 4 weeks. Results of audits will be taken to QAPI for review until facility is in compliance. 5.Date of compliance: 8/16/17	08/16/2017

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	resident. A clinical record review was completed on 7/14/17 at 9:36 A.M., and indicated that Resident A required extensive assist of 1 staff for eating. A policy provided by the wound nurse on 7/17/17 at 10:25 A.M., titled "Feeding: Serving Food To Residents Policy" undated, indicated this was the current policy used by the facility. This policy indicated "... Bed residents: 3. Nursing shall be responsible for taking food tray into resident's room and providing assistance as needed. Tray shall not be brought to resident's room until staff is available for feeding. Feeder residents: 2. Nursing shall be responsible for feeding resident while food is hot...." 3.1-37(a)			
F 0464 SS=D Bldg. 00	483.90(h)(1)-(4) REQUIREMENTS FOR DINING & ACTIVITY ROOMS (h) Dining and Resident Activities The facility must provide one or more rooms designated for resident dining and activities. These rooms must-- (1) Be well lighted;			

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	(2) Be well ventilated; (3) Be adequately furnished; and (4) Have sufficient space to accommodate all activities. Based on observation, record review and interview, the facility failed to ensure food was served at the appropriate temperature, when assisting 1 of 2 residents eating in her room. (Resident A) Findings include: During the evening meal service, observed on 7/13/17 at 5:24 P.M., Resident A was observed in her recliner with her meal tray on the over bed side table at the end of her bed. During an interview, on 7/13/17 at 5:25 P.M. Resident A indicated "the staff are coming back to feed me." During observation of Resident A's room, from 5:24 P.M. to 5:53 P.M., no staff members were observed assisting the resident. Certified nursing aide #12 was observed at 5:53 P.M. entering Resident A's room and immediately come out of the room.	F 0464	1.Resident A is being served food at an appropriate temperature. 2.Observation at 3 meals reveals that residents requiring assistance with dining are receiving that assistance promptly up service of food at appropriate temperature. 3.Nursing staff will be re-educated on assisting residents that require assist with dining when the food is served. 4.The DON or designee will randomly audit dining assistance being provided when food served 2x/week for 4 weeks. Results of audits will be taken to QAPI for review until facility is in compliance. 5.Date of Compliance 8/16/2017.	08/16/2017

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	During an interview, on 7/13/17 at 5:54 P.M. C.N.A #12 indicated she was going to get a chair so she could feed the resident. On 7/17/17 at 5:56 P.M., the dietary manager obtained the food temperatures of Resident A tray. Temperature of the pureed cauliflower was 106 degrees and the pureed beef macaroni was at 107 degrees. During an interview, on 7/13/17 at 5:57 P.M., the dietary manager indicated that the temperatures were not acceptable and he would get another tray. A policy provided by the wound nurse on 7/17/17 at 10:25 A.M., titled "Food Temperatures", dated 1/1/2014, indicated this was the current policy used by the facility. The policy indicated "... 4. Acceptable serving temperatures are--Casseroles equal to or greater than 140 degrees but preferably 140-165 degrees. Vegetables equal to or greater than 140 degrees but preferably 140-165 degrees...." 3.1-19(v)(4)			