

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/04/2019
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155461		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/23/2019	
NAME OF PROVIDER OR SUPPLIER PRAIRIE VILLAGE NURSING AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP COD 801 S SR 57 WASHINGTON, IN 47501			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 Complaints IN00280437, IN00284395, IN00284399, and IN00284419. Complaint IN00280437 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00284395 - Substantiated. Federal/state deficiencies related to the allegations are cited at F804 . Complaint IN00284399 - Substantiated. Federal/state deficiencies related to the allegations are cited at F804 . Complaint IN00284419 - Substantiated. Federal/state deficiencies related to the allegations are cited at F804. Survey dates: January 22 and 23, 2019 Facility number: 000302 Provider number: 155461 AIM number: 100286510 Census Bed Type: SNF/NF: 52 Total: 52 Census Payor Type: Medicare: 6 Medicaid: 36 Other: 10 Total: 52 This deficiency reflects State Finding cited in			F 0000			

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 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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F 0804 SS=E Bldg. 00	accordance with 410 IAC 16.2-3.1. Quality review completed on January 24, 2019 483.60(d)(1)(2) Nutritive Value/Appear, Palatable/Prefer Temp §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. Based on observation, interview, and record review, the facility failed to ensure food was palatable and food temperatures were satisfactory, and failed to ensure meals were served timely, for 6 of 7 residents reviewed for food satisfaction, in a sample of 10. (Residents B, C, D, G, L, M) Findings include: 1. Information was received from Resident B, in which they indicated, "The food is always cold." They indicated they "never get what I order." 2. During a confidential interview with Resident C, they indicated, "The food is atrocious." They indicated the meals are frequently late, and the food is cold. Resident C indicated they at first heard the plate warmer did not work, but then heard it was fixed. They indicated, "Once in a great while, they will give us a menu, and we can choose what we want." They indicated they had spoken to the Dietary Manager (DM), but didn't			F 0804	F804 Nutritive Value/Appearance, Palatable/Prefer Temp 1: What corrective action(s) will be accomplished for those residents found to have affected by the deficient practice? ·Resident B, C, D, G, L, and M are receiving palatable food and food is served timely. ·The temperature of the food is checked by Dietary Manager/ Designee to ensure the food is served at the appropriate temperature at the beginning, and middle of serving of the trays. ·A test tray audit is completed by Dietary Manager/Designee to ensure the food is palatable. Corrections will be made immediately.		02/08/2019

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	think it did any good. 3. Information was received from the family of Resident D, in which they indicated Resident D would be seated in the dining room at 4:30 P.M., but the meal was not served until 6:00 P.M. The family member indicated food was served cold. 4. During a confidential interview with the family of Resident G, they indicated the food was frequently served cold. The family member indicated the meat was not tender, and food items were burnt. 5. During a confidential interview with Resident L, they indicated they ate either in their room and in the dining room, and food was frequently served cold both places. They indicated, "Dinner is the worst." They indicated it takes 30-35 minutes to be served from the start of the meal. 6. During a confidential interview with Resident M, they indicated they typically eat in the dining room. They indicate, "The potato salad is not cooked all the way through and is hard to chew. The hamburgers are not hot and not done all the way. Most of the other foods are cold for breakfast." On 1/22/19 at 12:15 P.M., the hall cart was brought to the A/B hall. At 12:20 P.M., the first tray in the dining room was passed. On 1/22/19 at 12:25 P.M., the DM was interviewed. She indicated she had been the DM since May 2018. She indicated staffing had been difficult in the kitchen. On 1/22/19 at 5:05 P.M., the hall cart was brought to the A/B hall. At 5:15 P.M., the first tray in the				2: How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken? ·All residents have the potential to be affected by the alleged deficient practice. ·DM/Designee will in-service dietary staff on temperature accuracy, palatability of the food, timeliness of food delivery. 3: What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? ·DM/Designee will in-service dietary staff on temperature accuracy, palatability of the food, timeliness of food delivery by 2-8-19 ·Food Committee will be hosted 2x monthly to address resident concerns and to ensure residents satisfaction. ·The temperature of the food is checked during each meal by Dietary Manager/ Designee to ensure the food is served at the appropriate temperature at the beginning, and middle of serving of the trays. ·A test tray audit tool is completed by Dietary Manager/ Designee to ensure the food is palatable. ·At least 3 residents will be interviewed during each meal service at different meal service		

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	dining room was passed. On 1/23/19 at 3:25 P.M., the Administrator provided the current meal times: Breakfast: Cart 6:50 A.M., Dining Room 7:00 A.M. Lunch: Cart 11:50 A.M., Dining Room 12:00 P.M. Dinner: Cart 4:50 P.M. Dining Room 5:00 P.M. On 1/23/19 at 3:25 P.M., the Administrator provided the current facility policy, "Food Temperatures," dated 11/17. The policy included: "All hot and cold food items will be served to the resident at a temperature that is considered palatable at the time the resident receives the food...." This Federal tag relates to Complaints IN00284395, IN00284399, and IN00284419. 3.1-21(a)(1) 3.1-21(a)(2)				locations to inquire about food palatability, any concern noted a grievance form will be completed to ensure appropriate follow up. 4: How the corrective action will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put into place? The DM/designee will be responsible for the completion of QA tool Meal Timeliness tool and recipe compliance QA tool will be completed 3x weekly times 4 weeks, bi-monthly times 2 months, monthly times 4 and then quarterly to encompass all shifts until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved, an action plan will be developed. The Food Advisory Committee Form will be completed two times a month to address 5. Date of completion: February 8, 2019		