

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

PRINTED: 08/03/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155197		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/08/2017	
NAME OF PROVIDER OR SUPPLIER SANCTUARY AT ST PAULS				STREET ADDRESS, CITY, STATE, ZIP CODE 3602 S IRONWOOD DR SOUTH BEND, IN 46614			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00226191 and IN00227014.</p> <p>Complaint IN00226191 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00227014 - Substantiated. Federal/State deficiencies related to the allegations are cited at F363.</p> <p>Survey dates: June 6, 7 and 8, 2017</p> <p>Facility number: 000104 Provider number: 155197 AIM number: 100266590</p> <p>Census bed type: SNF/NF: 56 SNF: 13 Residential: 120 Total: 189</p> <p>Census payor type: Medicare: 15 Medicaid: 40 Other: 14 Total: 69</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC</p>		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 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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F 0363 SS=D Bldg. 00	<p>16.2-3.1.</p> <p>Quality Review was completed on June 13, 2017</p> <p>483.60(c)(1)-(7) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED (c) Menus and nutritional adequacy.</p> <p>Menus must-</p> <p>(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.;</p> <p>(c)(2) Be prepared in advance;</p> <p>(c)(3) Be followed;</p> <p>(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups;</p> <p>(c)(5) Be updated periodically;</p> <p>(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and</p> <p>(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices.</p> <p>Based on observation, record review and interview, the facility failed to ensure 2 of 3 residents reviewed received a balanced puree diet. (Resident E and</p>		F 0363	<p>The Plan of Correction constitutes the written allegation of compliance for the deficiency cited. However, submission of this plan of correction is not an</p>		07/08/2017	

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	<p>Resident G)</p> <p>Findings include:</p> <p>1. During an interview, on 6/6/17 at 12:45 P.M., Kitchen Server #2 indicated the Resident E was served pork loin, scalloped potatoes and broccoli which was pureed and she had honey thick cranberry juice for her lunch. Kitchen Server #2 explained the main kitchen prepared the pureed foods and then it is transported, to the kitchenettes, to be served. There was no pureed dessert provided today for lunch. The Kitchen Server explained pureed desserts were rarely sent to the kitchenette. Kitchen Server #2 indicated resident E wasn't able to fill out a meal ticket and her family didn't fill it out either.</p> <p>The lunch menu, for 6/6/17, indicated Resident E was not provided soup, which was split pea soup or dessert which was frosted banana cake. The resident was provided an Entree, a starch and a vegetable.</p> <p>On 6/7/17 at 9:00 A.M., Resident E was observed to have oatmeal, scrambled eggs and American fries on her plate, which was purred, with thickened orange juice. The menu indicated the fruit was a fresh fruit cup, cereal was oatmeal, the</p>			<p>admission that the deficiency exists or that one was cited correctly. This plan of correction is submitted to meet the requirements established by state and federal law.</p> <p>St. Paul's respectfully requests this Plan of Correction and supporting documentation to be considered for desktop review. Date of Compliance is July 8, 2017.</p> <p>1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice: Meal tickets for residents affected reviewed for accuracy and resident, resident's family, caregiver and/or dietician completed the daily menu by selecting food choices.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken: Meal tickets for all residents that receive puree diets were reviewed for accuracy and resident, resident's family caregiver and/or dietician completed the daily menu by selecting food choices.</p> <p>3. What measures will be put into place or what systemic changes</p>			

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	<p>entree was a breakfast sandwich and breakfast sides were American fried potatoes or blueberry pancakes.</p> <p>On 6/7/17 at 11:50 A.M., the resident was observed to be served sweet potato soup, a turkey salad sandwich and carrots which were pureed, pudding with a thickened orange drink and coffee. The menu indicated the soup was curried sweet potatoes soup, entree choice was veggie gratin frittata or turkey salad on bun, starch was orange cranberry muffin, vegetable was tomato bean salad or creamy cucumbers and dessert was strawberry ice cream.</p> <p>On 6/7/17 at 9:15 A.M., a review of the clinical record for Resident E was conducted. The resident's diagnoses included, but were not limited to: malignant neoplasm, dementia, and hypothyroidism.</p> <p>The 60 Day MDS (Minimum Data Set) Assessment, dated 4/27/17, indicated the resident's BIMS (Brief Interview for Mental Status) score was 7 (severe dementia), required oversight/encouragement with eating and had a mechanical altered diet.</p> <p>A care plan, dated 3/16/17, indicated the resident was at risk for nutritional decline</p>		<p>will be made to ensure that the deficient practice does not recur: Dining service colleagues will be educated on "Puree Diets, Fresh Benefits, and Oh So Good Programs." (Attachment 1). St. Paul's has a selective menu for all residents served. The residents on puree diets have the same menu selections as residents receiving regular diets. The resident, resident's family, caregiver and/or dietician will complete the daily menu by selecting the choices of foods. The puree diets will be prepared in the main kitchen by resident preference. (Attachment 2 policies: Altered Diet Preference, Fresh Benefits). All puree diets will be printed on the residents ticket and copied to the kitchen for verification prior to the meal leaving the kitchen. The Puree Verification Audit tool will be completed for each residents meal and will be verified by the cook and the server. (Attachment 3).</p> <p>4. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: The cook and server will verify that all puree items on the residents ticket are accounted for and delivered utilizing the "Puree Verification Audit tool." The Dining Services General Manager/designee will review</p>				

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	<p>related to swallowing difficulty, impaired cognition and fluctuating weights. The interventions included but were not limited to: regular diet ordered puree texture (dated 4/20/17), offer enriched foods at meals and honey thick liquids.</p> <p>The meal intake record from 4/29/17 thru 6/5/17 indicated the resident ate 50 to 100% of her meals.</p> <p>A Significant Monthly Weight Change Notification, dated 4/13/17, indicated the resident had a weight loss of 12.1 pounds in 30 days. The current intervention was to serve the resident enriched foods.</p> <p>A barium swallow study, dated 4/17/17, indicated the resident had a abnormal swallow study where aspiration was seen occurring.</p> <p>A review of the resident's meal ticket, for 6/6/17 and 6/7/17, indicated the resident was to have enriched foods pureed with honey thick liquids.</p> <p>2. During an interview, on 6/6/17 at 12:37 P.M., CNA (Certified Nurses Aide) #3 indicated she had assisted Resident G with his meal. She indicated the resident has the pork loin, broccoli soup and orange juice to drink.</p>			<p>daily to assure the system is in place. The Dining Service General Manager will report results and action plan status at Quality of Care Committee monthly and Mission Driven Quality Improvement Committee quarterly until such time the committee deems the process as stable.</p> <p>5. By what date the systemic changes will be completed: July 8, 2017</p>			

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	<p>During an interview, on 6/6/17 at 12:58 P.M., Kitchen Server #4 indicated no one fills out the meal ticket for the Resident G and the pureed meals are sent from the main kitchen to the kitchenette. She indicated no pureed dessert was available.</p> <p>The lunch menu, for 6/6/17, indicated Resident G was not provided soup, which was split pea soup, a starch which was parmesan breadstick or scalloped potatoes nor a dessert which was frosted banana cake. The resident was provided an Entree and a vegetable. Resident G was observed to have sunken eyes and appeared thin, with sunken cheeks.</p> <p>On 6/7/17 at 9:10 A.M., the Resident G was observed to have scrambled eggs, potatoes and thickened orange juice for breakfast. The menu indicated the fruit was a fresh fruit cup, cereal was oatmeal, the entree was a breakfast sandwich and breakfast sides were American fried potatoes or blueberry pancakes.</p> <p>On 6/7/17 at 12:20 P.M., the resident's meal was observed and consisted of soup, turkey sandwich and carrots which were pureed with thicken orange juice and pudding for dessert. The menu indicated the soup was curried sweet potato soup, entree choice was veggie gratin frittata or</p>						

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	<p>turkey salad on bun, starch was orange cranberry muffin, vegetable was tomato bean salad or creamy cucumbers and dessert was strawberry ice cream.</p> <p>On 6/8/17 at 1:00 P.M., a review of the clinical record for Resident G was conducted. The record indicated the resident was admitted on 3/10/17 with readmissions after hospital stays on 4/5/17 and 6/2/17. The resident's diagnoses included, but were not limited to: enterocolitis due to C-Diff, hereditary spastic paraplegia, severe protein calorie malnutrition and chronic kidney disease.</p> <p>The 30 day MDS assessment, dated 5/3/17, indicated the resident's BIMS was 7 (severe dementia), required extensive assistance of 1 person with eating his meals and had a mechanically altered diet. The resident's weight was 101 pounds.</p> <p>A malnutrition care plan was related to resident's medical condition such as low body weight, loss of muscle mass, protruding neck bones and sunken eyes. The interventions included but were not limited to: monitor meal consumption, provide regular diet with honey thick liquids, 4 oz. of magic cup as ordered and offer enriched foods at meals. Per the ADON (Assistant Director of Nursing)</p>						

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	<p>the puree diet had not been added to the care plan yet as the order was received on 6/6/17 and Registered Dietician will update the care plan today during her visit.</p> <p>The meal intake record from 4/30/17 thru 6/5/17 indicated the resident ate 25% to 100% of his meals.</p> <p>A review of the resident's meal ticket, for 6/6/17 and 6/7/17, indicated the resident was to have enriched foods pureed with pudding thick liquids.</p> <p>On 6/8/17 at 9:30 A.M., the ADON provided a policy titled "Liberalized Diets", dated 10/23/13, and indicated the policy was the one currently used by the facility. The policy indicated the therapeutic and mechanically altered diets offered at Sanctuary at St. Pauls included "...Puree - a regular diet modified to provide a smooth texture similar to pudding or mashed potatoes...."</p> <p>The policy indicated the Registered Dietitian would recommend a therapeutic diet if it appears necessary and/or appropriate for a resident.</p> <p>During an interview, on 6/8/17 at 11:07 A.M., the Registered Dietitian indicated Resident E and Resident G received a pureed diet and enriched foods. The</p>						

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	<p>Dietitian was unaware desserts were not being provided to Resident E and G. She indicated the menus include a soup, an entree, a starch, a vegetable and a dessert and an item from each category, on the menu, should be provided to the resident or an alternative to meet the nutritional requirements for the residents, unless the resident refuses the item. She could not explain why the residents received scrambled eggs instead of the egg sandwich pureed and each should have received the fresh fruit cup. She indicated the oatmeal was fortified. The Dietitian indicated both residents weights were stable at the time, but was concerned with the resident's meal intake record as it may not truly reflect the percentage of the meal eaten if the resident wasn't receiving the full meal. The Dietician indicated the resident's meal tickets include the enriched food items.</p> <p>This Federal tag relates to complaint IN00227014.</p> <p>3.1-20(i)(1) 3.1-20(i)(4)</p>						