

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

PRINTED: 01/17/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155379		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/20/2022	
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF ROCHESTER				STREET ADDRESS, CITY, STATE, ZIP COD 827 W 13TH ST ROCHESTER, IN 46975			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00394946.</p> <p>Complaint IN00394946 - Substantiated. Federal deficiency related to the allegations are cited at F803.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: December 20, 2022</p> <p>Facility number: 000325 Provider number: 155379 AIM number: 100274300</p> <p>Census Bed Type: SNF/NF: 59 Total: 59</p> <p>Census Payor Type: Medicare: 5 Medicaid: 45 Other: 9 Total: 59</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 12/27/22.</p>			F 0000	<p>This plan of correction is prepared and executed because the provisions of state and federal law require it and not because Life Care Center of Rochester agrees with the allegations and citations listed. Life Care Center of Rochester maintains that the alleged deficiencies do not jeopardize the health and safety of the residents nor is it of such character to limit our capabilities to render adequate care. Please accept this plan of correction as our credible allegation of compliance that the alleged deficiencies have or will be correct by the date indicated to remain in compliance with state and federal regulations, the facility has taken or will take the actions set forth in this plan of correction. We respectfully request a desk review.</p>		
F 0803 SS=E Bldg. 00	<p>483.60(c)(1)-(7) Menus Meet Resident Nds/Prep in Adv/Followed §483.60(c) Menus and nutritional adequacy. Menus must-</p> <p>§483.60(c)(1) Meet the nutritional needs of</p>						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Suzanne Wagner

Executive Director

01/11/2023

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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	<p>residents in accordance with established national guidelines.;</p> <p>§483.60(c)(2) Be prepared in advance;</p> <p>§483.60(c)(3) Be followed;</p> <p>§483.60(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>§483.60(c)(5) Be updated periodically;</p> <p>§483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and</p> <p>§483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. Based on interview, record review and observation, the facility failed to ensure resident menu's and or individual resident's food plan met their preferences as a result of the facility not posting menus and honoring resident food preferences with alternative choices complaints were made about the lack of variety in food choices.</p> <p>Findings include:</p> <p>During an interview, on 12/20/2022 at 9:30 A.M., the Dietary manger indicated she was the only cook at this time and was cooking all the meals. She indicated the aides will tell the cook what the resident wants to eat. She stated they do not give out menus or have it posted any place. If the resident did not like what was served to them, we</p>			F 0803	<p><u>F 803 - Menus Meet Resident Needs/Prep in Adv/Followed</u></p> <p><i>- What Corrective Action will be accomplished for those residents found to have been affected by this deficient practice:</i></p> <p>Resident B, C, D, E, F, G had no adverse effects.</p> <p><i>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:</i></p> <p>Other residents had the potential to be affected by this deficient practice therefore a full house</p>		01/20/2023

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	<p>will give them soup or a sandwich.</p> <p>1. During an interview, on 12/20/2022 at 10:30 A.M., Resident B indicated he was "not crazy about the food here." The resident indicated they do not offer a variety of foods, they get the same foods 2-3 times per week. The facility used to give a menu for them to choose from, but they stopped that. Resident B indicated if he did not like what was served to him, he would call his daughter to bring him food.</p> <p>A clinical record review was completed on 12/20/2022 at 10:35 A.M. Resident B's diagnoses included, but were not limited to: hypertension, diabetes, and atrial fibrillation. A Quarterly MDS (Minimum Data Set) Assessment, dated 9/19/2022, indicated Resident B was alert and had a BIMS (Brief Interview for Mental Status) score of 15, cognition intact and received a regular diet.</p> <p>2. During an interview, on 12/20/2022 at 11:00 A.M., Resident C indicated "the food was good so far, but some times it's the same things, 2-3 days in a row."</p> <p>A clinical record review was completed on 12/20/2022 at 11:15 A.M. Resident C's diagnoses included, but were not limited to: heart failure, chronic kidney disease, and osteoarthritis, and received a regular diet.</p> <p>3. During an interview, on 12/20/2022 at 11:45 A.M., Resident D indicated the food was good, had cold food only once, and does not ask for anything else if he doesn't like it.</p> <p>A clinical record review was completed, on 12/20/2022 at 12:30 P.M. Resident D's diagnoses included, but were not limited to: mild protein</p>				<p>audit will be completed for residents' food preferences and updated on residents' food plan as deemed necessary. Menus were posted in the dining area for residents' view/use, which include alternate meal choices.</p> <p><i>What measures and what systemic changes will be made to ensure that the deficient practice doesn't recur:</i> Executive Director and/or designee will educate staff on or prior to 1/20/2023 related to the menu process and if resident has concerns with cold food, variety, preferences staff will heat/replace immediately and then serve. Any staff member who does not complete this education by date of compliance cannot work until completed. This education will be completed at orientation as well.</p> <p><i>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put in place:</i> Executive Director and/or designee will interview 5 residents weekly on meal service and preferences x3 months and then 3 residents weekly x3 months. Audits will be presented to QAPI monthly x6 months and QAPI will determine the need for further audits.</p> <p>Compliance date: 1/20/2023. The Administrator at Life Care Center of Rochester is responsible in</p>		

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	<p>malnutrition, atrial fibrillation, hypertension, and received a regular diet. A Quarterly MDS Assessment, dated 8/25/2022, indicated Resident D had a BIMS score of 10, was able to make himself understood and received a regular diet.</p> <p>4. During an interview, on 12/20/2022 at 11:48 A.M., Resident E indicated "the food was ok most of the time, but there is not a variety, and they send you automatically what they cook. Long time ago we could choose between 2 things, but not anymore." Resident E indicated if the food was something that she did not like she would just not eat it.</p> <p>A clinical record review was completed on 12/20/2022 at 12:45 P.M. Resident E's diagnoses included, but were not limited to: diabetes, obesity, hypertension, and depression. A Quarterly MDS Assessment, dated 9/1/2022, indicated Resident E's BIMS score was 15, cognition intact and received a regular diet.</p> <p>5. During an interview, on 12/20/2022 at 12:15 P.M., Resident F indicated sometimes the food is cold, stated he used to get menus to choose things that they wanted to eat, but not now, and they "get spaghetti a lot- it's easy to fix."</p> <p>A clinical record review was completed on 12/20/2022 at 1:15 P.M. Resident F's diagnoses included, but were not limited to: hypertension, peripheral vascular disease, diabetes, bi-polar and psychotic disorder. A Quarterly MDS Assessment, date 10/12/2022, indicated Resident F's BIMS score was 15, intact cognition and received a regular diet.</p> <p>6. During an interview, on 12/20/2022 at 12:27 P.M., Resident G indicated the food is usually</p>				ensuring compliance in this Plan of Correction.		

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	<p>cold, but it was ok today. He indicated they usually get the same foods- there is no variety.</p> <p>A clinical record review was completed on 12/20/2022 at 12:55 P.M. Resident G's diagnoses included, but were not limited to: protein- calorie malnutrition, anemia, heart failure and peripheral vascular disease. A Quarterly MDS Assessment, dated 9/13/2022, indicated Resident G's BIMS score was 15, cognition intact and received a regular diet.</p> <p>During an observation in the main dining room, on 12/20/2022 at 12:00 PM., no menus were posted in the dining room or adjacent areas to inform the residents of what foods were going to be served and or any alternative if requested.</p> <p>During an interview, on 12/20/2022 at 2:05 P.M., the Dietary Manager indicated they do offer other things if the resident does not like what is served. She indicated they usually just tell the resident what is being served at that meal when the resident comes down to the dining room to eat. She indicated she did not know how to print off the menus and they were on the computer.</p> <p>On 12/20/2022 at 2:56 P.M., RN 2 provided the policy titled, " Food Preferences", dated 4/27/2022, and indicated the policy was the one currently used by the facility. The policy indicated "...Individual, cultural/religious food preferences are honored, when possible, to enhance the resident's satisfaction with food and dining...."</p> <p>This Federal tag relates to compliant IN00394946.</p> <p>3.1-20(k)</p>						

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F 0812 SS=D Bldg. 00	<p>483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. Based on observation, record review and interview, the facility failed to store foods in a sanitary manner, failed to date foods when opened and failed to remove out dated foods in 1 of 1 walk- in cooler and 1 of 1 freezers observed.</p> <p>Findings include:</p> <p>1. During an observation of the kitchen, on 12/20/2022 at 9:32 A.M., the following was observed in the walk- in cooler: a plastic container of potato soup with a date of 12/11/2022; 4 peanut butter and jelly sandwich's undated; 3 tuna salad sandwich's undated; a container of egg salad with a date of 12/15/2022; and an opened bag of</p>			F 0812	<p><u>FF 812- Food Procurement, Store/Prepare/Serve-Sanitary</u></p> <p><i>- What Corrective Action will be accomplished for those residents found to have been affected by this deficient practice:</i> Upon identification on 12/20/2022, the undated and expired items were removed from the reach in refrigerator and freezer and discarded. Walk in refrigerator and freezer were re-organized, along with any items on floor were</p>		01/20/2023

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	<p>shredded cheese unsealed. The floor was dirty with food particles and paper items under the shelving.</p> <p>2. During an observation of the freezer on 12/20/2022 at 9:47 A.M., the following was observed: an opened box with a large piece of sausage with the end of it cut off unsealed and undated; a box of chicken fritters opened, undated and not sealed; 2 boxes of food sitting on the floor; an opened box of donut holes with no date and unsealed; and a container of chicken salad with a date of 12/14/2022. The freezer floor had pieces of food items and a dark brown substance under some of the shelving.</p> <p>During an interview, on 12/20/2022 at 9:58 A.M., the Dietary Manager indicated the food items should have been dated, thrown out if outdated and sealed properly. The boxes should not be sitting on the floor and the floor should be cleaned.</p> <p>On 12/20/2022 at 2:56 P.M., RN 2 provided the policy titled, "Food Safety", dated 4/27/2022, and indicated the policy was the one currently used by the facility. The policy indicated "...Procedure... 2. Pre packaged food is placed in a leak-proof, non-absorbent, sanitary (NSF) container with a tight fitting lid. The container is labeled with the name of the contents and date (when the item is transferred to the new container). 'Use by Date' is noted on the label or product when applicable. The 'use by date' guide is easily accessible to all associates involved with resident food storage. ...6. Food is labeled with the dated received, if date received is not on the item. ...9. Food in walk-in cooler/freezer is stored six inches off the floor. 10. Leftovers are dated properly and discarded after 72 hours unless</p>				<p>discarded. Floors were cleaned. No adverse reactions were noted by this deficient practice.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:</p> <p>Other residents had the potential to be affected by this deficient practice therefore the kitchen and food storage areas have been audited for any for any concerns with dating, labeling of food items, placement of food, and removal of food items if outdated on <u>12-21-22</u>. Any issues noted have been addressed.</p> <p>What measures and what systemic changes will be made to ensure that the deficient practice doesn't recur:</p> <p>RD will educate Dietary Manager on regulations on storage, labeling, dating and disposal of food items in a timely manner to include proper placement of food items by 1/20/2023, Dietary Manager and/or designee will educate dietary staff on same as well.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put in place:</p> <p>Executive Director and/or designee to perform random audits of the reach-in refrigerator and walk-in refrigerator/freezer a</p>		

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	otherwise indicated. ...2. Opened packages of food are resealed tightly to prevent contamination of the food item and 'use by date' will be used when applicable...." 3.1-21(i)(3)			minimum of 3 times weekly on various shifts for the next 60 days and then twice weekly for 60 days and then weekly for 60 days. Any concerns identified will be addressed immediately. Audits will be presented to QAPI x 6 months then QAPI will determine the need for further audits. Compliance date: 1/20/2023. The Administrator at Life Care Center of Rochester is responsible in ensuring compliance in this Plan of Correction. _			