DEPARTMENT OF HEALTH CENTERS FOR MEDICARE			PRINTED:10/8/2015 FORM APPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER 185354	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/12/2015
NAME OF PROVIDER OF SU		STREET ADDRESS,	CITY, STATE, ZIP
FORDSVILLE NURSING A	ND REHABILITATION CENTE		
For information on the nursing	home's plan to correct this deficient	FORDSVILLE, KY cy, please contact the nursing home or the state survey a	
(X4) ID PREFIX TAG	· ·	DEFICIENCIES (EACH DEFICIENCY MUST BE PRE	• •
F 0157		e resident's doctor and a family member of the reside	ent
Level of harm - Immediate jeopardy	**NOTE- TERMS IN BRACKET Based on interview, record review	m, etc.) that affect the resident. S HAVE BEEN EDITED TO PROTECT CONFIDENT , review of the Hospital Emergency Department Record the facility failed to notify the physician for one (1) of 1	Is and review of the facility's policies
Residents Affected - Few	(Resident #1). On 01/23/15, Resident #1 experie experienced another choking epis resident and determined the residu resident was speaking in a deeper decided to monitor the resident's 1 did not notify the physician. At 8: Fahrenheit (F) and the resident han cough and observed a thick glob of the physician of these observation On 01/24/15 at 7.55 AM, Residen saturation was fluctuating in the 82 102 (normal 60 to 80), respiration (normal 120/80). The resident wan removed from the resident's throa critical condition and diagnosed w The facility's failure to notify the J a resident. Immediate Jeopardy (I Allegation of Compliance (AoC) Survey Agency validated the Imn D while the facility's policy title immediately inform the resident; representative or an interested far psychosocial status (i.e., a deterio or clinical complications). Record review revealed the facility Minimum Data Set (MDS) assess of Mental Status (BIMS) score of resident as requiring the extensive (REDACTED]. Review of Resident #1's Nursing 1 (Certified Nursing Assistant) rept to Speech Therapy (ST). ST state Interview with CNA #1, on 01/30) the bed and lean against the wall '11 scalloped potatoes on 01/23/15; RN #1 had a deeper voice like he/she need notify the physician as she decide Interview of Nursing Notes, dated 0 with LPN #1, on 01/30/15 at 3:20 physician was not notified. Review of Resident #1's Nursing 1 had coughed up some thick mucu Interview, on 01/31/15 at 8:40 PM titterpient and his/her oxygen saturati resident's pulse was 102, respirat The resident was transported by a further interview with RN #2, on 01/30, the breathed; or, the mucus she had n Review of a Nursing Note, dated 0 was not acting or breath and his/	nced a choking episode while being fed scalloped potate ode on 01/23/15 while being fed the supper meal. The S ent needed to sit at a ninety degree angle when fed. Regiver voice as if he/she needed to cough but she was unable t temperature due to the resident's choking episodes and r 40 PM, RN #2 obtained Resident #1's temperature whice d an audible rattle when breathing. RN #2 tried unsucce of mucus the resident had coughed up later in the shift; t is. t#1 was found in severe respiratory distress and was gas 00s (normal 98-100) with oxygen at eight (8) liters per r is were 30 per minute (normal 16-20), temperature of 10 s transported to the hospital. A piece of undercooked pot t during intubation. The resident was admitted to the Int vith [REDACTED]. hysician has caused or is likely to cause serious injury, J) was identified on 02/02/15 and determined to exist or was received on 02/10/15 alleging the Immediate Jeopa rediate Jeopardy was removed on 02/05/15, as alleged. 7 implements the Plan of Correction (POC); and, the facil anges. ed, Notification of Resident Change in Condition, (no da consult with the resident's physician; and if known, noti nily member when there is a significant change in the re ration in health, mental, or psychosocial status in either y admitted Resident #1 on 06/26/14 with [DIAGNOSES ment, dated 07/03/14, revealed the facility assessed the '99, which indicated the resident was not interviewable. e assistance of one (1) person for eating. Review of the J Note, dated 01/23/15 at 3:28 PM, revealed a late entry for tred the resident seemed to be having trouble swallowir d she would evaluate. '1 stated she reported the incident to the nurse who requi twith RN #1, revealed Resident #1 was on a mechanic when he/she ate, which he/she did that day. CNA #1 state of during lunch, the resident became red in the face and v 1 stated she reported the sident at the resident. RN eded to cough but she was unable to get the resident fa the resident would chew and attempt to swallow, but co e thought the	oes during the lunch meal and, speech Therapist (ST) evaluated the istered Nurse (RN) #1 noted the o get the resident to cough. RN #1 isk for aspiration; however, she sh was elevated at 99.1 degrees sessfully to get the resident to nowever, RN #1 failed to notify sping for air. The resident's oxygen ninute. The resident's pulse was 20.8 F and blood pressure of 100/50 tato with the skin intact was tensive Care Unit (ICU) in harm, impairment or death to n 01/23/15. An acceptable rdy was removed on 02/05/15. The State The Scope and Severity was lowered to a lity's Quality Assurance monitors tet), revealed clinicians should fy the resident's legal sident's physical, mental, or life-threatening conditions 3 REDACTED]. Review of the Admission resident as having a Brief Interview The facility also assessed the fanuary 2015 physician's orders or 11:45 AM which stated the CNA ag fluids with meal. Nurse reported cal soft diet and preferred to sit on ted when she was feeding Resident vas coughing and spit up some of ested the ST to see the resident. ident #1 was having trubble swallowing #1 stated she noticed the resident tough. She stated she did not n case he/she had aspirated. #1 his/her supper meal on 01/23/15 and uldn't. CNA #2 stated the resident isident #1 choked and the temperature was 99.1 F and he/she report to check Resident #1's 'had seen the resident tu didn't sident #1 had a litte rattle when N #2 stated when she checked the was sounding clearer then. RN the noted when the resident th difficulty breathing, was gasping ters (L) per minute. The 'and blood pressure of 100/50. '15 staff reported to her Resident #1 mately 7:55 AM, the resident seemed resident's oxygen saturation

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.

 FORM CMS-2567(02-99)
 Event ID: YL1011
 Facility ID: 185354
 If continuation sheet

 Previous Versions Obsolete
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CENTERS FOR MEDICARE &	AND HUMAN SERVICES MEDICAID SERVICES		PRINTED:10/8/2015 FORM APPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER 185354	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/12/2015
NAME OF PROVIDER OF SUP FORDSVILLE NURSING AN	PLIER D REHABILITATION CENTEI		
	-	cy, please contact the nursing home or the state survey a	
	SUMMARY STATEMENT OF D OR LSC IDENTIFYING INFORM	EFICIENCIES (EACH DEFICIENCY MUST BE PRE MATION)	CEDED BY FULL REGULATORY
		hospital. y Department records, dated 01/24/15, revealed the resi CONDITION] (body deprived o oxygen). Further revie	
Residents Affected - Few	size of a silver dollar and one-fourth in had a collapse/consolidation of th The resident was placed on a vent Interview with the Director of Nur Physician when there was any inc Interview, on 02/03/15 at 11;45 A recalled being informed when the informed of the episodes of diffic **The facility implemented the fo 1. On 01/24/15, Resident #1 wass #1 returned to the facility on [DA 2. On 01/30/15, the Director of Nu conducted an assessment of Resid that were not already being comp assessment revealed no change in assessment revealed no change in assessments were on-going. 3. The MDS Nurse on 01/30/15 re 4. Beginning on 01/30/15 and con Nurse and Medical Records Nursy followed. No further concerns we 5. On 01/31/15, the Director of Nu conducted assessments of all curn notification and or ongoing assess change in condition had their Phy 7. On 01/31/15, the Director of Nu conducted assessments of all curn notification and or ongoing assess change in condition had their Phy 9. On 01/30/15, the Regional Qual Manager, MDS Nurse and Medic INTERACT process, follow up as to the INTERACT process, follow up as to the INTERACT process, follow up as to the INTERACT process, follow up as to the INTERACT process, follow up as to the INTERACT process, follow up as to the INTERACT process, following the re- ducation, they were educated and cannot be followed and an alterna include the INTERACT process include the INTERACT proces understanding. No licensed staff v In addition, reeducation was prov followed and an alterna is include the INTERACT proces indentified. 12. On 01/30/15, the Regional Die testing related to following the re- docadiff the residents' condition each in condition as well as completing (5) times per week for twelve (12) 18. The Director of Nursing, Assii week for twelve (12) weeks to evvice the reviewed with the Quality Ass	ach thick was removed from the resident's throat during e right lung, lower lobe; posterior medial basal segmen ilator and admitted to the Intensive Care Unit (ICU) in sing (DDN), on 02/02/15 at 11:50 AM, revealed she wi dent or change of condition of a resident. M, with the Medical Director, who is also Resident #1's resident was sent out in respiratory distress on 01/24/1 ulty swallowing and choking the day before but staff sf llowing actions to remove the Immediate Jeopardy: ent to the hospital and admitted for Airway Obstruction TE] on a mechanically soft diet; the facility downgrade mising. Assistant Director of Nursing, Unit Manager, M lent #1 to determine if there were any medical needs, at viewed Resident #1's plans of care and determined that pleted on 02/02/15 the Director of Nursing, Assistant T re vieweid all current residents' plan of care to determin re identified. es Manager observed Resident #1's lunch meal and det sician's orders [REDACTED]. The Dietary Services M was following the recipe and spreadsheet and providing d. rrsing, Assistant Director of Nursing, Unit Manager, M ent residents to determine if there were any medical nee ments required that were not already being completed. sician notified with orders obtained and follow up asse: a Records Nurse on conducting an assessment based of sessements as well as Physician notification for a signif it to supersede nursing judgement. The INTERACT pro ent unnecessary acute care transfers, to provide guidanc in common symptoms. A competency test was adminis a competency test was given related to following the pl tive is not within their scope of practice that the Physic is on out to supersede nursing judgement. A competer will work after 02/04/15 without having completed this a competency test was given related to following the pl tive tis not within their scope of practice that the Physic is don to te supersede nursing judgement. A competer will work after 02/04/15 without having completed this a competency test as evered per the concincation tas	g intubation. The resident also its left lower lobe and pneumonia. critical condition. ould have expected staff to notify the s Primary Physician revealed he 5, but he did not recall being nould have informed him. and Aspiration Pneumonia. Resident ed the diet to puree on 01/28/15. DS Nurse or Medical Records Nurse had or ongoing assessments required ed MD notification. Resident #1's and noted that appropriate all interventions were in place. Director of Nursing, Unit Manager, MDS ne if all interventions were being ermined the diet served was prepared fanager also observed the meal tray line g the diet as ordered for Resident DS Nurse or Medical Records Nurse eds requiring Physician Any identified residents who had a ssments. meal trays served from the kitchen REDACTED]. stant Director of Nursing and Unit n resident condition to include the icant change in condition referring occss is an evidence based program developed et to nurses on when to no tify the tered to validate understanding. In lan of care, and if the plan of care ian must be notified ', MDS Nurse and Medical Records Nurse used on resident condition to i.for a significant change in condition nev test was administered to validate re-education and competency test. If the plan of care cannot be tified. No licensed Nurse worked twy test related to following the plan ge Nurse. No Certified Nursing tency test. remine if any recipe called for food ered diets. No other concerns were s Manager including competency rescribed diet. 100 with all Dietary Staff related to rr. This re-education will include taff worked after 01/31/15 without tely and the regular oven in which wen was ordered and approved on o only cook on the convection oven. 1/5, all dietary staff will work after 1/5, li dietary staff will work after 1/5, seistant Director of se if meals appear to be prepared work after 02/04/15 without having ursing Assistant Director of se if meals appear to be prepared work after 02/04/15 without having ursing Assistants were re-educated ow the plan of care t

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NAME OF PROVIDER OF SU	185354 JPPLIER	STREET ADDRI	ESS, CITY, STATE, ZIP		
FORDSVILLE NURSING AN	ND REHABILITATION CENTEI				
For information on the nursing	home's plan to correct this deficient	cy, please contact the nursing home or the state surv			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)				
For information on the nursing	 ND REHABILITATION CENTEL home's plan to correct this deficient SUMMARY STATEMENT OF DOR LSC IDENTIFYING INFORM (continued from page 2) substantial compliance then montuntil substantial compliance, then Director of Nursing, Assistant Di Business Office Manager with the 22. On 01/30/15, an ad hock Qual investigation and concerns. An A via phone. In attendance was the records Clerk, MDS Nurse, Socire commendations were made at the State Survey Agency validate 1. Review of the Nursing Notes at Obstruction and Aspiration Pneur facility downgraded the diet to puresident was being fed by the Spe 2. Review of an assessment condumedical Records Nurse of Reside Physician notification and noted to 3. Review of documentation verifice and providing the diets as ordered ocumentation revealed which rest. Review of acumentation the diet servie the documentation revealed which rest. Review of acumentation diet of meal trays served from the kitche to meet the needs of the resident 4. Review of inservice sign in she beginning 01/30/15 and them completed 9. Review of inservice sign in she beginning 01/30/15 and competer assessments, INTERACT tool for ensuring their appropriateness and included follow up documentation travealed she a included follow up documentation for signific an alternative is not within their s assessments, INTERACT tool for ensuring their appropriateness and included follow up documentation be based on to the next shift if masses. Interview with LPN #3, on 02/12/1 the facility which was a tool for a included follow up documentation be implemented to notify the Physician notification for a sign s blood pressure, respiratel appropriateness and included follow up documentation be passed on to the next shift if masses. Interview with RN #1, on 02/12/1 the facility which was a tool for a physician should be notified agait from the headsets worn by the CN nurse. A post test was completed states a post test and passer.	B BIS MAIN STRI FORDSVILLE, cy, please contact the nursing home or the state surv DEFICIENCIES (EACH DEFICIENCY MUST BE MATION) hly thereafter. The QAPI committee will meet weel monthly thereafter. Members of the QAPI commit rector of Nursing, Social Services Director, Mainter e Medical Director participating at least quarterly at ity Assurance and Performance Improvement Commit legation of Compliance was developed and review. Administrator, Director of Nursing, Assistant Director al Services Director, Dietary Services Manager and his time. ad the corrective actions taken by the facility on [DAT reed on 01/28/15, Observation of the lunch meal or eech Therapist. The food was in purced form, as per ted by the Director of Nursing, Assistant Director ent #1 on 01/30/15, revealed there were no change in that appropriate assessments were on-going. e MDS Nurse, dated 01/30/15, revealed she review were in place. ied on 01/30/15, revealed there were no change in that appropriate assessments were or-going. e MDS Nurse, dated 01/30/15, revealed as serview were in place. ied on 01/30/15, revealed as serview were in place. ied on 01/30/15 through 02/02/15 the DON, ADON nt's plans of care to determine if all interventions was idents' plans of care were reviewed by which admit e Dietary Manager, dated 01/31/15, revealed the Div ed was prepared per recipe and was correct per phy lso observed the tray line and determined staff was 1. 10/31/15 revealed the Dietary Services Manager of n and verified the recipe was followed, diet was cor and property prepared. -education by the Regional Quality Manager to the 1 /30/15, vereifed thy were reducated on the INTEF ant change, foll	EET KY 42343 vey agency. PRECEDED BY FULL REGULATORY kly or anytime concerns are identified ttee will consist of at a minimum the nance Director, Activity Director and nd as needed. mittee was convened to review the facility's red with the Medical Director who attended ctor of Nursing, Unit Manager, Medical 1 Activity director. No further ows: te hospital and admitted for Airway (E) on a mechanically soft diret and the n 02/12/15 at 12:00 PM, revealed the the resident's diet card on the tray. of Nursing, Unit Manager, MDS Nurse or n condition that required further ed Resident #1's plans of care and 4, Unit Manager, MDS Nurse and Medical ere being followed. The mistrative staff. ietary Manager observed Resident #1's lunch systeina's ordres [REDACTED]. In addition, following the recipe and spreadsheet ssments were completed and any residents ents were conducted by the DON, ADON, onducted an audit of all current residents' rrect and served per Physician Order. DON, ADON, Unit Manager, MDS Nurse and RACT process, follow up assessments, and or care cannot be followed and view of the competency tests aled all licensed staff was re-educated te INTERACT process, follow up a, and if the plan of care cannot be notified. Review of the competency ed education to the staff related to educated about care plan interventions in the INTERACT tool for assessments and to their scope of practice. The Twenty wing the INTERACT tool and nursing ated to the INTERACT tool and nursing ated to the INTERACT system utilized by sician notification. The education ormal for a resident. Information was to lay. A post test was given which RN #3 o her by the DON related to a change in any emergency 911 was to be called and to notify the Physician was to be utilized. LPN #4 was required to pass a post cation by the DON related to a change in any emergency 911 was to be called and to notified. She stated she had to ad how to acces that information. A in the nurse immediately.		
	with each resident's care plan an i	/15 at 1:15 PM, revealed she had recently been educ it was accessible through the head set that she wears e was to go to the nurse for clarification. She revealed	s. CNA #8 stated if she could not		
	pass. 11. Interview with the Administra spread sheet for the scalloped pot	tor, on 02/12/15 at 1:35 PM, revealed the spread sh ato recipe was revised to include peeling potatoes b tician, on 02/12/15 at 11:35 AM, revealed she had r	eets and recipes were reviewed and the before cooking.		

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NAME OF PROVIDER OF SU CORDSVILLE NURSING AN	PPLIER ND REHABILITATION CENTE	R 313 M	EET ADDRESS, CITY, STA 1AIN STREET DSVILLE, KY 42343	TE, ZIP
For information on the nursing (X4) ID PREFIX TAG	1	cy, please contact the nursing home or t DEFICIENCIES (EACH DEFICIENCY MATION)		FULL REGULATORY
F 0157 Level of harm - Immediate jeopardy Residents Affected - Few	(continued from page 3) 12. Interview with the Dietary Ma Dietician on reading and followir Mechanical Soft Diet. She was ec instead of the malfunction right s instruct to peel the potatoes. One tray cards were being followed. 13. Interview with the Administra sheet, meal preparation and diets 02/12/15 at 11:35 AM, revealed S She stated the reading of the tray out that included not serving that Interview with Cook #1, on 02/12 checking food temperatures and understood the education. Interview with Dietary Aide #3, o to follow the spread sheets and re 14. On 02/03/15 a contract provid	nager, on 02/12/15 at 11:30 AM, reveal g spreadsheets and recipes. Education v lucated on reading and calibrating therm ide oven and the recipe and spread shee meal every day was being monitored to tor, on 02/12/15 at 1:35 PM, revealed d per the physician's orders [REDACTEI she had provided education to the dietar cards was also covered in education as	vas provided that potato skin oometers and using only the for scalloped potatoes had ensure the spread sheet and ietary staff was educated ov- 0].>Interview with the Regis y staff related to the spread s well as what to do if a food educated about how to set a ipes. She stated a test was g ad received education by the test to verify she understood working appropriately and	as were not part of the left oven on the stove been revised to recipe as well as the er recipes and spread tered Dietician, on theets and recipes. tem did not turn and use thermometers for iven to verify she e Dietary Manager on how the education.
	installed in about three weeks. The slicer for evenness. 15. Interview with the Administration oven until the new stove was inst Interview with Cook #1, on 02/12/ was not to be used until the new store not turn out right for any reason, discovered to not be right after it Interview with Dietary Aide #3, on use the left side oven of the stove check residents' diet cards and if stated if it was discovered after it 16. Interview with the DON, on 0 cooked food on 01/28/15. Staff w nurse and then the dietary staff w Interview with RN #3, on 02/12/1 related to ensuring food that was Nurse Aides were to inform the n post test was given which RN #3 Interview with LPN #3, on 02/12/1 nurse if a food item to be served then notify the nurse and the kitCl small bites. LPN #4, on 02/12/1 following the appropriate diets. S	/15 at 11:40 AM, revealed she had been stove was delivered. Cook #1 stated she The food is to be pulled off the tray line goes out to the residents she was to tell n 02/12/15 at 11:45 AM, revealed she h . Dietary Aide #3 stated she also receive food was not right for some reason it we goes out, the nurse was to be notified. 2/12/15 at 1:30 PM, revealed she startec as not to serve any food that did not ma as to be notified. 5 at 12:30 PM, revealed she had receive served was properly prepared and gave uurse if something did not seem right abo passed. 15 at 12:35 PM, revealed education was to a resident was wrong. She stated the f hen. The meal ticket was to be followed post test and passed.	blender/mixer) for puree for e dietary staff had been edu educated that the oven on t also received educated on w and not served. She stated i the nurse. ad received education by the deducation by the Dietary is to be pulled off the line ar education related to small 1 tch the meal ticket and CNA deducation from the Direct example of over or underco- out a resident's tray and it w sprovided to her by the DON irst thing was to not give it ; staff was to ensure the resi educated by the DON related	ods and also a meat cated to use the left ne right side of the stove that to do if food does f a food item was e Dietary Manager not to Manager to double d not served. She bites, under and over as were to report to the or of Nursing (DON) oked food. Certified as not to be served. A V related to notifying the o the resident dents were given
F 0282 Level of harm - Immediate jeopardy Residents Affected - Few	**NOTE- TERMS IN BRACKET Based on interview, record review was determined the facility failed related to providing a therapeutic diet and signs and symptoms of a The facility admitted Resident #1 provide a diet of mechanical soft aspiration. On [DATE], Resident scalloped potatoes that had been time the same day when CNA #2 were reported to licensed staff; h for signs and symptoms of aspira hospital in [MEDICAL CONDIT on it was removed from the resid with [MEDICAL CONDITION], The facility's failure to ensure staf impairment, or death to a residen acceptable Allegation of Complia Agency validated on [DATE] tha lowered to a D while the facility. Assurance monitors the effective The findings include: Review of the facility's policy tith comprehensive care plan should resident living in the facility. Review of a manual titled, Simpli Diet is designed to permit easy cf chopping, mincing or mashing. T meat and soft bread and cereal pr some ready-to-eat cereals are alsx kernel corn and fried vegetables. Record review revealed the facility Minimum Data Set (MDS) assess Mental Status (BIMS) score of 92 the resident required extensive as foods. Review of a Speech Therapy Eval required close supervision during requiring maximum cues to not ta Review of Nursing Note, revealed	with multiple [DIAGNOSES REDACT foods, and to monitor for tolerance of d #1 became choked during the lunch me identified as undercooked and had not b attempted to feed him/her the supper m owever, the licensed staff failed to moni tion after the choking incidents. On the ION], While at the hospital, a piece of s ent's throat during intubation. The reside Pneumonia [MEDICAL CONDITION] if implemented the care plan caused or i t. Immediate Jeopardy was identified on nnce (AoC) was received on [DATE] all t the Immediate Jeopardy was removed develops and implements the Plan of Co ness of the system changes. ed, Resident Comprehensive Care Plan, be viewed as an interdisciplinary approa fied Diet Manual, eleventh edition, util neewing. The General Diet is modified in he diet includes foods soft in texture su oducts. Foods that dissolve readily whe o appropriate. It is most important to ind off revealed to avoid raw or undercooke y admitted Resident #1 on [DATE] with sistance of one person for eating and ha luation, dated [DATE], revealed the facil D, indicating the resident was not intervi sistance of one person for eating and ha luation, dated [DATE], revealed the resi if meal intake and assistance with all mer alk while eating, and swallowing everyd hensive Care Plan for Risk for Alteratior nically soft; and monitor for tolerance t a late note, dated [DATE] at 3:28 PM,	TCONFIDENTIALITY** ecords and review of facilit 1) of four (4) sampled reside he resident's tolerance of the ED]. Resident #1 was asses iet texture and for signs and al after Certified Nurse Aid deen peeled. The resident becal eal and he/she was unable to tor the resident for tolerance morning of [DATE]. Reside calloped potato that was un- ent was admitted to the Inter in critical condition on a ve s likely to cause serious inju [DATE] and determined to on [DATE], as alleged. The vertical condition on a ve s likely to cause serious inju [DATE], as alleged. The vertice on (POC); and, the fac dated ,[DATE], revealed the ch to managing the acute an zed by the facility, revealed consistency and texture by has cooked fruits and vege held in the mouth such as ividualize or adjust it to the d vegetables and those with a [DIAGNOSES REDACTE ity assessed the resident with evable. Further review of th d a therapeutic diet of mech dent was at risk for weight 1 us due to risk of [MEDICA] ing before taking another b in Nutrition, dated [DATE o diet texture and signs and which stated at 11:45 AM, t	nis (Resident #1), texture of the sed and care planned for staff to symptoms of c(CNA) #1 fed the resident ame choked a second o swallow. The incidents to the diet and nt #1 was sent to the lercooked and had the peel isive Care Unit (ICU) miliator. ry, harm, exist on [DATE]. An IDATE]. The State Survey Scope and Severity was ility's Quality eresident's d chronic needs of the a Mechanical Soft cooking, grinding, tables, moist ground graham crackers and tolerance of the tough skins, whole D]. Review of the Admission a Brief Interview of e assessment revealed anically altered oss and aspiration; and, _ CONDITION] and ite. , revealed interventions symptoms of the CNA reported Resident
	and the ST said she would assess	ing fluids with his/her meal. The nurse the resident with CNA #1 revealed on [DATE] duri	-	
EORM CME 2567(02.00)	·			

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CORRECTION	NUMBER		
AME OF PROVIDER OF SUI	185354 PPLIER	STREET ADD	PRESS, CITY, STATE, ZIP
ORDSVILLE NURSING AN	D REHABILITATION CENTEI	R 313 MAIN ST FORDSVILLI	
or information on the nursing	home's plan to correct this deficient	cy, please contact the nursing home or the state su	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF D OR LSC IDENTIFYING INFORM	DEFICIENCIES (EACH DEFICIENCY MUST B MATION)	E PRECEDED BY FULL REGULATORY
F 0282	(continued from page 4)	he resident conclude oriting up come of the rote	toos and his/har face hacema red. The
Level of harm - Immediate jeopardy	CNA stated she reported the incid		r on [DATE] that Resident #1 was having trouble
	Interview on [DATE] at 2:15 PM swallowing milk at lunch. RN #1 Resident #1 had a deeper voice lii she did not assess the resident for resident's oxygen saturation and v Interview with facility Cook #1, o for the lunch meal on [DATE]. C according to the spread sheet. Coo cooked enough when meal trays v had already been delivered to the soft diet but she did not take any i she continued to serve the scallop of potatoes in the refrigerator with Interview, on [DATE] at 2:15 PM on [DATE]. RN #1 stated she req ST there was no coughing and the he/she needed to cough but she w decided to observe the resident's 1 Interview with CNA #2, on [DAT gave Resident #1 a bite, the resid got red in the face and the CNA 4t thing when milk was offered and #1. CNA #2 stated he did not kno Interview with LPN #1, on [DATT] on his/her supper meal. She stated resident was able to tolerate the d eview of a Nursing Note, dated [coughed up some thick mucus, dr Interview on [DATE] at 8:40 PM to the resident having difficulty si anything for sure. RN #2 stated R resident to cough and she saw a g symptoms of aspiration by assess saturation and vital signs because Review of a Nursing Note, dated [gasping for air, and oxygen satura minute with oxygen saturation co respirations were 30 (normal, [D/ Guardian and Physician and the r Review of Resident #1's Hospital CONDITION] with [MEDICAL' Guardian and Physician and the r Review of Resident #1's Hospital CONDITION] with [MEDICAL' duardian and physician and the r Review of Resident #1's Hospital CONDITION] with [MEDICAL' and one-fourth inch thick was ren right lung, lower lobe and posteri ventilator and admitted to the Intet Interview with the Administrator, was unable to explain why a who never heard of leaving the peel or plans to be followed. **The facility implemented the fo 1. On [DATE], the Director of Nu conducted an assessment of Resid that were not already being comp assessment revealed no change in assessment revealed no change in assessment severe on-going. 3. The MDS Nurse on [DATE]	with RN #1 revealed CNA #1 had reported to her stated she needed to cough but she was unable to signs and symptoms of aspiration by assessing th ital signs; and she did not monitor to ensure the r n (DATE] at 1:00 PM, revealed on [DATE] she to ook #1 stated she sliced the potatoes but did not pot were served in the dining room. Cook #1 stated sh hall for residents to be served meals in their roon action to retrieve the residents' trays with the scal ed potatoes by picking out the thinner slices. She h a note indicating the potatoes required cooking with RN #1, revealed CNA #1 reported Resident uested the ST to look at the resident. RN #1 reve- eresident's color was good. RN #1 stated she noti as unable to get the resident to cough. RN #1 state emperature every shift just in case he/she had asp E] at 3:10 PM, revealed he attempted to feed Res ent would chew and attempt to swallow, but coul- hough the resident had swallowed the wrong wai teet like he/she didn't want to eat so the CNA # wif LPN #1 had assessed Resident #1 or not. 2] at 3:20 PM, revealed she did not recall anyone she. DATE] at 8:40 PM by RN #2, revealed the resid ank chocolate milk without difficulty, and there v with RN #2 revealed on [DATE] she was told in wallowing earlier in the day and the ST had looke sident #1 had a little rattle when breathing and s lob of mucus in the resident would hit her. DATE] at 8:32 AM, revealed at 7:55 AM, the re: DATE] at 8:32 AM, revealed at 7:55 AM, the re: DATE] at 8:32 AM, revealed at 7:55 AM, the rei- she was afraid the resident would hit her. DATE] at 8:32 AM, revealed at 7:55 AM, the rei- she was afraid the resident would hit her. DATE] at 8:32 AM, revealed at 7:55 AM, the rei- she was afraid the resident would hit her. DATE] at 8:32 AM, revealed at 7:55 AM, the rei- she was afraid the resident would hit her. DATE] at 8:32 AM, revealed at 7:55 AM, the rei- she was afraid the resident would hit her. DATE] at 1:00 AI MEDICAL CONDITION]. He stated when intub- ise we the resident's throat during intubation or me	 t. During her observation, she noted that get the resident to cough. RN #1 stated her resident's lung sounds, obtaining the resident's diet was appropriate. Ised fresh potatoes to make scalloped potatoes beel them. She then cooked the potatoes that the scalloped potatoes were not he was aware that one of the hall tray carts is to include residents on a mechanical loped potatoes. Cook #1 revealed stated she placed the thicker slices if served again. t #1 was having trouble swallowing milk at lunch aled when she observed Resident #1 with the iced the resident had a deeper voice like ted she did not notify the physician but pirated. ident #1's supper meal on [DATE] and when he dn't. CNA #2 stated the resident coughed, y. CNA #2 revealed the resident coughed, y. CNA #2 revealed the resident muse (LPN) reporting to her that Resident #1 had choked ymptoms of aspiration or to ensure the ent's temperature was 99.1 F, the resident was no noted swallowing problems. report to check Resident #1's temperature due ed at the resident but didn't know she was unsuccessful in getting the d she did not monitor for signs and and obtaining the resident's oxygen sident presented with difficulty breathing,). Oxygen was administered at 8/L per pulse was 102 (normal .[DATE]), 19 86.0; Notifications were made to the ince. ed the resident suffered from Acute [MEDICAL slice of uncooked potato the size of a silver dollar. a. There was collapse/consolidation of the sumonia. The resident was placed on a M revealed on [DATE], Resident #1 was very ating the resident a one and one-half inch circular in revealed the resident H ave ter did a valuate Resident #1, but if a an was not followed. She stated the d the resident day have pneumonia from firm. He further stated Resident #1 could the Aspiration Pneumonia. he ST did evaluate Resident #1 could the Aspiration Pneumonia. he ST did evaluate Resident #1 could the Aspiration preumo

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE &			PRINTED:10/8/2015 FORM APPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/12/2015
CORRECTION	NUMBER 185354		
AME OF PROVIDER OF SU		STREET AD	DRESS, CITY, STATE, ZIP
ORDSVILLE NURSING AN	D REHABILITATION CENTER		
or information on the nursing	home's plan to correct this deficient	cy, please contact the nursing home or the state	LE, KY 42343 survey agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF D	EFICIENCIES (EACH DEFICIENCY MUST	
F 0282	OR LSC IDENTIFYING INFORM (continued from page 5)	MATION)	
Level of harm - Immediate jeopardy	include the INTERACT process, referring to the INTERACT proce understanding. No licensed staff v addition, reeducation was provide	follow up assessments as well as Physician noti ess but not to supersede nursing judgement. A c will work after [DATE] without having complet d on the requirement to follow the plan of care	competency test was administered to validate ted this re-education and competency test. In and if the plan of care cannot be followed
Residents Affected - Few	[DATE] without having received 10. Beginning [DATE], all Certific	eir scope of practice the physician must be not this re-education and competency test. ed Nursing Assistants were re-educated with co	ompetency test related to following the plan
	Assistants will work after [DATE 11. On [DATE] and [DATE], the 1	follow the plan of care they must report it to th] without having received this re-education and Regional Dietician reviewed all current recipes	l competency test. to determine if any recipe called for food
	identified.	eadsheet would not be appropriate for mechanic	
	related to following the recipe and 13. Beginning [DATE] and ongoin following the recipe and the spread	ician conducted re-education with the Dietary S 1 serving foods per the spreadsheet for correct p ng, the Dietary Service Manager will conduct re disheet to assure diets are served per the Physic ducted prior to any staff beginning work. No D	e-education with all Dietary Staff related to ian order. This re-education will include
	having completed the re-education 14. On [DATE], a contract provide potatoes were cooked was cookin	n and competency test. er verified the convection oven was working ap	propriately and the regular oven in which the ve/oven was ordered and approved on [DATE].
	No staff will work after [DATE] by the Dietary Service Manager th	without having had this re-education. Beginning hat if a concern is identified with the food prepa staff should report the concerns to the Nurse. N	g [DATE], all dietary staff will be educated ared it should be removed from the tray
	16. Beginning [DATE] and ongoin Unit Manager MDS Nurse or Med such as overcooked, undercooked education. In addition, beginning	ng, all nursing staff was educated by the Directo dical Records Nurse on notification of the nurse or hard to cut foods. No nursing staff will worf on [DATE] and on going, all Certified Nursing of care and if they were unable to follow the pla	e if meals appear to be prepared incorrectly k after [DATE] without having received this Assistants were re-educated with competency
	Charge Nurse. No Certified Nursi competency test. 17. Beginning [DATE], the Direct staff the residents' condition each	ng Assistants will work after [DATE] without l or of Nursing, Assistant Director of Nursing or shift to determine if licensed staff are notifying	having received this re-education and Unit Manager will review with the facility the Physician of significant changes
	(5) times per week for twelve (12)18. The Director of Nursing, Assis	g ongoing assessment as needed. This will conti weeks thereafter. stant Director of Nursing or Unit Manager will a aluate if interventions are in place and being fol	review five (5) residents' plans of care per
	thereafter. 19. Beginning [DATE], the Direct	urance and Improvement Committee weekly un or of Nursing, Assistant Director of Nursing or nt change in condition has occurred without Ph	Unit Manager will review all Nurses Notes
	change in condition requiring ong Jeopardy and then five (5) times p 20. Beginning [DATE], a Dietary	oing assessment that has not occurred. This wil	l occur daily until abatement of Immediate observe one meal service per day to assure
		ue until abatement of the Immediate Jeopardy a	
	21. The results of these audits will substantial compliance then mont until substantial compliance, then Director of Nursing, Assistant Dir	be reviewed with the Quality Assurance and Ir hly thereafter. The QAPI committee will meet w monthly thereafter. Members of the QAPI Com- rector of Nursing, Social Services Director, Ma- Medical Director extinguishing the set heat encoder	weekly or anytime concerns are identified nmittee will consist of at a minimum the intenance Director, Activity Director and
	22. On [DATE], an ad hock Qualitinvestigation and concerns. An A via phone. In attendance was the	Medical Director participating at least quarter ty Assurance and Performance Improvement Co llegation of Compliance was developed and rev Administrator, Director of Nursing, Assistant D al Services Director, Dietary Services Manager	ommittee was convened to review the facility's riewed with the Medical Director who attended birector of Nursing, Unit Manager, Medical
	 Review of the Nursing Notes an Obstruction and Aspiration Pneur 	his time. d the corrective actions taken by the facility as id Physician order [REDACTED].#1 was sent t nonia. Resident #1 returned to the facility on [[reed on [DATE]. Observation of the lunch mea	o the hospital and admitted for Airway DATE] on a mechanically soft diet and the
	resident was being fed by the Spe 2. Review of an assessment condu	ech Therapist. The food was in pureed form, as cted by the Director of Nursing, Assistant Direc nt #1 on [DATE], revealed there were no chang	per the resident's diet card on the tray. ctor of Nursing, Unit Manager, MDS Nurse or
	 Review of documentation by the that all interventions were in place Review of documentation verification 	e MDS Nurse, dated [DATĚ], revealed she revi e.	weed Resident #1's plans of care and determined ON, Unit Manager, MDS Nurse and Medical Record swere being followed. The
	documentation revealed which res 5. Review of documentation by the meal and determined the diet serv	sidents' plans of care were reviewed by which a e Dietary Manager, dated [DATE], revealed the	dministrative staff. Dietary Manager observed Resident #1's lunch physician's orders [REDACTED]. In addition,
	and providing the diets as ordered 6. Review of residents' assessment who had an identified change in c Unit Manager MDS Nurse and M	l. s conducted on [DATE] revealed all resident as ondition had their physician notified. The asses edical Records Nurse.	ssessments were completed and any residents ssments were conducted by the DON, ADON,
	meal trays served from the kitcher to meet the needs of the resident a		
	Medical Records Nurse, dated [D Physician notification for signific an alternative is not within their s revealed each of them completed	ATE], verified they were reeducated on the IN7 ant change, following the plan of care, and if th cope of practice the Physician must be notified. the test on [DATE].	FERACT process, follow up assessments, e plan of care cannot be followed and Review of the competency tests
	 Review of inservice sign in shee beginning [DATE] and competen Physician notification for signific an alternative is not within their s 	ets and competency tests, beginning [DATE], re cy tests were administered and passed related to ant change, following the plan of care, and if th cope of practice the Physician must be notified.	the INTERACT process, follow up assessments, the plan of care cannot be followed and
		the test on [DATE]. on [DATE] at 1:35 PM, revealed the DON prov assessments and Physician notification. Staff v	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER 185354	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED 02/12/2015
NAME OF PROVIDER OF SU		STREET ADDRESS	S, CITY, STATE, ZIP
FORDSVILLE NURSING AN	ND REHABILITATION CENTER	R 313 MAIN STREET FORDSVILLE, KY	
ŭ	· ·	cy, please contact the nursing home or the state survey	
(X4) ID PREFIX TAG			ECEDED BY FULL REGULATORY
(X4) ID PREFIX TAG F 0282 Level of harm - Immediate jeopardy Residents Affected - Few	Physician notification and had also educated staff on updating care plans according to their scope of practice. The Twenty Four Hour Report was also topic. Nursing staff was given competency tests on following the INTERACT tool and nursing		
	take a post test and pass. 10. Interview with CNA #5, on [D information on the CNA headset post test was taken and had to be Interview with CNA #6, on [DAT plan was followed and if the care Interview with CNA #7, on [DAT given and she passed. Interview with CNA #7, on [DAT with each resident's care plan an follow the resident's care plan an if ollow the resident's care plan she pass. 11. Interview with the Administra spread sheet for the scalloped pot Interview with the Registered Die scalloped potatoes to indicate pee 12. Interview with the Dietary Ma Dietician on reading and followir Mechanical Soft Diet. She was ec instruct to peel the potatoes. One tray cards were being followed. 13. Interview with the Administra sheet, meal preparation and diets at 11:35 AM, revealed she had pr the reading of the tray cards was i included not serving that food ite. Interview with Cook #1, on [DAT checking food temperatures and a understood the education. Interview with Dietary Aide #3, o	È] at 1:05 PM, revealed education was provided on car plan did not seem appropriated she was to speak with t E] at 1:10 PM, revealed she was educated on implement E] at 1:15 PM, revealed she had recently been educated t was accessible through the head set that she wears. C was to go to the nurse for clarification. She revealed s tor, on [DATE] at 1:35 PM, revealed the spread sheets ato recipe was revised to include peeling potatoes befo tician, on [DATE] at 11:30 AM, revealed she had revis ling the potatoes. mager, on [DATE] at 11:30 AM, revealed she had recei g spreadsheets and recipes. Education was provided th lucated on reading and calibrating thermometers and us de oven and the recipe and spread sheet for scalloped p meal every day was being monitored to ensure the spre- tor, on [DATE] at 1:35 PM, revealed dietary staff was oper the physician's orders [REDACTED].>Interview wo voided education to the dietary staff related to the spre- also covered in education as well as what to do if a foo	a care plans related to accessing the t seem right about the information. A re plans and she was to ensure the care the nurse immediately. Intation of care plans and a post test was d that she was required to be familiar NA #8 stated if she could not she had to take a post test and and recipes were reviewed and the re cooking. He d the spread sheet and recipe for ived inservice from the Registered at potato skins were not part of the sing only the left oven on the stove potatoes had been revised to ead sheet and recipe as well as the educated over recipes and spread vith the Registered Dietician, on [DATE] ad sheets and recipes. She stated d item did not turn out that thow to set and use thermometers for d a test was given to verify she
F 0309	Provide necessary care and serv	ices to maintain the highest well being of each reside	ent
Level of harm - Immediate jeopardy Residents Affected - Few	Based on observation, interview, 1 was determined the facility failed care and services to attain or main the comprehensive assessment an failed to assess Resident #1 for si On [DATE], during the lunch meen potatoes. The resident coughed sp did not assess the resident, but no the problem was the resident need mouth or do any hands on assess levels, or obtain vital signs. The r notified Licensed Practical Nurse elevated temperature of 99.1 F (n	S HAVE BEEN EDITED TO PROTECT CONFIDEN ecord review, review of Hospital emergency room Rec to ensure one (1) of four (4) sampled residents (Reside tain the highest practicable physical, mental and psych d plan of care. The facility failed to provide a mechani gns and symptoms of aspiration after two (2) episodes I, Resident #1 became choked when Certified Nurse A witting up some of the potatoes and his/her face became tified the Speech Therapist (ST). The ST gave the reside led to be sitting at a ninety degree angle when fed. The nent. The nurse did not assess the resident for lung sou esident experienced another choking episode when bei (LPN) #1 who did not assess the resident. At 8:40 PM ormal 98.6 F), coughed up some thick mucus, and had	sords and review of facility policies it ent #1), received the necessary nosocial well-being, in accordance cal soft diet for Resident #1 and of choking. dide (CNA) #1 fed the resident scalloped ered. CNA #1 informed the nurse, who lent chocolate milk and determined ST did not look in the resident's nds, obtain oxygen saturation ng fed the supper meal. The CNA , the resident presented with an a noted little rattle when breathing;
	however, the nurse (RN #2), did was found to be in respiratory dis Department and a circular piece of resident was admitted to the hosp The facility's failure to ensure the mental, and psychosocial well-be caused or is likely to cause seriou [DATE] and determined to exist of IJ was removed on [DATE]. The Scope and Severity was lowered facility's Quality Assurance moni The findings include: Review of the facility's policy title	not assess the resident's respiratory status, lung sounds tress the next morning on [DATE] at 7:55 AM. The res of potato with the skin on it was found in the resident's	or oxygen saturation. Resident #1 sident was sent to the Emergency throat during intubation. The ghest practicable physical, and plan of care was provided has ediate Jeopardy was identified on AoC) was received on [DATE] alleging the y was removed on [DATE], as alleged. The lan of Correction (POC); and, the , revealed the resident's

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AME OF PROVIDER OF SU	185354	STREET ADDR	ESS, CITY, STATE, ZIP
	ND REHABILITATION CENTE	R 313 MAIN STR	EET
or information on the nursing	home's plan to correct this deficient	FORDSVILLE, cy, please contact the nursing home or the state surv	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF D OR LSC IDENTIFYING INFORM	DEFICIENCIES (EACH DEFICIENCY MUST BE MATION)	PRECEDED BY FULL REGULATORY
F 0309	(continued from page 7) resident living in the facility.		
Level of harm - Immediate jeopardy	Review of a manual titled, Simpli Diet is designed to permit easy ch chopping, mincing or mashing. T	fied Diet Manual, eleventh edition, utilized by the f newing. The General Diet is modified in consistency he diet includes foods soft in texture such as cooked	y and texture by cooking, grinding, d fruits and vegetables, moist ground
Residents Affected - Few	some ready-to-eat cereals are also	oducts. Foods that dissolve readily when held in the appropriate. It is most important to individualize a oft revealed to avoid raw or undercooked vegetables	or adjust it to the tolerance of the
	Minimum Data Set (MDS) assess Brief Interview of Mental Status resident as requiring extensive as	y admitted Resident #1 on [DATE] with [DIAGNO sment, dated [DATE], revealed the facility assessed score of 99, indicating the resident as not interviewa sistance of one (1) person for eating. Review of Res	the resident's cognitive status with a able; the facility assessed the
	to monitor intake and offer altern meals, and to monitor tolerance to Observation, on [DATE] at 9:40 A most of the room floor. The resid	ensive Care Plan for Risk for Alteration in Nutritio ates/substitutes as needed, provide diet as ordered; i o diet texture and for signs and symptoms of aspirat AM, revealed Resident #1 lying on the bed which w ent made eye contact when spoken to and responde	mechanically soft, assist with ion. as in a low position and fall mats covering d only with repetitive guttural sounds.
	resident. The resident repeatedly A Late Entry Nursing Note, dated	d the resident sitting in a wheelchair and the Speecl turned his/her head to the side and said no repeated [DATE] at 3:28 PM for 11:45 AM, revealed a CN.	ly. A had reported Resident #1 had trouble
	evidence the nurse had assessed t Interview with CNA #1, on [DAT order was for mechanical soft. CN on the bed and lean against the w	d to the Speech Therapist (ST) who said she would he resident for signs and symptoms of aspiration. E] at 2:00 PM, revealed Resident #1 normally ate v NA #1 stated Resident #1 was resistive at times to s all, which he/she did that day. CNA #1 revealed wh , the resident got really red in the face and was cou	rery well and she knew the resident's diet itting in a chair and preferred to sit en she was feeding Resident #1 scalloped
	he/she had been fed. CNA #1 stat revealed the ST came fairly quick resident in a more upright positio	ted she reported the incident to the nurse who reque dy and gave the resident two (2) to three (3) sips of n.	sted the ST to see the resident. CNA #1 chocolate milk after sitting the
	resident was coughing. CNA #3 s gave Resident #1 chocolate milk.	E] at 12:36 PM, revealed at lunch time on [DATE], tated she went and saw Resident #1 who looked red with RN #1, revealed CNA #1 reported Resident #	d faced. CNA #3 was in the room when the ST
	on [DATE] and she had the ST lo coughing and the resident's color cough but she was unable to get t	while NN #1, revealed CINA #1 reported Nesstein # pok at the resident. RN #1 revealed when she observ was good. RN #1 stated she noticed the resident ha he resident's cough. RN #1 stated she did not asses we the resident's temperature every shift just in case	ved Resident #1 with the ST there was no d a deeper voice like he/she needed to ss the resident for signs and symptoms
	Interview with the Speech Therap stating Resident #1 had a choking resident required better positionin The ST stated she did not assess t	ist (ST), on [DATE] at 10:40 AM, revealed she had episode during lunch. She stated she went to Resic and needed to be sitting up at 90 degrees for mea he resident's oral cavity or ability to swallow food l	I received a call from a nurse on [DATE] dent #1's room and determined the ls and educated the CNAs that day.
	Interview with CNA #2, on [DAT gave Resident #1 a bite, the residu got red in the face and he thought thing when milk was offered and	00 degree position without difficulty. E] at 3:10 PM, revealed he attempted to feed Resid ent would chew and attempt to swallow, but couldn the resident had swallowed the wrong way. CNA # acted like he/she didn't want to eat so the CNA #2 to	't. CNA #2 stated the resident coughed, #2 revealed the resident did the same
	meal on [DATE]. Cook #1 stated she was notified by a staff member residents in the dining room. Furt	[E] at 1:00 PM, revealed fresh potatoes had been us she did not peel the potatoes and had cooked them er the scalloped potatoes were not cooked enough w her interview revealed she was aware at that time th	for one and one half hours. She revealed when the meal trays were served to he hall tray carts had already been
	scalloped potatoes. She revealed a refrigerated the remaining potatoo Interview with LPN #1, on [DAT] Resident #1 was not her resident	ed meals in their rooms and she took no action to re- she continued to serve the scalloped potatoes by pic es with a note on the pan indicating the potatoes req E] at 3:20 PM revealed she did not recall CNA #2 si and if someone reported something about a resident	cking out the thinner slices and quired cooking if served again. aying anything to her about Resident #1 and
	mucus, drank chocolate milk with	DATE] at 8:40 PM, revealed Resident #1's temperate nout difficulty, and had no swallowing problems.	ŭ .
	temperature due to the resident had didn't know anything for sure. RN	with RN #2, revealed on [DATE] she had been tole aving difficulty swallowing earlier in the day and th y #2 stated Resident #1 had a little rattle when breat idn't or couldn't. RN #2 revealed when she checked	e ST had looked at the resident but thing and she had tried to get the
	the resident's lung sounds or obta Review of a Nursing Note, dated	ent's beard and the resident was sounding clearer the in oxygen saturation and stated the resident had bel [DATE] at 7:55 AM, revealed Resident #1 was four ygen saturation was fluctuating in the 80s (normal,]	haviors and would have hit me. nd in severe respiratory distress and was
	liters per minute. The resident's p temperature of 100.8 F and blood Interview with Licensed Practical informed her Resident #1 didn's a stethoscope but couldn't hear an	ulse was 102 (normal 60 to 80), respirations were 3 pressure of ,[DATE] (normal ,[DATE]). The reside Nurse (LPN) #2, on [DATE] at 2:35 PM, revealed ound right and was having a hard time breathing. Si y lung sounds due to the noise of the resident trying	0 per minute (normal ,[DATE]), ent was transported to the hospital. on the morning of [DATE], staff had he stated she assessed the resident with g to breath and gasping. Resident #1
	Review of Hospital Émergency D CONDITION] with [MEDICAL CONDITION] slice of uncooked potato the size	sping for air when transferred out by EMS (Emerges epartment Records, dated [DATE], revealed the res (a condition where the body is deprived of adequate of a silver dollar and one-fourth inch thick was rem	ident suffered from Acute [MEDICAL e oxygen supply). Further review revealed a loved from the resident's throat
	during intubation. Resident #1 ha left lower lobe and pneumonia. T critical condition.	d a collapse/consolidation of the right lung, lower l- he resident was placed on a ventilator and admitted partment Physician (ED), on [DATE] at 11:00 AM,	obe; posterior medial basal segments to the Intensive Care Unit (ICU) in
	CONDITION] on [DATE] when and one half inch circular piece o potato probably acted like a ball w revealed the resident could not ge	brought to the Emergency Department. He stated w f potato that still had the peeling on it stuck in the r valve and the resident may have been able to swallo t the epiglottis to close over the trachea. He stated l piece he removed was intact and very firm. The EE	hen he intubated Resident #1 he identified a c esident's throat. He stated the w some liquids. Further interview Resident #1 had pneumonia from
	have died from the potato piece c Interview with the Director of Nu respiratory assessment after the c was sent out and served to the res and the resident should have beer	utting off his/her airway or could have died from th rsing (DON), on [DATE] at 3:00 PM revealed she v hoking incidents. She revealed the ST had evaluate ident then obviously the resident food was not acco assessed and monitored for aspiration after each eff	e aspiration pneumonia. would have expected the nurse to do a d Resident #1 but if a wrong food item ording to the resident's assessed needs
	elevated temperature. Interview with the Medical Direct	or/Primary Physician of Resident #1, on [DATE] at	t

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DEFICIENCIES	/ CLIA	À. BUILDING	COMPLETED	
AND PLAN OF CORRECTION	IDENNTIFICATION NUMBER	B. WING	02/12/2015	
	185354			
NAME OF PROVIDER OF SU	JPPLIER	STREET ADDRE	ESS, CITY, STATE, ZIP	
FORDSVILLE NURSING A	ND REHABILITATION CENTE	R 313 MAIN STRI FORDSVILLE,		
For information on the nursing	home's plan to correct this deficien	cy, please contact the nursing home or the state surv		
(X4) ID PREFIX TAG		DEFICIENCIES (EACH DEFICIENCY MUST BE	PRECEDED BY FULL REGULATORY	
E 0200	OR LSC IDENTIFYING INFOR	MATION)		
F 0309	(continued from page 8) 11:45 AM revealed he was aware	now the resident had an partially cooked potato piec	ce lodged in his/her trachea and had	
Level of harm - Immediate jeopardy	developed pneumonia and was on antibiotics. Interview with the Administrator on [DATE] at 11:40 AM revealed CNA #1 had been unable to explain how a whole potato slice			
	was found lodged in Resident #1'	s throat even though she said she had mashed the po	otatoes with a fork. She additionally	
Residents Affected - Few		ving the peel on potatoes when preparing scalloped p llowing actions to remove the Immediate Jeopardy:		
		ent to the hospital and admitted for Airway Obstruct on a mechanically soft diet; the facility downgrade		
	2. On [DATE], the Director of Nu	irsing, Assistant Director of Nursing, Unit Manager,	MDS Nurse or Medical Records Nurse	
		dent #1 to determine if there were any medical needs leted or any significant change in condition that req		
		condition that required further Physician notification		
	3. The MDS Nurse on [DATE] rev	viewed Resident #1's plans of care and determined t		
		pleted on [DATE] the Director of Nursing, Assistar e reviewed all current residents' plan of care to deter		
	followed. No further concerns we	ere identified. es Manager observed Resident #1's lunch meal and	determined the diet served was prepared per	
	recipe and was correct per physic	ian's orders [REDACTED]. The Dietary Services M	Ianager also observed the meal tray line	
	#1 and food was properly prepare		0	
		ursing, Assistant Director of Nursing, Unit Manager, ent residents to determine if there were any medical		
	notification and or ongoing assess	sments required that were not already being complete	ted. Any identified residents who had a	
		visician notified with orders obtained and follow up a es Manager conducted an audit of all current resider		
		owed, diet was correct and served per Physician ord ity Manager re-educated the Director of Nursing, As		
	Manager, MDS Nurse and Medic	al Records Nurse on conducting an assessment base	ed on resident condition to include the	
		ssessments as well as Physician notification for a sig to supersede nursing judgement. The INTERACT		
		ent unnecessary acute care transfers, to provide guid in common symptoms. A competency test was adm		
	addition, they were educated and	a competency test was given related to following th	e plan of care, and if the plan of care	
	cannot be followed and an alternative is not within their scope of practice that the Physician must be notified 9. On [DATE] the Director of Nursing, Assistant Director of Nursing and Unit Manager, MDS Nurse and Medical Records Nurse			
	began re-education with all licens	sed nursing staff related to conducting an assessmen follow up assessments as well as Physician potificat	t based on resident condition to tion for a significant change in condition	
	include the INTERACT process, follow up assessments as well as Physician notification for a significant change in condition referring to the INTERACT process but not to supersede nursing judgement. A competency test was administered to validate up down draw the for the superseder nursing begins and the physician competency test was administered to validate the superseder nursing begins and the superseder nursing independent of the superseder nurs			
	understanding. No licensed staff will work after [DATE] without having completed this re-education and competency test. In addition, reeducation was provided on the requirement to follow the plan of care and if the plan of care cannot be followed			
		eir scope of practice the physician must be notified. this re-education and competency test.	No licensed Nurse worked after	
	10. Beginning [DATE], all Certifi	ed Nursing Assistants were re-educated with compe		
	of care and if they were unable to follow the plan of care they must report it to the Charge Nurse. No Certified Nursing Assistants will work after [DATE] without having received this re-education and competency test.			
		Regional Dietician reviewed all current recipes to de eadsheet would not be appropriate for mechanically		
	identified.	tician conducted re-education with the Dietary Serv	ices Manager including competency testing	
	related to following the recipe an	d serving foods per the spreadsheet for correct presc	ribed diet.	
		ng, the Dietary Service Manager will conduct re-edu adsheet to assure diets are served per the Physician of		
		iducted prior to any staff beginning work. No Dietai		
	14. On [DATE], a contract provid	er verified the convection oven was working approp		
		ig hotter than the setting on the oven. A new stove/o v staff was instructed by the Dietary Service Manage		
		without having had this re-education. Beginning [D] hat if a concern is identified with the food prepared		
	line and if already served dietary	staff should report the concerns to the Nurse. No die		
	without having received this educ 16. Beginning [DATE] and ongoin	cation. ng, all nursing staff was educated by the Director of	Nursing, Assistant Director of Nursing,	
		dical Records Nurse on notification of the nurse if n l or hard to cut foods. No nursing staff will work aft		
	education. In addition, beginning	on [DATE] and on going, all Certified Nursing Ass	sistants were re-educated with competency	
		of care and if they were unable to follow the plan of ing Assistants will work after [DATE] without having		
	competency test.	tor of Nursing, Assistant Director of Nursing or Uni	- t Manager will review with the facility	
	staff the residents' condition each	shift to determine if licensed staff are notifying the	Physician of significant changes	
	(5) times per week for twelve (12		•	
		stant Director of Nursing or Unit Manager will revie aluate if interventions are in place and being follow		
	be reviewed with the Quality Ass	urance and Improvement Committee weekly until s		
	thereafter. 19. Beginning [DATE], the Direct	tor of Nursing, Assistant Director of Nursing or Uni	t Manager will review all Nurses Notes	
		ant change in condition has occurred without Physic going assessment that has not occurred. This will occur		
	Jeopardy and then five (5) times	per week for twelve (12) weeks.	-	
	staff are following the recipe, ser	Service Manager or a Registered Dietician will obs ving and using the diet spreadsheet and that food is	properly prepared to meet the	
		ue until abatement of the Immediate Jeopardy and t		
	21. The results of these audits will	be reviewed with the Quality Assurance and Impro		
	until substantial compliance, then	the hereafter. The QAPI committee will meet week monthly thereafter. Members of the QAPI Commit	tee will consist of at a minimum the	
		rector of Nursing, Social Services Director, Mainter e Medical Director participating at least quarterly ar		
	22. On [DATE], an ad hock Quali	ty Assurance and Performance Improvement Comm	nittee was convened to review the facility's	
		llegation of Compliance was developed and review Administrator, Director of Nursing, Assistant Direc		

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE				PRINTED:10/8/2015 FORM APPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER 185354	(X2) MULTIPLE CONSTRUCT A. BUILDING B. WING	TON	(X3) DATE SURVEY COMPLETED 02/12/2015
NAME OF PROVIDER OF SU	PPLIER	-	STREET ADDRESS, CITY, STA	ATE, ZIP
FORDSVILLE NURSING AN	ND REHABILITATION CENTE	R	313 MAIN STREET FORDSVILLE, KY 42343	
For information on the nursing (X4) ID PREFIX TAG	home's plan to correct this deficient			Y FULL REGULATORY
	OR LSC IDENTIFYING INFORM			
F 0309			vices Manager and Activity director	or. No further
Level of harm - Immediate jeopardy	recommendations were made at the The State Survey Agency validate 1. Review of the Nursing Notes ar	d the corrective actions taken by		dmitted for Airway
Residents Affected - Few	Obstruction and Aspiration Pneur facility downgraded the diet to puresident was being fed by the Spe 2. Review of an assessment condu Medical Records Nurse of Reside notification and noted that approp 3. Review of documentation by th that all interventions were in plac 4. Review of documentation verifi	nonia. Resident #1 returned to the reed on [DATE]. Observation of eech Therapist. The food was in p icted by the Director of Nursing, ent #1 on [DATE], revealed there ritate assessments were on-going. e MDS Nurse, dated [DATE], rev e. ied on [DATE] through [DATE] t	a facility on [DATE] on a mechan the lunch meal on [DATE] at 12: ureed form, as per the resident's di Assistant Director of Nursing, Uni were no change in condition that in realed she reviewed Resident #1's	ically soft diet and the 00 PM, revealed the iet card on the tray. It Manager, MDS Nurse or required further Physician plans of care and determined MDS Nurse and Medical Records
	documentation revealed which re 5. Review of documentation by th meal and determined the diet serv the documentation revealed she a and providing the diets as orderec 6. Review of residents' assessmen who had an identified change in c	sidents' plans of care were review e Dietary Manager, dated [DATE ved was prepared per recipe and w lso observed the tray line and det t. ts conducted on [DATE] revealed condition had their physician notif	ed by which administrative staff.], revealed the Dietary Manager o as correct per physician's orders [ermined staff was following the re	bserved Resident #1's lunch REDACTED]. In addition, scipe and spreadsheet npleted and any residents
	Unit Manager MDS Nurse and M 7. Review of documentation dated meal trays served from the kitche to meet the needs of the resident a	[DATE] revealed the Dietary Se n and verified the recipe was follo	rvices Manager conducted an aud owed, diet was correct and served	
	Physician notification for signific	ATE], verified they were reeduca ant change, following the plan of cope of practice the Physician mu	y Manager to the DON, ADON, Uted on the INTERACT process, for care, and if the plan of care cannot ust be notified. Review of the com	ollow up assessments, ot be followed and
	 Review of inservice sign in she beginning [DATE] and competen Physician notification for signific 	ets and competency tests, beginni cy tests were administered and pa ant change, following the plan of cope of practice the Physician mu	ng [DATE], revealed all licensed ussed related to the INTERACT pr care, and if the plan of care canno ust be notified. Review of the com	cocess, follow up assessments, ot be followed and
	Interview with the Administrator, assessments, INTERACT tool for ensuring their appropriateness and	on [DATE] at 1:35 PM, revealed assessments and Physician notified d implementation	ication. Staff was educated about of	care plan interventions
		so educated staff on updating care Nursing staff was given compete	ided education on the INTERACT plans according to their scope of ncy tests on following the INTER	practice. The Twenty
	Interview with RN #3, on [DATE facility which was a tool for assee follow up documentation on any on to the next shift if not resolved Interview with LPN #3, on [DATI should be conducted before, durin breath, and chest pain. LPN #3 w] at 12:30 PM, revealed she receive syments and included why, when, type of complaint or anything out and follow up was to be done the E] at 12:35 PM, revealed education g, and after any type of an event as given a post test and passed. E tion and implementing the care p	who and Physician notification. T of the normal for a resident. Infor e next day, A post test was given y	The education included mation was to be passed which RN #3 passed. V that resident assessments mperature, shortness of out Physician
	Interview with LPN #4, on [ĎAT] resident assessment, physician no Assessments were to be complete	E] at 12:40 PM, revealed she had tification and documentation. The d, the resident monitored and rea	been educated by the DON related e Physician was to be notified for ssessed. The assessments were to and temperature. LPN #4 was requ	any significant change. include the resident's
	Interview with RN #1, on [DATE condition of a resident including: then notify the Physician. The IN as well, as the Stop and Watch to resident required a complete asse documentation was required for a physician should be notified again	If the resident was having trouble TERACT tool which reflects how ol which anyone could fill out an ssment, including if a resident bea ny changes, this included the resi n. In addition, care plan educatior VAs. The care plan had to match t	een provided education by the DC swallowing. For any emergency 5 v, what and when to notify the Phy J give to the nurse. Any change of came choked while eating. Sevent dent's vital signs and if symptoms was provided related how to acce he resident's needs and if not the C	911 was to be called and rsician was to be utilized, condition of a y-two (72)hour persisted the ess that information
	Interview with RN #4, on [DATE INTERACT tool was a step by st education was provided on care p] at 12:55 PM, revealed she had re ep guide on how, what and when lans that included information ab		fication. In addition, and revising when
	10. Interview with CNA #5, on [D information on the CNA headset post test was taken and had to be Interview with CNA #6, on [DAT plan was followed and if the care	and to always inform the nurse w passed. E] at 1:05 PM, revealed education plan did not seem appropriated sl	hen something did not seem right n was provided on care plans and he was to speak with the nurse imit	about the information. A she was to ensure the care mediately.
	Interview with CNA #7, on [DAT given and she passed. Interview with CNA #8, on [DAT with each resident's care plan an follow the resident'	E] at 1:15 PM, revealed she had r	•	s required to be familiar
F 0365 Level of harm - Immediate jeopardy Residents Affected - Few	prepared and served for residents On 01/23/15, Cook #1 prepared so the oven for one and one half hou	S HAVE BEEN EDITED TO PR and review of facility policy and) sampled residents (Resident #1) ndividual needs. The facility faile that had been assessed by the fac calloped potatoes using fresh pota rs. The potatoes were served on r	Simplified Diet Manual, it was de received the appropriate therapeu d to follow their policy and Diet M ility to require a Mechanical Soft toes but did not peel them. The co esident trays from the steam table	etermined the facility ttic diet prepared in Aanual regarding food Diet. ook baked the potatoes in to the residents in
	continued to serve the potatoes by aware the hall cart had already be	y picking out the thinner sliced pi- en dispatched to the Foxes' Drive	f member that the potatoes were n cees leaving the larger pieces in th hall where ten (10) residents wou tion to to retrieve the resident tray	e pan. Cook #1 was Ild be served

COMM NO. 0285 TATUMINT OF INFORMATION INFOR	2015 VED
ORRECTION NUMBER FIRET ADDRESS. CITY, STATE, 20P AME OF ROVIDER OF SUPPLIER FIRET ADDRESS. CITY, STATE, 20P OBSWILLE NURSING AND RELIABILITATION CENTER FIRET ADDRESS. CITY, STATE, 20P OBSWILLE NURSING AND RELIABILITATION CENTER FIRET ADDRESS. CITY, STATE, 20P OF INFORMATION CONTINUES (INFORMATION) CONTINUES (INFORMATION) F0365 Continued - from page 10 Resident PARCENT ADD STATES (INFORMATION) Resident AL who required assistance with eating, was fed the scalloped potators by CNA 41 and heeane clocked. The formation and the provided detaction to the Catifical Nunc Adds (CNA) to crute the resident was string at a major degree at formation and the provided detaction to the Catifical Nunc Adds (CNA) to crute the resident vasting at a major degree at formation and the provided detaction to the Catifical Nunc Adds (CNA) to crute the resident vasting at a major degree at the 80 (normal 8-100) (NUn xages at a eight (5) lites per manue. The resident was the 20 (normal 10.20), respination or NUS and the provided of the and ne fourth infinitity is was determined to a catification and the fourity formation or NUS and the spin terms of the adverse of 100.20 (normal 10.20), respination was spin per on the fourity fourity is was determined in facility fourity and the spin terms of the adverse filth sequence and the adverse of the adverse of 100.20 (normal 10.20), respin terms of the adverse filth is control to the facility fourity is spin terms of the adverse of 100.20 (normal 10.20), respin terms of the adverse of 100.20 (normal 10.20), respin terms of the adverse of 100.20 (normal 10.20), respin terms of the adverse of 100.20 (normal 10.20)	
 ME OF ROVIDER OF SUPPLIER PRESVILLE NURSING AND REHABILITATION CENTER <li< td=""><td></td></li<>	
REDEVILE LAURENIS AND REHABILITATION CENTER INFORMATION	
 information on the number points: plan to correct this deficiency, please contact the muscing homes or the state survey agency. Xi Di D'REFIX TAG SLIMARN S'I ATTEMENT OF D'EFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGUL OR LSC DENTIFYING INFORMATION). FG 363 Contained from page 10) Resident H, who required ansistance with eating, was field the scalinoped potatoes by CNA #1 and became choke. The and she provided education to the Cortified Nurse Aides (CNA) to ensure the resident was sitting an innerly degree angle for and she provided education to the Cortified Nurse Aides (CNA) to ensure the resident H in supregree and on D 2D mode and the provided education to the Cortified Nurse Aides (CNA) to ensure the resident Plane was allowed and the 2D and the provided education to the Cortified Nurse Aides (CNA) to ensure the resident Plane was interpret and on D 2D mode and the provided education to the Cortified Nurse Aides (CNA) to ensure the resident Plane was 100 (normal 95.6 PL), an audbler attle, and had coughed up a thick glob of maces. The following more and 0.0 to 2D morate the size of a silver dollar and ne fourth inch hick was removed from hite REMIN (EIDD,CTED). A site of un proton the size of a silver dollar and ne fourth inch hick was removed from hite REMIN (EIDD,CTED). A site of un resident was placed on a vector (2014). Si and descrimited to vector (2014). Si and accessible in the size of a silver dollar and ne fourth inch hick was removed from hite REMIN (EIDD,CTED). A site of un resident was transported by 2014). Si and addecessible of 2024/5.1. For State Survey Agency waldand the the loop outly was removed on (2014). Si and addecessible of a silver dollar was the resident was during outly worked and ecreating inchastical. Review of manual. Simplified DD: The all of the resident or ensisting the reliable for the silver vas the resident or ensisting the reliable in the silver vas the silver or t	
 A) ID PREFIX TAG SILMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGUL OCLSC IDENTIFYING INFORMATION) CONTINUEL, DENTIFYING INFORMATION) CONTINUEL, DENTIFYING INFORMATION) Residenti I, ubo required asistance with easing, was fed the scalloped potates by CNA #1 and became choked. The regord of marm - Immediate and the provide charactarion to the Certifical Nume. Addrs (CA) to incume the resident was sitting at a metry degree and provide that and the other Certifical Nume. Addrs (CA) to incume the resident was sitting at a metry degree and provide that and the other Certifical Numbring, was gapping for air and his-hor oxygen autimizing of 12415 at AM, the resident presented with difficulty bunching, was gapping for air and his-hor oxygen autimizing on [24215 at AM, the resident presented with difficulty bunching, was gapping for air and his-hor oxygen autimizing on [24215 at AM, the resident presented with difficulty bunching, was gapping for air and his-hor oxygen autimized on the resident and the four history to resident was transported by ambulance to the bospital. The resident was diagnosed with [REDACTED]. A sile of any provide the size of a sile of oddiar and one fourth in the history are resorted for the resident stress and the advectory of the resident was transported by antibution. The Bested on the above findings it was determined the facility folled to ensure for odd was appropriately code and served in from to need Resident #15 and COVIS13 and determined to exist on U12315. An acceptable AL allegation of COVIS and the resident and and the facility fueld to ensure for odd was appropriately to head and the syst charges. Review of manual, Simplified Die Manual eleventh difficion, utilized by the facility, incleade, The Mechanical SOT prevaled. Avoid Most raw or undercoicded vegetables and those the systel and the systel stress. Review of manual, Simplified Die Manual eleventh difficion w	
OR LSC DENTIFYION INFORMATION) F0635 (continued, from page 10) Resident #1, who required assistance with eating, was fed the scalloped potatese by CNA #1 and became choked. The page 10 for meak. Resident #1 was unable to svallow when CNA #2 attempted to feel Resident #1 in support to the start at a micely degree shall for meak. Resident #1 was unable to svallow when CNA #2 attempted to feel Resident #1 in support and soft 102.3 Resident Affected - Few if the beame choked as scond time. At 84 PM. the resident mage meating to 102.01 S at Al M, the resident generating was apaging for at and habor stores as attracting, 02.024 Ts at Al M, the resident generating was analyzed was adiagoned with REDACTED J. A slice of an page to the above findings was apaging for attracting in the store of the size of a silver dollar and one fourth mich thick was removed from M (REDACTED). A slice of an patato the size of a silver dollar and one fourth mich thick was removed from M (REDACTED). A slice of an apatato the size of a silver dollar and one fourth mich thick was removed from M (REDACTED). The slice slice of a silver dollar and one fourth mich thick was removed from M (REDACTED). A slice of an apatato the size of a silver dollar and one fourth mich thick was removed from M (REDACTED). A slice of an apatato the size of a silver dollar and one fourth mich kink was removed from M (REDACTED). A slice of an epotentian particle of the size of a silver dollar and one fourth mich thick was removed from M (REDACTED). A slice of an epotentian particle of the size of a silver dollar and one fourth mich thick was removed from M (REDACTED). A slice of the size of a silver dollar and the size of a silver dollar and cereating the size of a silver dollar and the size of the size of a silver dollar and the size of a silver dollar and the size of a silver dollar and the size of the size of a silver	ATORY
 Resident #1, who required assistance with earing, was fold the scalloped potatoes by CNA #1 and beam chockd. The response of the analytic provided education to the Certified Nurse Addes (CNA) to ensure the resident was string as a minety degree angle for and site provided education to the Certified Nurse Addes (CNA) to ensure the resident was string as a minety degree angle for and site provided education to the Certified Nurse Addes (CNA) to ensure the resident was string and a minety degree angle for a constring. A Set OPM the resident that an elevated the engreent of 99.1 degrees full the Rise interview with fielding breasting, was gasing of ari and his/her oxygen situration was functualing in the 80x (normal 98.6 P), an and ble ratik, and had coughed up a thick glob of muess. The following moring, 01/24/15 at the 80x (Coronal 60 to 80), the resident presented with difficulty breasting. We assing for an in his/her oxygen situration was transported by an unplance to the hosystin. The resident was diagnood with (REDACTED). A slice of un potato the size of a silver dollar and one fourth inch thick was removed from the resident "Bateod on the above finding in toxicol." The State Survey Alegary validated the Income was incomed and severed 100 (2015). S and decrimined to texis on 10/23/15. An acceptable Alleginion of Car (AAC) was received on 2021015 alleging the D was removed on 02/2015. The State Survey Alegary validated the Income and the social present was allowed and severe 10 (2015). S and teximical to 10 with the facility, included: The Meeninal State D wessing the social severe was allowed and severe 10 diverse was a cooked first and vegetables. Include: The Meeninal State D wessing the social severe was and the social severe was allowed and severe severe was allowed	
for meals. Resident #1 became choled a second turn, RX = 04 PM, the resident had networked temperature of 99.1 degrees fahr (*) formal 98.6 F, an adulte ratic, and had coughed up a thick glob of maxes. The following introduced of 00 s00, the promoting 01 PM is a transmitter of the second intervent of the second intervent of the second intervent of 100.8 F and bloc pressure of 00.8 f and bloc pressure of 0.0 s00, the above findings it was determined the facility failed to ensure food was appropriately cooked and served i form to meet Resident #1 is needs caused or is likely to cause serious inpry, harm, impairment, of death to a resident. Humedia leopardy was identified to 0.2020 F and determined to exist on 0.1231.5 An acceptable Allegation of Con (AAC) was necerviced on 0.2101 S in determined to exist on 0.1231.5 An acceptable Allegation of Con (AAC) was necerviced on 0.2101 S in determined to exist on 0.1231.5 An acceptable Allegation of Con (AAC) was necerviced on 0.2101 S in determined to exist on 0.1231.5 The State Stare yhere yhildlated the finding include: Resident #1 is need for the origon of the state Stare yhere yhildlated the finding include: Resident #1 is and integrating the 10 was removed on 0.2031.5 The State Stare yhere yhildlated the finding include: Resident #1 is and integrating the second finding and exec and formation and the second finding include: Resident #1 is and integrating the second finding and resident #1 was and the resident \$10 monet (Resident #1 is and integrating the resident \$10 monet (Resident #1 is and integrating the resident \$10 monet (Resident #1 is and integrating the resident \$10 monet (Resident #1 is and integrating the resident \$10	feeding
the 80s (normal 96-100) with oxygen at eight (3) liters per imfunct. The resident's pulse wise 102 normal 60 to 80), resident was transported by ambulance to the hospital. The resident was diagnosed with (BEDACTED). A slice of un president was placed on a ventilitor in critical condition. The caracterist funct during instabution. The resident was diagnosed with (BEDACTED). A slice of un president was placed on a ventilitor in critical condition. The same resoft much resident 5 slices of use and the resident. Immediate <i>Loopardy was</i> identified on 02:0215 and determined to exist on 01/2315. A maceptable Allegation of Cor (AGC) we received on 02:1015 sl. diagnost the 1 was concord on 02:0355 resources and the or assident. Immediate <i>Loopardy was</i> identified the 02:03 resolution of 02:0215 resolution of 02:03 resolution r	15. enheit 7:55
 resident was placed on a ventiliary in critical condition. Based on the above findings it was determined the facility laided to ensure food was appropriately cooked and served i form to meet Resident. Immediate Resparty was identified on 2020 15 and determined to exist on 1722 15. An acceptable Allegation of to 2021 5 and thermined to exist on 1722 15. An acceptable Allegation of to 2021 5 and thermined to exist on 1722 15. An acceptable Allegation of to 2020 15 and the facility's Quality Assurance monitors the effectiveness of the syste changes. The findings include: Review of manual, Simplicat Diet Manual eleventh estimate and the consistency wall storater by locking, grinding, chop minning or mashing. The detic includes 500 dots soft in texture such as cooked trust and vegetables, mosiling chop minning or mashing. The detic includes 500 dots soft in texture such as cooked trust and vegetables, mosiling chop minning or mashing. The detic includes 500 dots soft in texture such as cooked trust and vegetables, mosiling or and sing. Review of famunal, Simplicated 10 of the detic and the soft of the sing of the sing and the soft of the sing and the sing and the soft of the sing and the soft of the sing and the sing and the sing and the soft and the sing and the sing and the sing and the soft of the s	. The cooked
 (AoC) was received on 02/05/15 alleging the D was removed on 02/05/15. The State Survey Ågency validated the Im Jeopardy was removed on 02/05/15. The State Survey Ågency validated the Im Jeopardy was removed on 02/05/15. The State Survey Ågency validated the Im Jeopardy was removed on 02/05/15. The State Survey Ågency validated the Im Jeopardy Area Survey Ågency Validated Jeopardy Jeopardy Area Survey Ågency Validated Jeopardy Jeopar	n a
Review of manual, Simplified Diet Manual eleventh edition, utilized by the facility, included: The Mechanical Soft Di designed to permit easy chewing. The General Diet is modified in consistency and texture by cooking, grinden, char a soft bread and cereal products. FoodS that dissolver eadily when held in the mouth such as granhan crackers and some ready-to-eat cereals are also appropriate. It is most important to individualize or adjust it to the tolerance of the resident. Table 3.1 Mechanical Soft Prevaled: Avoid Most ruw or undercooked vegetables and those with tough skins. Jermel corn. Fried vegetables. Under the recipe. The baking time was 350 AF for one and one half to two hours. There was no reference to peeling fresh potato used for the recipe. Observation of the facility kitchen conducted on 01/30/15 at 9:35 AM revealed the facility kitchen stove had a spoon v between the oven door and the stove frame. There were chicken nuggets cooking and tater tots on baking sheets ready placed into the oven. Record review revealed the facility admitted Resident #1 on 06:26/14 with [DIAGNOSES REDACTED]. Review of ft Minimum Data Set (MDS) assessment, dated 07/03/14, revealed the facility assessed the resident's cognitive status wi Brief Interview of Mental Status score of 99, indicating the resident was not interviewable. Resident #1 enguired exter assistance of one (1) person for atting. Review of Resident #1 shysicarias others [REDACTED]. Re N1 evended one 10.26/13 charting the hash 200 Minute and the store on their theore. All the resident scalud potatoes: The resident coughed, spring the hash 200 Minute and the store on their theore. Review of A nusring NK dated 01/23/15 at 8:40 PM and interview with RN #2 on 01.3/15 at 8:40 PM care leaves on their shore and any ender spring the the hospital by anthology and minute theorem the knew on a survation on the facility as shore the resident was placed on a ventilater and down. The resi pulse was 10.2, respirations were 30 per minute, temperature was 100. The President	nediate s and
 resident. Table 3.1 Mechanical Soft revealed: Avoid Most raw or undercooked vegetables and those with tough skins. kernel corn. Fried vegetables. Review of the spread sheet titled. Scalloped Potatoes, indicated rehydrated potatoes or fresh potatoes could be used for recipe. The baking time was 350 AF for one and one half to two hours. There was no reference to peeling fresh potato used for the recipe. Observation of the facility kitchen conducted on 01/30/15 at 9:35 AM revealed the facility kitchen stove had a spoon v between the oven door and the stove frame. There were chicken nuggets cooking and tater tots on baking sheets ready placed into the oven. Record review revealed the facility admitted Resident #1 on 06/26/14 with [DIAGNOSES REDACTED]. Review of th Minimum Data Set (MD2) assessment, dated 07/03/14, revealed the facility assessed the resident % and interviewable. Resident #1 required exter assistance of one (1) person for eating. Review of Resident #3 physician's orders (REDACTED). Review of a Nursing Note, dated 01/23/14 at 3:28 PM, and, interviews to 01/30/15 at 00/20 PM with CNA #1 and at 2: RN #1 revealed on 01/23/15 at 8:40 PM and interview with RN #2 no 01/31/15 at 8:40 PM exetable measure to a date 01/23/15 at 8:40 PM and interview with RN #1 revealed the following morning on 01/24/15 AM, the resident presented with difficulty breathing, gasping for air, and hisher oxygen saturation was fluctuating in 806. Oxygen was administered at 8/L per minute, temperature was 100. The Physician was notified and the resident was appended to the size of a silver dollar and one-four was removed from the resident's structure and and with 10/30/15 at 1:30/30/15 at 1:30/30	ping,
 used for the recipe. Observation of the facility kitchen conducted on 01/30/15 at 9:35 AM revealed the facility kitchen stove had a spoon v between the oven. Record review revealed the facility admitted Resident #1 on 06/26/14 with [DIAGNOSES REDACTED]. Review of the Minimum Data Set (MDS) assessment, dated 07/03/14, revealed the facility assessed the resident's cognitive status with Brief Interview of Mental Status score of 99, indicating the resident was not interviewable. Resident #1 required extern assistance of one (1) person for eating, Review of Resident #1's physician's orders [REDACTED]. Review of a Nursing Note, dated 01/23/14 at 3:28 PM; and, interviews on 01/30/15 at 2:00 PM with CNA #1 and at 2:00 PM with CNA #1 and at 2:00 pt 4:16 ct 01/23/13 at 8:40 PM and interview with RN #2 and 01/31/15 at 8:40 PM with CNA #1 and at 2:00 pt 4:16 ct the resident scalaby potatoes. The resident coughed, spitting up some of the potatoes and his/her face became red. Review of a Nursing No dated 01/23/15 at 8:40 PM and interview with RN #2 and 01/31/15 at 8:40 PM and interview with RN #2 and 01/31/15 at 8:40 PM and interview with RN #2 and 13/11/15 at 8:40 PM and down. The resis pulse was 102, respirations were 30 per minute, temprature was 100. The Physician was notified and the resident was transported to the hospital by ambulance. Review of Hospital Emergency Department records, dated 01/24/15, revealed the resident suffered from Acute [MEDI CONDITION] with [MEDICAL CONDITION] and a slice of uncovade potato the size of a silver dollar and one-four was removed from the resident was ransported to the hospital by ambulance. Review with Cook #1, on 01/30/15 at 1:00 PM, revealed on 01/23/15 as taff member alerted her the scalaloped potatoo no to cooked enough. She stated she continue to resident was placed on a ventilator and admitted Intensive Care Unit (ICU) in critical condition. Interview with Cook #1, on 01/30/15 at 1:00 PM	
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assistance of one (1) person for eating. Review of Resident #1's physician's orders [REDACTED]. Review of a Nursing Not dated 01/23/14 at 3:28 PM; and, interviews on 01/30/15 at 2:00 PM with CNA #1 and at 2: RN #1 revealed on 01/23/15 during the lunch meal. Resident #1 became choked when CNA #1 fed the resident sculp potatoes. The resident coughed, spitting up some of the potatoses and his/her face became red. Review of a Nursing Not dated 01/23/15 at 8:40 PM and interview with RN #2 on 01/31/15 at 8:40 PM revealed Resident #1's temperature was Fahrenheit (F). She stated the resident coughed up some thick mucus but was able to drink chocolate milk without dfi and had no noted swallowing problems. Further review of Resident #1's Nursing Notes and interview with RN #1 revealed the following morning on 01/24/15 AM, the resident presented with difficulty breathing, gasping for air, and his/her oxygen saturation was fluctuating in 80s. Oxygen was administered at 81. per minute with oxygen saturation continuing to fluctuate up and down. The resi pulse was 102, respirations were 30 per minute, temperature was 100. The Physician was notified and the resident was transported to the hospital by ambulance. Review of Hospital Emergency Department records, dated 01/24/15, revealed the resident suffered from Acute [MEDI CONDITION] with [MEDICAL CONDITION] and a slice of uncooked potato the size of a silver dollar and one-four was removed from the resident's throat during intubation. There was collapse/consolidation of the right lung, lower lob posterior medial basal segments left lower lobe and pneumonia. The resident was placed on a ventilator and admitted Intensive Care Unit (ICU) in critical condition. Interview with Cook #1, on 01/30/15 at 1:00 PM, revealed on 01/23/15 a staff member alerted her the scalloped potato not cooked enough. She stated she washed and sliced the potatoes by picking out the thinner sliced pieces leaving the larger pieces in the pan. Cook #1 stated she was aware the hall cart containing resident m	ne Admissio th a
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	uled the
meals that were more homemade. She revealed the potatoes were served again for the supper meal on 01/23/15. Cook placed the left over potatoes in the refrigerator with a note by Cook #1 saying the potatoes needed to be cooked more. #2, who prepared the supper meal on 01/23/15 served the potatoes as a substitute for that supper meal. The Dietary Mestated the malfunctioning oven door may have kept the temperature of the oven from being accurate and could have rein the potatoes being undercooked.	#1 had Cook anager
Interview with the corporate Registered Dietician (RD), on 01/30/15 at 2:40 PM, revealed she had been made aware of choking incident and had asked about how the scalloped potatoes were prepared. She stated she understood that Cook peeled and Sliced the potatoes for the scalloped potatoes. She revealed Cook #1 was made aware the potatoes were no thoroughly cooked;so the cook took the thinner slices of potatoes out for serving and placed the thicker, bigger slices is a container and made a note for the night cook to cook further because she was concerned. The RD also stated she was concerned about the oven door falling open and said if it happened while cooking it would cause a decrease in temper. She revealed she was aware there had been a previous problem with the springs on the oven door and it had been fixed.	#1 had n s ature. 1.
Additional interview with the RD on 02/02/15 at 3:10 PM revealed temperatures in the oven had not been previously to for accuracy. She also stated potato skins were not acceptable for Mechanical Soft Diets. Interview with the Administrator, on 02/03/15 at 11:30 AM, revealed she was first aware on the evening of 01/23/15, the Resident #1 was admitted to the hospital with [REDACTED]. The Administrator could not explain why a whole piece was fed to Resident #1. She stated and it was evident the potatoes were found uncooked and the cook had said she stop	hat of potato

CENTERS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES		PRINTED:10/8/2015 FORM APPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER 185354	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/12/2015
NAME OF PROVIDER OF SU			, CITY, STATE, ZIP
		FORDSVILLE, KY	42343
(X4) ID PREFIX TAG		cy, please contact the nursing home or the state survey a DEFICIENCIES (EACH DEFICIENCY MUST BE PRE	
F 0365	OR LSC IDENTIFYING INFORM (continued from page 11)	MATION)	
Level of harm - Immediate	serving them. She also stated she	had never heard of leaving the peel on potatoes used fo llowing actions to remove the Immediate Jeopardy:	or scalloped potatoes.
jeopardy	1. On 01/24/15, Resident #1 was s	ent to the hospital and admitted for Airway Obstruction TE] on a mechanically soft diet; the facility downgrade	
Residents Affected - Few	2. On 01/30/15, the Director of Nu conducted an assessment of Resid that were not already being comp	ursing, Assistant Director of Nursing, Unit Manager, M lent #1 to determine if there were any medical needs, an leted or any significant change in condition that require condition that required further Physician notification a	DS Nurse or Medical Records Nurse nd or ongoing assessments required ed MD notification. Resident #1's
	 The MDS Nurse on 01/30/15 re Beginning on 01/30/15 and con Nurse and Medical Records Nurss followed. No further concerns we On 01/31/15, the Dietary Servic per recipe and was correct per phy 	viewed Resident #1's plans of care and determined that pleted on 02/02/15 the Director of Nursing, Assistant I e reviewed all current residents' plan of care to determin re identified. ses Manager observed Resident #1's lunch meal and det ysician's orders [REDACTED]. The Dietary Services N was following the recipe and spreadsheet and providing	Director of Nursing, Unit Manager, MDS ne if all interventions were being termined the diet served was prepared Manager also observed the meal tray line
	during funch and noted thai staff #1 and food was properly prepare 6. On 01/30/15, the Director of Ni conducted assessments of all curr notification and or ongoing assess change in condition had their Phy 7. On 01/31/15, the Dietary Servic and noted that the recipe was foll 8. On 01/30/15, the Regional Qual Manager, MDS Nurse and Medic INTERACT process, follow up at to the INTERACT process but no under funding from CMS to preve physician and care paths for certa addition, they were educated and cannot be followed and an alterna 9. On 01/30/15, the Director of Ni began re-education with all licens include the INTERACT process, referring to the NATERACT process, referring to the NATERACT process, referring to the NATERACT process, referring to the Strate and Without having rec 10. Beginning 02/03/15, all Certiff of care and if they were unable to Assistants will work after 02/03/15, the products that according to the spr identified. 12. On 01/30/15, the Regional Dic testing related to following the re- 13. Beginning 01/31/15 and ongoi following the recipe and the sprez a competency test and will be cor having completed the re-educatio 14. On 02/03/15, a contract provic the potatoes were cooked was coo 03/03/15. 15. Beginning 02/03/15, all dietary. No staff will work after 03/03/15. 15. Beginning 01/28/15 and ongoi Nursing, Unit Manager MDS Nui incorrectly such as overcooked, u received this education. In additic with competency test related to for report it to the Charge Nurse. No re-education and competency test 17. Beginning 01/31/15, the Direc staff the residents' condition each in condition as well as completing (5) times per week for twelve (12) use the reviewed with the Quality Ass thereafter. 19. Beginning 02/01/15, the Direc daily to determine if any significa	was following the recipe and spreadsheet and providing d. mrsing, Assistant Director of Nursing, Unit Manager, M. ent residents to determine if there were any medical nec- sments required that were not already being completed. sician notified with orders obtained and follow up asses- tees Manager conducted an audit of all current residents' owed, diet was correct and served per Physician order [lity Manager re-educated the Director of Nursing, Assis al Records Nurse on conducting an assessment based of sessements as well as Physician notification for a signif ot to supersede nursing judgement. The INTERACT pro- ent unnecessary acute care transfers, to provide guidance in common symptoms. A competency test was adminis a competency test was given related to following the pl tive is not within their scope of practice that the Physic transing, Assistant Director of Nursing and Unit Manager wead nursing staff related to conducting an assessment ba follow up assessments as well as Physician notification ess but not to supersede nursing judgement. A competency will work after 02/04/15 without having completed this ided on the requirement to follow the plan of care and i within their scope of practice the physician must be no eived this re-education and competency test. E Regional Dietician reviewed all current recipes to dete eadsheet would not be appropriate for mechanically alt etician conducted re-education with the Dietary Service: cipe and serving foods per the spreadsheet for correct p ng, the Dietary Service Manager will conduct re-educad diveted prior to any staff beginning work. No Dietary sl n and competency test. ler verified the convection oven was working appropria shing hotter than the setting on the oven. A new stove/o y staff was instructed by the Dietary Service Manager to without having had this re-education. Beginning 02/04/ Manager that if a concern is identified with the food pre- dietary staff should report the concerns to the Nurse. N this education. ng, all	g the diet as ordered for Resident DS Nurse or Medical Records Nurse eds requiring Physician Any identified residents who had a ssments. 'meal trays served from the kitchen REDACTED]. Stant Director of Nursing and Unit n resident condition to include the icant change in condition referring ocess is an evidence based program developed tered to validate understanding. In lan of care, and if the plan of care cian must be notified r, MDS Nurse and Medical Records Nurse used on resident condition to to for a significant change in condition ncy test was administered to validate re-education and competency test. if the plan of care cannot be tiffied. No licensed Nurse worked incy test related to following the plan ge Nurse. No Certified Nursing tency test. ermine if any recipe called for food ered diets. No other concerns were s Manager including competency rescribed diet. tion with all Dietary Staff related to er. This re-education will include taff worked after 01/31/15 without ttely and the regular oven in which oven was ordered and approved on o only cook on the convection oven. /15, all dietary staff will be pared it should be removed from so dietary staff will work after ursing, Assistant Director of se if meals appear to be prepared work after 02/04/15 without having ursing Assistants were re-educated ow the plan of care they must without having received this flanager will review with the facility ysician of significant changes ry shift until abatement then five five (5) residents' plans of care per The results of these audits will tantial compliance then monthly flanager will review all Nurses Notes notification or any significant
	Jeopardy and then five (5) times J 20. Beginning 01/31/15, a Dietary staff are following the recipe, ser- individual needs. This will contin (12) weeks thereafter. 21. The results of these audits will substantial compliance then mont until substantial compliance, then Director of Nursing, Assistant Di Business Office Manager with the 22. On 01/30/15, an ad hock Qual- investigation and concerns. An A via phone. In attendance was the . Records Clerk, MDS Nurse, Soci recommendations were made at the	ber week for twelve (12) weeks. Service Manager or a Registered Dietician will observ ving and using the diet spreadsheet and that food is proj ue until abatement of the Immediate Jeopardy and then be reviewed with the Quality Assurance and Improver hly thereafter. The QAPI committee will meet weekly of monthly thereafter. Members of the QAPI Committee rector of Nursing, Social Services Director, Maintenance Medical Director participating at least quarterly and a ity Assurance and Performance Improvement Committee legation of Compliance was developed and reviewed v Administrator, Director of Nursing, Assistant Director of al Services Director, Dietary Services Manager and Act	e one meal service per day to assure perly prepared to meet the five (5) times per week for twelve ment Committee (QAPI) weekly until or anytime concerns are identified will consist of at a minimum the ce Director, Activity Director and s needed. ee was convened to review the facility's with the Medical Director who attended of Nursing, Unit Manager, Medical tivity director. No further

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE			PRINTED:10/8/2015 FORM APPROVED OMB NO. 0938-0391			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER 185354	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/12/2015			
	AME OF PROVIDER OF SUPPLIER STREET ADDRESS, CITY, STATE, ZIP ORDSVILLE NURSING AND REHABILITATION CENTER 313 MAIN STREET FORDSVILLE, KY 42343					
For information on the nursing	home's plan to correct this deficien	cy, please contact the nursing home or the state survey agency.				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF I OR LSC IDENTIFYING INFOR	DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDE MATION)	D BY FULL REGULATORY			
F 0365 Level of harm - Immediate jeopardy Residents Affected - Few	 (continued from page 12) 1. Review of the Nursing Notes and Physician order [REDACTED].#1 was sent to the hospital and admitted for Airway Obstruction and Aspiration Pneumonia. Resident #1 returned to the facility on [DATE] on a mechanically soft diet and the facility downgraded the diet to pureed on 01/28/15. Observation of the lunch meal on 02/12/15 at 12:00 PM, revealed the resident was being fed by the Speech Therapist. The food was in pureed form, as per the resident's diet card on the tray. 2. Review of an assessment conducted by the Director of Nursing, Assistant Director of Nursing, Unit Manager, MDS Nurse or Medical Records Nurse of Resident #1 on 01/30/15, revealed there were no change in condition that required further Physician notification and noted that appropriate assessments were on-going. 3. Review of documentation by the MDS Nurse, dated 01/30/15, revealed she reviewed Resident #1's plans of care and datermined thet at 1's plans of care and determined thet at 1's plans of care and the plans of care and determined thet at 1's plans					
	2. Review of an assessment conducted by the Director of Nursing, Assistant Director of Nursing, Unit Manager, MDS Nurse or Medical Records Nurse of Resident #1 on 01/30/15, revealed there were no change in condition that required further Physician notification and noted that appropriate assessments were on-going.					
	sheet, meal preparation and diets 02/12/15 at 11:35 AM, revealed s	tor, on 02/12/15 at 1:35 PM, revealed dietary staff was educate per the physician's orders [REDACTED].>Interview with the l he had provided education to the dietary staff related to the spi cards was also covered in education as well as what to do if a l	Registered Dietician, on read sheets and recipes.			

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE				PRINTED:10/8/2015 FORM APPROVED OMB NO. 0938-0391		
STATEMENT OF DEFICIENCIES AND PLAN OF	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION	(X2) MULTIPLE CONSTRUCT A. BUILDING B. WING	TON	(X3) DATE SURVEY COMPLETED 02/12/2015		
CORRECTION	NUMBER					
NAME OF PROVIDER OF SU	185354 PPLIER		STREET ADDRESS, CITY, ST	ATE, ZIP		
	ND REHABILITATION CENTER	R	313 MAIN STREET	,		
For information on the nursing	home's plan to correct this deficien		FORDSVILLE, KY 42343			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF I	• •		Y FULL REGULATORY		
F 0365	OR LSC IDENTIFYING INFORM (continued from page 13)					
Level of harm - Immediate jeopardy	out that included not serving that Interview with Cook #1, on 02/12 checking food temperatures and a	/15 at 11.40 AM_revealed she had	l been educated about how to set eet recipes. She stated a test was g	and use thermometers for given to verify she		
Residents Affected - Few	understood the education. Interview with Dietary Aide #3, o to follow the spread sheets and re	n 02/12/15 at 11:45 AM, revealed cipes. She st	she had received education by th	e Dietary Manager on how		