

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 17E210	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/18/2016
NAME OF PROVIDER OR SUPPLIER FRANKLIN HEALTHCARE OF PEABODY, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 500 PEABODY PEABODY, KS 66866		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey and Complaint Investigations #88391 and #100428.	S 000			
S 600 SS=C	28-39-158(a) DIETARY SERVICES Dietary services. The nursing facility shall provide each resident with nourishing, palatable, attractive, non-contaminated foods that meet the daily nutritional and special dietary needs of each resident. A facility that has a contract with an outside food management company shall be found to be in compliance with this regulation if the company meets the requirements of these regulations. (a) Staffing. (1) Overall supervisory responsibility for the dietetic services shall be the assigned responsibility of a full-time employee who is a licensed dietitian or a dietetic services supervisor who receives regularly scheduled onsite supervision from a licensed dietitian. The nursing facility shall provide sufficient support staff to assure adequate time for planning and supervision. (2) The nursing facility shall implement written policies and procedures for all functions of the dietetic services department. The policies and procedures shall be available for use in the department. Note: The dietetic services supervisor shall meet the requirements as stated in K.A.R. 28-39-144(r)(1) through (4)	S 600			

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

TITLE

(X6) DATE

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S 600	Continued From Page 1 This Requirement is not met as evidenced by: The facility had a census of 47 residents. The sample included 9 residents. Based on observation, record review and interview, the facility failed to employ a full time certified dietary manager for the 47 residents who reside in the facility and receive meals from 1 of 1 kitchen. Findings included: - On 5/16/16 at 11:25 AM, observation revealed Dietary Staff D in the dining area overseeing the noon meal service to the residents. On 5/11/16 at 8:10 AM, during initial tour, Dietary Staff D stated he/she had no certification as a dietary manager and was currently enrolled in the dietary manager classes. On 5/17/16 at 4:30 PM, Administrative Staff E verified the dietary manager was not certified. Review of the University of North Dakota Enrollment Confirmation, dated 02/19/16, indicated Dietary Staff D currently enrolled in the Nutrition & Foodservice Professional Training Program to become a Certified Dietary Manager. The facility failed to employ a full time Certified Dietary Manager for the 47 residents who reside in the facility.	S 600			

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