STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B007004	A. BUILDING: _____ B. WING _____	02/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PINES OF HIAWATHA - SOUTH	1480 230TH ST HIAWATHA, KS 66434

(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 are the result of a licensure resurvey at the above named home plus facility in Hiawatha, Kansas on 2/22/16 and 2/23/16,	S 000		
S5185 SS=E	26-42-206 (a) (b) (c) Dietary Services (a) The administrator or operator of each home plus shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. (b) The supervisory responsibility for dietetic services shall be assigned to one employee. (c) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(a)(c) The facility reported a census of 8 home plus residents. The sample included 3 residents. Based on record review and interview for 3 of 3 residents receiving mechanically altered diets and/or thickened liquids, the operator failed to ensure provision or coordination of dietary service to the residents as identified in each resident ' s negotiated service agreement and a medical care provider's order shall be on file in the resident's clinical record and the diet or liquids, or both,	S5185		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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S5185	Continued From page 1 shall be prepared according to instructions from a medical care provider or licensed dietitian. Findings included: - Record review for resident #601 recorded admission on 12/19/14 with diagnoses of transient ischemic attack, chronic lymphocytic leukemia, acute sinusitis and diabetes. The functional capacity screen (FCS) dated 12/15/15 recorded resident required physical assistance with eating. The negotiated service agreement health care service (NSA/HCSP) plan dated 12/19/14 with amendment dated 12/15/15 recorded, the (facility) provides three meals daily and two snacks that will fit into the resident ' s dietary guidelines. Staff will provide a diet as ordered by resident ' s physician and consult with a registered dietitian as needed. Resident eats independently; cut meat up due to no teeth. Diet order: CCD (controlled carbohydrate diet) Diet preferences: sugar free syrup for breakfast, sugar free hot chocolate, meat must be pureed. Medication record signed by physician dated 1/13/16 recorded diet as CCD, puree meat as needed. Physician ' s orders dated 1/16/16 records puree meat as needed. Interview on 2/23/16 at 9:05am with operator stated, " We make our menus so they don ' t have a lot of carbs and he/she gets like half. " Interview on 2/23/16 at 10:30 am with operator confirmed resident has orders for CCD diet and pureed meats as needed, that NSA/HCSP records her diet at CCD but she is getting a limited concentrated sweets diet.	S5185		

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S5185	Continued From page 2 Record review for resident #602 recorded admission on 7/23/12 with diagnoses of dementia, hypertension, vitamin B12 deficiency, osteoporosis, macular degeneration, depression, and chronic lower back pain. The FCS dated 1/11/16 recorded resident required physical assistance with eating. The NSA/HCSP dated 1-11-16 recorded: The (facility) provides three meals daily and two snacks that will fit into the resident ' s dietary guidelines. Staff will provide a diet as ordered by resident ' s physician and consult with a registered dietitian as needed. Diet order: regular soft (no teeth). Staff feed all meals resident may try to feed self at times. Medication record signed by physician dated 1/12/16 recorded diet as regular soft. Signed fax dated 1/12/16 to (physician) comments: Facility staff report coughing and choking on liquids. May we have an order to try thickened liquids? Physician ' s orders dated 1/13/16 recorded thicken liquids nectar consistency as needed for easier swallowing. Medication record February 2016 recorded, thickened liquids nectar consistency as needed for easier swallowing with 42 initials indicating given by staff. Interview on 2/23/16 at10:30am with operator confirms, resident has orders for regular soft diet and nectar thick liquids as needed, he/she is a choking risk, that the NSA/HCSP states regular soft diet and lacks thickened liquids as needed He/she also stated staff call the LPN each time before they thicken his/her liquids.	S5185		

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S5185	Continued From page 3	S5185		

Record review for resident #603 recorded admission on 8/22/12 with diagnoses of Cerebrovascular accident (CVA) with right hemiparesis (paralysis).

The FCS dated 3/2/15 recorded resident requires assistance with eating.

The NSA/HCSP dated 3/2/15 recorded, the (facility) provides three meals daily and two snacks that will fit into the resident ' s dietary guidelines. Staff will provide a diet as ordered by resident ' s physician and consult with a registered dietitian as needed. Assistance with cutting up food. Diet order: mechanical soft - occasional choking noted; staff aware

Medication record signed by physician dated 1/13/16 recorded diet as regular soft.

Interview with operator on 2/23/16 at 10:30am operator confirms physician ' s orders are for regular soft diet, NSA/HCSP lists mechanical soft diet and history of choking.

Review of facility " menu book " reveals instructions for mechanical soft diet, sample menu for limited concentrated sweets, meal plans for day1-day31 (no instruction on meal plans for special diet orders).
Review of facility " protocol, policies and procedures " book reveals instructions for mechanical soft diet, publication titled " know which foods contain carbohydrate " and basic diabetes meal plan.

Interview with operator on 2/23/16 at 9:50am operator states, " we go over these with staff and they can access this book for reference. " At 10:30am operator confirms lack of physician diet

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S5185	Continued From page 4 instructions for regular soft diet, controlled carbohydrate diet, pureed meat and mechanical soft diets. For 3 of 3 residents (#601, #602 and #603) receiving mechanically altered diets and/or thickened liquids, the operator failed to ensure provision or coordination of dietary service to the residents as identified in each resident ' s negotiated service agreement and a medical care provider's order shall be on file in the resident's clinical record and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian.	S5185		