Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N057005	A. BUILDING: _____ B. WING _____	R-C 07/15/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEABODY HEALTH AND REHAB	407 N LOCUST ST 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 Non-Compliance Revisit.	{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}		

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 50 residents. The sample included 3 residents. Based on observation, interview, and record review the facility failed to employ a full time certified dietary manager for the 50 residents who reside in the facility. Findings included: - Review of the facility's diet report revealed the facility prepared mechanically altered diets for 10 residents. On 7/14/15 at 11:45 AM, observation revealed Dietary Staff A serving food from the steam table in the main dining room for the residents' noon meal. Continued observation revealed Dietary Staff A looked at a sheet of paper which included the resident's prescribed diet, fluid, preferences, and menu choices for all meals for that day. On 7/14/15 at 2:52 PM, Dietary Staff B verified he/she was not a certified dietary manager and stated he/she was currently taking classes to be certified in dietary management. The facility failed to employ a full time Certified Dietary manager for the 50 residents residing in the facility.	{S 600}		