STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175457	A. BUILDING _____ B. WING _____	06/24/2015

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 complaint investigation #87996 and partial extended survey.	S 000		
S 600 SS=F	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 50 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 include: - Review of the facility's Diet Report revealed the facility prepared a mechanically altered diet for 12 residents. On 6/11/15 at 12:03 PM, observation revealed Nurse R assisted 2 residents with their pureed meals of carrots, and ground beef with potatoes. On 6/11/15 at 3:07 PM, Dietary Manager F verified he/she was not certified 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		