

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/07/2012
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345187 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/23/2012 |
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| NAME OF PROVIDER OR SUPPLIER GRACE HEIGHTS HEALTH & REHAB CTR | STREET ADDRESS, CITY, STATE, ZIP CODE 109 FOOTHILLS DRIVE MORGANTON, NC 28655 |
|--|---|

| (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) COMPLETION DATE |
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| F 363 SS=D | <p>483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED</p> <p>Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, and facility and medical record reviews the facility failed to follow menu requirements for a renal diet for one (1) of one (1) sampled residents. (Resident #126).</p> <p>The findings are:</p> <p>A review of the facility diet manual dated 07/04/04 revealed a renal diet consisted of no added salt and milk was limited to four (4) ounces (oz.) daily at breakfast.</p> <p>The facility renal diet menu designated for the week of 03/19/12 through 03/23/12 was reviewed. The menu specified four (4) oz. of milk for breakfast and a salt substitute for all meals.</p> <p>Resident #126 was admitted to the facility with diagnoses including diabetes and end stage renal disease.</p> <p>A review of a care plan dated 02/24/12 noted Resident #126 received a therapeutic renal diet. The care plan goal specified the resident would have adequate nutritional intake within the renal</p> | F 363 | <p>1. Resident 126 discharged from the facility on 3/26/12.</p> <p>2. All tray cards have been re-done by Certified Dietary Manager (CDM) so that more restrictions can be written in.</p> <p>3. Dietary Aides have been educated by CDM on process for loading trays and reading restrictions from tray cards.</p> <p>4. Therapeutic diets audit shall be completed weekly x 2 weeks and then monthly for three months by CDM to ensure that corrections are maintained.</p> <p>5. The QA team shall review the audit at the May meeting and then monthly for 3 months to ensure the process has been corrected and corrections maintained.</p> <p>Preparation and/or execution of this plan of correction does not constitute admissions or agreement by the provider that the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared in/or executed solely because the provision of the Federal and State Law require it.</p> | 04/20/12 |
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MAY 10 2012
BY: _____

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Deborah H. Morgan</i> | TITLE Administrator | (X6) DATE 04/09/12 |
|---|------------------------|-----------------------|

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.

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| F 363 | <p>Continued From page 1</p> <p>diet. Care plan interventions included diet as ordered by the physician.</p> <p>A review of Resident #126's medical record revealed a physician's diet order dated 02/25/12. The order specified in part a renal diet was to be utilized for this resident.</p> <p>A Minimum Data Set dated 03/02/12 indicated Resident #126 had severe cognitive impairment and required assistance from staff for activities of daily living including eating.</p> <p>A note dated 03/05/12 written by a Registered Dietician (RD) specified Resident #126 required a renal diet that consisted of no added salt and limited milk intake to four (4) oz. per day.</p> <p>An observation on 03/23/12 at 8:05 AM of Resident #126's breakfast tray revealed an opened eight (8) oz. carton of milk. Two opened containers of cereal soaked with milk were observed. Approximately 75% of the cereal remained in the containers. An unopened packet of iodized salt was observed on the meal tray. An observation at this time of the meal tray card revealed no mention of a salt substitute for seasoning and limiting milk to four (4) oz.</p> <p>An interview with Nursing Assistant (NA) #3 on 03/23/12 at 8:10 AM revealed nursing assistants utilize the tray cards to ensure residents' dietary needs were correct. During the interview, NA #3 observed Resident #126's tray card and breakfast tray. She stated the resident had received the correct menu.</p> <p>An observation on 03/23/12 at 11:59 AM of</p> | F 363 | | |

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| F 363 | <p>Continued From page 2</p> <p>Resident #126's lunch tray revealed an unopened packet of iodized salt on the tray.</p> <p>An interview with the Dietary Manager (DM) on 03/23/12 at 1:22 PM revealed she expected the dietary staff to review menus for therapeutic diets before preparing meal trays. She added she expected the dietary staff to know a renal diet required a salt substitute instead of a salt packet for all meals and a four (4) oz. container of milk for breakfast. The DM was unaware NAs utilized the tray cards to ensure residents were served the correct menus.</p> <p>An interview with Dietary Aide (DA) #1 on 03/23/12 at 1:31 PM revealed she knew a renal diet required a salt substitute instead of iodized salt. She stated she placed seasonings on the breakfast and lunch trays today. DA #1 added she missed the renal diet notation on Resident #126's tray cards and placed a salt packet on the breakfast and lunch trays.</p> <p>An interview with DA #2 on 03/23/12 at 1:37 PM revealed she knew a renal diet required a four (4) oz. container of milk for breakfast. She stated she placed fluids on the breakfast trays today. DA #2 added she missed the renal diet notation on Resident #126's tray card and placed an eight (8) oz. container of milk on the breakfast tray.</p> | F 363 | | | |