F 279 SS=D

483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS

A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.

The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.

The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).

This REQUIREMENT is not met as evidenced by:
Based on medical record review, observation, and interview, the facility failed to update the care plan for two residents (#13, #14) of twenty-four residents reviewed.

The findings included:
Resident #13 was admitted to the facility on July 12, 2007, with diagnoses including Alzheimer's Dementia, Arthritis, Cardiomegaly, Psychotic Disorder and Heart Failure.

LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

EXECUTIVE DIRECTOR 09/15/11
Continued From page 1

Medical record review of the MDS (Minimum Data Set) dated June 4, 2011, revealed the resident had severe cognitive impairment and required assistance of one to two people for all activities of daily living.

Medical record review of the Plan of Care dated February 18, 2011, revealed no documentation of the use of a Geri chair with an attached tray table.

Observation on June 27, 2011, at 2:30 p.m., and June 28, 2011, at 10:45 a.m. and 2:30 p.m., revealed the resident seated in the Geri chair with the tray table in use in front of the resident. Observation revealed no observations of meals being served or activities taking place.

Interview with the Assistant Director of Nursing Services, on June 28, 2011, at 9:10 a.m., in the Advanced Alzheimer's Care Unit nursing station confirmed the care plan was not updated to include the use of the attached tray table as an intervention.

Resident #14 was admitted to the facility on September 12, 2008, with diagnoses including Multiple Sclerosis and Left Sided Hemiplegia.

Medical record review of the Minimum Data Set (MDS) dated March 5, 2011, revealed the resident has range of motion (ROM) impairment of both upper and lower extremities bilaterally.

Review of an Occupational Therapy Screening dated June 14, 2011, revealed "...has left resting hand splint...

Medical record review of the Nursing Care Plan...
F 279: Continued From page 2

dated January 15, 2011, and updated on June 7, 2011, revealed no specific interventions for the resident’s impaired range of motion and no interventions regarding the resident’s hand splint or exercise bands.

Observation on June 28, 2011, at 3:00 p.m., revealed the resident lying in bed with a splint to the left hand and forearm and exercise bands attached to the side-rails.

Interview with the resident on June 28, 2011, at 3:00 p.m., in the resident’s room confirmed the resident has Multiple Sclerosis and Left Sided Hemiplegia with impaired strength and ROM in both upper and lower extremities.

Interview with the Rehabilitation Director on June 28, 2011, at 3:15 p.m., in the facility’s conference room revealed the resident was not receiving any therapy or restorative nursing services currently. Further interview revealed the resident has a self-exercise program that the resident performed with there-bands on the bed rails. Interview with the Rehabilitation Director confirmed the resident did wear a hand splint to prevent contractures of the left hand.

Interview with the Interim Director of Nursing (DON), on June 29, 2011, at 8:45 a.m., in the DON’s office, confirmed the care plan did not address the resident’s hand splint or self exercise program.

F 371: 483.35(i) FOOD PROCURE,
STORE/PREPARE/SERVE - SANITARY

The facility must -

(1) Procure food from sources approved or
**F 371**

Continued from page 3

considered satisfactory by Federal, State or local authorities; and
(2) Store, prepare, distribute and serve food under sanitary conditions

This **REQUIREMENT** is not met as evidenced by:

Based on observation of the serving line and interview during the preparation of the lunch meal on June 27, 2011, the facility failed to maintain an acceptable food temperature for two of the four foods sampled.

The findings included:

Observation of the serving line at 12:35 p.m., on June 27, 2011, revealed the following:

1) The serving line had begun plating food at 12:15 p.m., food trays had been served to two nursing units, and about twenty residents were presently eating in the main dining room.
2) Observations included the pureed and chopped chicken being served.
3) After calibrating a thermometer, the assistant dietary manager took temperatures of the chicken breast, baked beans, chopped chicken and pureed chicken.
4) The pureed chicken temperature measured 122 degrees and was pulled from the serving line.
5) The chopped chicken temperature measured 134 degrees and was pulled from the serving line.

**Corrective Actions for Targeted Residents:**

A limited number of individuals were affected by the deficient practice. Food was immediately removed from the steam table and replaced. Pureed and ground meats were replaced on the steam table at the correct holding temperature.

**Identification of Other Residents with Potential to Be Affected:**

All residents have a potential to be affected by this practice.

**Systemic Changes:**

Vents were closed over the steam table
New steam table will be purchased. Bids being obtained.

In-service training was provided by Department Manager with all dietary employees on June 28, 2011. In-service completed on temperature policy, how to read a thermometer and when to record food temperatures

1) End of cooking 2) Beginning of service and 3) Mid point of service. All temperatures will be posted on the Department logs and reviewed daily by the DSM.
**GOLDEN LIVINGCENTER - MOUNTAIN VIEW**

<table>
<thead>
<tr>
<th>ID PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LBO IDENTIFYING INFORMATION)</th>
<th>ID PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 371</td>
<td></td>
<td>Interview with the assistant dietary manager, at 12:50 p.m., on June 27, 2011, adjacent to the serving line, verified the temperatures of the pureed and chopped chicken were below the required 140 degrees.</td>
<td>F 371</td>
<td></td>
<td>Monitoring: The ED and DSM will complete an ED dietary checklist weekly through September 15, 2011 and then monthly thereafter to include a review of the meal temperature logs. The DSM will complete a daily start up checklist to include monitoring of daily meal temperatures. All checklist/audits will be reviewed for trends with results and action plans reported in quarterly QA&amp;A minutes.</td>
<td>7/15/11</td>
</tr>
</tbody>
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