

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/15/2024
NAME OF PROVIDER OR SUPPLIER Landmark of Lancaster Rehabilitation and Nursing C		STREET ADDRESS, CITY, STATE, ZIP CODE 308 West Maple Avenue Lancaster, KY 40444	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>44974</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to ensure food preferences were honored for one (1) of eight (8) sampled residents (Resident #8) related to his/her food dislikes and preferred food/drink requests.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Resident Diet History and Food Preference Guidance, dated 05/09/2023, last reviewed 02/14/2024, revealed, All residents would be interviewed for a diet history with food and beverage preferences documented. Continued review revealed tray enhancements such as high-calorie, high-protein foods, fortified foods, and other food interventions were to be initiated as needed to maintain nutritional parameters. Further review revealed Food and beverage preferences would be noted on the tray ticket and honored at meal services when possible.</p> <p>Record review revealed the facility admitted Resident #8 on 11/21/2022, with diagnoses of other diseases of the Pancreas, dysphagia, and spondylosis.</p> <p>Continued review of Resident #8's record revealed a physician's order for the resident to receive a regular texture diet with thin liquids. Further record review revealed no documented evidence of a contraindication for the resident to receive orange juice.</p> <p>Review of the breakfast menu for 03/14/2024 revealed bacon listed as the only meat on the menu.</p> <p>Review of the temperature logs for 03/14/2024 revealed no documentation noting sausage patties were listed, the only sausage noted was ground sausage and pureed sausage.</p> <p>Review of Resident #8's tray card dated 03/14/2024, revealed for breakfast, daily the resident was to receive milk, orange juice, yogurt, fruit, fortified foods, toast, and sausage. However, observation on 03/14/2024 at 8:35 AM, revealed Resident #8's breakfast tray contained a French toast slice, bacon, cottage cheese, a cup of fruit, milk, and a red liquid in a glass. Further observation revealed no visual evidence of the resident's preferred orange juice or sausage.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #8 's tray card dated 03/15/2024 revealed breakfast daily: milk, orange juice, yogurt, fruit fortified foods, and bacon. However, observation on 03/15/2024 at 8:40 AM, of Resident #8's meal tray revealed eggs, a slice of toast, gelato (a type of ice cream), and orange juice. Further observation revealed no visual evidence of the resident's preferred sausage.</p> <p>In interview with Resident #8 on 03/14/2024 at 8:35 AM, the resident stated he/she had notified staff of his/her dislike of bacon and had requested to have sausage only. Resident #8 stated he/she continued receiving bacon on his/her tray frequently in spite of his/her requests. The resident stated he/she had also requested orange juice on his/her tray for meals, but only received the orange juice occasionally. Resident #8 further stated he/she did not want and had requested not to have cottage cheese and fruit for breakfast, but continued to receive those foods on his/her breakfast tray.</p> <p>During an interview with the Regional Dietary Manager (DM) on 03/15/2024 at 4:00 PM, he stated he was aware residents' food preferences should be honored if at all possible. He stated if a resident's choice and preference was for sausage, rather than bacon, there was always the availability of bacon and sausage every morning to meet that choice. The Regional DM stated he was not certain why Resident #8's tray card had sausage listed, but staff had placed bacon on the tray instead. The Regional DM stated the facility's process was for residents' dietary orders and preferences to be placed into the computer system, and from there the resident's tray card was printed with each meal for staff to know what to place on their tray.</p> <p>During an interview with the Administrator (ADM) on 03/15/2024 at 4:30 PM, she stated she expected residents' preferences to be honored. She stated the contracted agency staff for the kitchen was a pilot program that started in November, and she was uncertain of how long the pilot program was to be in place. The ADM further stated the prior Dietician left last week, and the Regional DM was the facility's interim at that time.</p>		