

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195493	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/18/2024
NAME OF PROVIDER OR SUPPLIER  Kinder Retirement and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  13938 Hwy 165 Kinder, LA 70648	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47251</b></p> <p>Based on record review and interview, the facility failed to ensure the resident's Minimum Data Set (MDS) was completed accurately for 1 (Resident #10) out of 21 sampled residents.</p> <p>Findings:</p> <p>Review of Resident #10's electronic medical record revealed she was admitted to the facility on [DATE] with diagnoses that included but not limited to, End Stage Renal Disease and Dependence on Renal Dialysis.</p> <p>Review of Resident #10's Quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 06/03/2024 revealed in Section O (Special Treatments, Procedures and Programs) that the resident was not coded for dialysis treatment.</p> <p>Review of Resident #10's June 2024 Physician Orders read in part, 05/15/2024 Dialysis Q (every) Mon (Monday)/Fri (Friday).</p> <p>On 06/18/2024 at 4:09 p.m., an interview and record review with S1MDSC (Minimum Data Set Coordinator) was conducted of Resident #10's MDS, with an ARD of 06/03/2024, and June 2024 physician orders. She confirmed that Resident #10 had a current order for dialysis treatment and that the MDS was coded inaccurately.</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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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>47004</p> <p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>Based on observation, interview, and record review the facility failed to meet the nutritional needs of residents in accordance with established national guidelines. The facility failed to follow the menu in regard to portion size to ensure nutritional adequacy of the meal for 51 residents that received regular diets prepared by the facility kitchen. Findings:</p> <p>Review of the facility's undated policy titled: Menu Planning on 06/18/2024 read in part .</p> <p>Purpose: To assure that a variety of nutritious foods that meet the residents' needs are purchased, prepared and served to the residents. Policy: 3. All items on the menu must have a standardized recipe that has an ingredient listing which will yield the appropriate number off portions. Existing recipes must be adjusted as necessary to guarantee adequate yield.</p> <p>Review of the facility's approved Menu Matrix menu revealed on 06/17/2024 the facility was on week 4. The regular diet lunch to be served with serving size consisted of red beans and sausage -6 oz., steamed rice -4 oz., mustard greens -4 oz., and cornbread 1 sq.</p> <p>Observation on 06/17/2024 at 11:40 a.m. revealed S2 Dietary Manager serving mustard greens using a 3 oz. scoop and Red beans and sausage using a 4 oz. scoop for 5 resident trays receiving regular diets.</p> <p>Interview on 06/17/2024 at 11:52 a.m. S2 Dietary Manager revealed after a review of the menu and serving size S2 Dietary Manager confirmed the residents served received only 3 oz. of greens instead of 4 oz. and 4 oz. of beans/sausage instead of 6 oz. S2 Dietary Manager confirmed she and staff were to serve residents according to the serving sizes posted on the menu but had not done so. S2 Dietary Manager confirmed the residents were served using the wrong scoop size, and the scoops and ladles should have checked prior to the meal service but had not been.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>47004</p> <p>Based on interview and record review the facility failed to ensure pureed foods were prepared according to the approved recipe by methods, which conserved nutritional value for 7 residents that are served pureed diets by the facility's kitchen.</p> <p>Findings:</p> <p>Review of the facility's undated policy on 06/18/2024 titled: Use of Recipes read in part .</p> <p>Policy: Recipes are to be used when preparing menu items. Procedure: 3. Cooks are expected to use and follow the recipe provided.</p> <p>Observation on 06/17/2024 at 11:04 a.m. revealed S3 Dietary [NAME] preparing puree meal of mustard greens, red beans/sausage, and rice. S3 Dietary [NAME] was observed placing an unmeasured amount of each food item into the blender, and did not refer to a recipe prior to preparing the items. S3 Dietary Aide stated she did not refer to the recipe as she only knew to place the food in the blender and blend until the food was blended to the appropriate thickness. S3 Dietary [NAME] stated if she had to add juices and the item came out too thin she would add thickener. Observation revealed S3 Dietary [NAME] placed (3) 3 oz. scoops of greens into blender, blend the food, then added an unmeasured amount of thickener. S3 Dietary [NAME] then placed the greens on the steam table to be served. Observation of puree beans/sausage/rice revealed S3 Dietary [NAME] placed (2) 8 oz. scoops of rice and (6) 1 oz. scoops of beans/sausage into the blender, blended the food, and placed on steam line for serving.</p> <p>Interview on 06/17/2024 at 02:30 p.m. S2 Dietary Manager confirmed S3 Dietary [NAME] did not utilize the recipe to prepare puree meals and should have. S2 Dietary Manager stated she had not trained staff to use the recipe when preparing meals, but confirmed she should have.</p>