

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265787	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2024
NAME OF PROVIDER OR SUPPLIER Laverna Manor Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 904 Hall Avenue Savannah, MO 64485	

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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>47195</p> <p>Please refer to Event ID: RX1712</p> <p>Based on observation and interview the facility failed to ensure menus were prepared in advance when menus were developed and prepared to meet resident choice when menus were not posted in advance, residents were not offered to choose their menu options, and alternatives were not posted for residents to see. This deficient practice affected three of five sampled residents, (Resident #2, #3 and #4) The facility census was 58.</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 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>47195</p> <p>Please refer to Event ID: RX1712</p> <p>Based on observation and interviews, the facility failed to ensure staff served food to the residents that was palatable, attractive, and served at a safe and appetizing temperature when hot food was not served at an appetizing temperature (Resident #1, #2, #3, and #4), when meat was too hard to be cut (Resident #5), and when condiments were not offered (Resident #1) for five of five sampled residents (Resident #1, #2, #3, #4, and #5). The facility had a census of 58.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47195</p> <p>Please refer to Event ID: RX1712</p> <p>Based on observation, record review, and interviews the facility failed to store, prepare, and serve food in accordance with professional standards of food service safety when staff failed to maintain food temperatures during distribution from the kitchen to the steam table and from service point to resident delivery. The facility failed to maintain temperatures out of danger zone and did not temperature check foods on the steam table after reheating in the kitchen and transporting the food to steam table. The facility did not check the temperature of food warmed in the microwave to ensure it was at a safe temperature. The facility failed to cover all foods for transport to special care unit, failed to maintain safe food preparation when they reused meal trays for meal service delivery to other residents in the dining room. The facility failed to ensure their dishwashing temperatures were checked and documented on the temperature log daily. The facility census was 58 residents.</p>		