

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150017	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/11/2013
NAME OF PROVIDER OR SUPPLIER LUTHERAN HOSPITAL OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 7950 W JEFFERSON BLVD FORT WAYNE, IN 46804		
(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	
S000000	<p>This visit was for a State hospital complaint investigation.</p> <p>Date of Survey: 4/11/2013</p> <p>Facility Number: 005016</p> <p>Complaint # IN00124520 Unsubstantiated: Lack of sufficient evidence. Unrelated deficiency is cited.</p> <p>Surveyor : Albert Daeger, Medical Surveyor</p> <p>QA: claughlin 04/30/13</p>	S000000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150017	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/11/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER LUTHERAN HOSPITAL OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 7950 W JEFFERSON BLVD FORT WAYNE, IN 46804
--	--

(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
S000610	<p>410 IAC 15-1.5-2 INFECTION CONTROL 410 IAC 15-1.5-2(f)(3)(D)(x)</p> <p>(f) The hospital shall establish an infection control committee to monitor and guide the infection control program in the facility as follows: (3) The infection control committee responsibilities shall include, but not be limited to, the following: (D) Reviewing and recommending changes in procedures, policies, and programs which are pertinent to infection control. These include, but are not limited to, the following:</p> <p>(x) A program of food preparation and storage for all personnel involved in food handling which includes, but is not limited to, the following:</p> <p>(AA) Storage of employee food in patient refrigerators.</p> <p>(BB) Medications in nutrition refrigerators.</p> <p>(CC) Refrigerator and freezer temperature monitoring.</p> <p>Based on documentation review and observation, the facility failed to ensure the Dietary Department was complying with basic sanitation practices specified in 410 IAC 7-24, Retail Food Establishment Sanitation Requirements.</p>	S000610	<p>1. Cafeteria Supervisor instructed her team to stop utilizing a bowl to refill salad bar lettuce container during peak meal periods. Immediate compliance was observed. Periodic monitoring will be conducted to assure compliance. 2. All wall-mounted hand sanitizers were removed from the Cafeteria serving areas and placed above the sinks 3. One bottle of lotion was removed</p>	06/30/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150017	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/11/2013
NAME OF PROVIDER OR SUPPLIER LUTHERAN HOSPITAL OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 7950 W JEFFERSON BLVD FORT WAYNE, IN 46804		
(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	
	<p>Findings included:</p> <p>1. Lutheran Hospital of Indiana Nutritional Services Policy #23.9.0 , Guidelines for Infection Control, last approved October 2011 states, "Unsanitary food service can play a significant role in disease transmission. Maintenance of sanitation standards is of paramount importance in medical-care facilities. Prevention of infection in a food service department requires health personnel, properly maintained equipment, uncontaminated supplies, and an ongoing awareness of proper sanitation and hygiene. At a minimum, we follow Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24."</p> <p>2. Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24 effective November 13, 2004 notes: cold holding temperature requirements shall register 41 F or less; routine</p>		<p>from the hot entrée area immediately. No lotion has been observed in any food serving areas since April 12, 2013. Periodic monitoring will be conducted to assure compliance.4. Floor mats were placed back on the floor immediately. No mats have been observed rolled up or leaning against any wall in any serving areas since April 12, 2013. Periodic monitoring will be conducted to assure compliance.5. Soap buckets (green) and sanitizing buckets (red) have been observed consistently in all serving areas since April 12, 2013. Sanitizing buckets are randomly checked each week for appropriate level, 200 – 400 ppm, of sanitizing solution.</p> <p>6. No blue and white service towels have been observed in any serving areas since April 12, 2013. 7. Glove dispensers were mounted on walls next to hand sinks on April 17, 2013. No boxes of gloves have been observed in any service area since April 12, 2013. Periodic monitoring will be conducted to assure compliance.8. Service towels were immediately removed from all serving areas and the Cafeteria Team was instructed why. Mickey's Linens was immediately contacted to begin supplying hot pads for cooks to utilize each day when handling hot items. A supply of hot pads</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150017		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/11/2013	
NAME OF PROVIDER OR SUPPLIER LUTHERAN HOSPITAL OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 7950 W JEFFERSON BLVD FORT WAYNE, IN 46804			
(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			
	<p>monitoring of chemical concentration, pH, temperature, and exposure time for chemical sanitizing; be protected from contamination by storing the food in a clean, dry location and where it is not exposed to splash, dust, or other contamination; cutting boards that are subject to scratching and scoring shall be resurfaced if they can no longer be effectively cleaned and sanitized, or discarded if they are not capable of being resurfaced; Equipment compartments that are subject to accumulation of moisture due to water from melting ice shall be sloped to an outlet that allows complete draining; and maintain sanitary conditions for equipment and utensils.</p> <p>3. At 12:45 PM on 4/11/2013, the cafeteria was toured. The salad bar was serving chopped tuna. The tuna registered 51 Fahrenheit. The hand sink located behind the cafeteria serving line was observed obstructed with accumulation of</p>		<p>began being delivered on April 18, 2013 for cook's use and are consistently restocked 2 times per week. 9. Cafeteria Supervisor educated Cafeteria team on the importance of changing utensils every 4 hours. Practice of changing tongs out regularly began on Monday, April 15, 2013. Periodic monitoring will be conducted to assure compliance.10. A new cutting board was purchased on April 15, 2013 and installed on April 25. The cutting board that was inspected on April 12, 2013 was discarded when the new one arrived because it could not be effectively resurfaced. A second new cutting board has also been ordered as a back up. 11. Cafeteria team members have been educated on how to use dissolvable, CAMBRO labels that clearly identify each food item, the date is was prepared and the date that an item needs to be discarded. A CAMBRO label is required on every item that is stored in all coolers throughout the department. 12. Cafeteria Supervisor conducted an in-service on hand hygiene on April 30, May 1, and May 2, 2013 to ensure each team member was able to attend and that each team member was properly educated on hand hygiene. 13. Engineering and Maintenance did inspect and adjust each</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150017	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/11/2013
NAME OF PROVIDER OR SUPPLIER LUTHERAN HOSPITAL OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 7950 W JEFFERSON BLVD FORT WAYNE, IN 46804		
(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	
	boxes, soiled utensil, etc. The sanitizing bucket containing solution for food-contact surface was registering "0" parts per million. The manufacturer requires the concentration to register between 150 and 400 parts per million quaternary ammonia concentration. The white cutting board behind the hot bar of the cafeteria serving line was observed with deep crevices that prevent easy cleaning of the counter surface. The cutting board also was observed with 2 white towels folded and laying on the left side of the cutting board. Two utensils were observed laying on the towels. The stand-up cooler located behind the grill station in the cafeteria was registering 58 F. Two containers of chicken salad located in the stand-up cooler were registering 43 and 45 degrees Fahrenheit respectively. The counter cooler under a cold bar on the serving line was observed with heavily soiled dampened towels in it. The inside surface of the cooler was wet and		reach-in cooler and reach-in freezer to ensure proper temperature. An outside vendor was contracted to repair the reach-in cooler located in the grill area. All cooling and freezing equipment has been maintaining appropriate ambient temperature since April 16, 2013.14. New cold thermometers were purchased for every reach-in cooler and reach-in freezer in the Cafeteria. They were put into service on Thursday, April 18, 2013. 15. Policy is still under review. Updated temperature logs were put into practice on Monday, April 15, 2013 as scheduled prior to the inspection. Hot meal items and salad bar items are temped approximately every 2 hours. 16. Serving utensils have been used in all serving areas since April 12, 2013 to alleviate the risk of improper use of gloves to serve food. 17. Cafeteria Supervisor developed and implemented an updated cleaning and sanitizing checklist for all team members to follow that ensures proper sanitation at all times. New checklist was implemented on Wednesday, April 24, 2013.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150017	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/11/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER LUTHERAN HOSPITAL OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 7950 W JEFFERSON BLVD FORT WAYNE, IN 46804
--	--

(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
	was observed with heavy accumulation of loose food and other soil debris on them. The cooler was storing cheese and assorted drinks.			