

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151505	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/20/2016
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NAME OF PROVIDER OR SUPPLIER VNA HOSPICE HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 2401 VALLEY DR VALPARAISO, IN 46383
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(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
S 0000 Bldg. 00	This was the 2016 ISDH Annual Compliance Survey based on the Retail Food Establishment Sanitation Requirements at 410 IAC 7-24. Facility Number: 005122 Survey Dates: 6/20/2016	S 0000		
S 9999 Bldg. 00	Please see the Retail Food Establishment Inspection Report-Electronic included with	S 9999	142 Per VNAcontract with Porter Hospital, all delivered food items will be handled andcooked per HACCP guidelines for serving safe food. The	10/03/2016

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.

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	this document for deficiencies related to 410 IAC 7-24.		<p>written procedure was signed and dated as approved by the VNA registered dietician on 9-2-16. Responsible party: VNA Registered Dietician</p> <p>188 Volunteers and staff who re-thermalize patient meals will be re-trained per facility procedure regarding re-thermalizing of all foods to appropriate and safe temperatures. In-servicing will be completed by September 25th, 2016. Responsible party: VNA Registered Dietician</p> <p>191 Volunteers and staff will be retrained on facility policy regarding labeling and dating of all foods in the refrigerator and freezer. In-servicing will be completed by September 25th, 2016. Responsible party: VNA Registered Dietician</p> <p>295 Ice dispensing machine will be cleaned twice daily and de-limed per manufacturer's guidelines. Documentation will be kept on file. Process began on 6-21-16. Responsible party: VNA Registered Dietician</p> <p>118 The VNA has always employed a Registered Dietician, Michelle Murphy-Wise who was never a certified food handler. Facility was unaware of this requirement as it was never cited previously. A new Registered Dietician has been employed. VNA will ensure a staff member obtains a certified food handler certificate by 10-3-16. Responsible party: VNA Registered Dietician</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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