

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  151500		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  08/27/2013	
NAME OF PROVIDER OR SUPPLIER  HOSPICE OF THE CALUMET AREA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 600 SUPERIOR AVE MUNSTER, IN 46321			
(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 was the 2013 ISDH Annual Compliance Survey based on the Retail Food Establishment Sanitation Requirements at 410 IAC 7-24.</p> <p>Facility Number: 005787</p> <p>Survey Dates: 8/27/2013</p> <p>Surveyors: Albert Daeger, CFM, SFPIO Medical Surveyor</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN September 4, 2013</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:  151500	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/27/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  HOSPICE OF THE CALUMET AREA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 600 SUPERIOR AVE MUNSTER, IN 46321
---	--

(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
S009999	Please see the Retail Food Establishment Inspection Report-Electronic included with this document for deficiencies related to 410 IAC 7-24.	S009999	The deficiency was corrected during the inspection when the open container of milk was immediately discarded. Completion Date: 08-27-2013 The Volunteer Coordinator mailed a letter to all WJR Memorial Residence volunteers re-educating on the safe storage and disposal of potentially hazardous foods. The letter was also distributed to staff members. The letter instructs volunteers and staff that TCS/potentially hazardous foods can be safely kept at 41 degrees Fahrenheit or lower for a maximum of 7 days. TCS/potentially hazardous foods need to be labeled with an open date and discard date when the original container is opened. The letter also instructs volunteers and staff to document the name of the food item and the cooked food temperature on the Food Temperature Log. There is a safe cook temperature chart in the kitchen for volunteer and staff to reference. Meat, eggs, poultry, fish or shellfish that are cooked in the microwave must be cooked to at least 165 degrees Fahrenheit. The letter was also posted in the kitchen and staff room. Completion Date: 09-10-2013 The Volunteer Coordinator updated the Volunteer Task List to include labeling TCS/potentially	08/27/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  151500	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  08/27/2013
NAME OF PROVIDER OR SUPPLIER  HOSPICE OF THE CALUMET AREA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 600 SUPERIOR AVE MUNSTER, IN 46321		
(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>hazardous foods with both the opened and discard dates. The Food Temperature Log was updated to include the food item and the cooked temperature. Completion Date: 09-05-2013 The WJR Food Service Self Study Module for volunteers and staff was updated with additional information on labeling, storing and cooking TCS/potentially hazardous foods. Completion Date: 09-10-2013 The Plan of Correction was reviewed with Hospice of the Calumet Area's Registered Dietician. Completion Date: 09-10-2013 The Volunteer Coordinator will conduct weekly onsite inspections for 4 weeks to ensure volunteer and staff compliance. Completion Date: 10-12-2013 If no compliance issues after 4 weeks, the Volunteer Coordinator will do random inspections. Completion Date: Ongoing As noted above, the Volunteer Coordinator has been responsible for the action steps. The PI Coordinator is responsible for the overall correction and ensuring the deficiency will not reoccur.</p>		