STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151509	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 03/26/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIANA UNIVERSITY HEALTH HOSPICE	619 W 1ST ST BLOOMINGTON, IN 47403

(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	This was the 2014 ISDH Annual Compliance Survey based on the Retail Food Establishment Sanitation Requirements at 410 IAC 7-24. Facility Number: 005811 Survey Dates: 3/26/2014 Surveyors: Albert Daeger, CFM, SFPIO Medical Surveyor Quality Review: Joyce Elder, MSN, BSN, RN March 27, 2014	S000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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S009999	Please see the Retail Food Establishment Inspection Report-Electronic included with this document for deficiencies related to 410 IAC 7-24.	S009999	April 3, 2014 Indiana State Department of Health Indiana Retail Food Inspection Survey Date: 03/26/2014 Indiana University Health Hospice House 5811 2810 S. Deborah Drive Bloomington, Indiana 47403 Plan of Correction Submitted by: Cynthia Templeton, Administrative Director Indiana University Health Hospice House Event ID# KI8L11 Violation – Code Section - 191 Finding(s): 1 The stand-up refrigerator was observed storing an opened package of cheese that had a labeled date affixed to it of 10/06/2013. The potentially hazardous food (opened package of sliced cheese) was not discarded in 7 days. At 12:30 PM, staff member #1 confirmed the dated label was the date the package of cheese was opened. 1. Plan of Correction: The violation was corrected on 3/26/2014. The opened package of bulk cheese was immediately discarded as evidenced by the Indiana Retail Food Inspector,	04/03/2014

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NAME OF PROVIDER OR SUPPLIER INDIANA UNIVERSITY HEALTH HOSPICE		STREET ADDRESS, CITY, STATE, ZIP CODE 619 W 1ST ST BLOOMINGTON, IN 47403	

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			Albert Daeger. 2. Prevention Strategy Individually wrapped portions of cheese will be purchased and used by the “used by date” as specified on the package. Indiana University Health Hospice House will no longer purchase bulk cheese. 3. Responsibility The Registered Dietician for the Indiana University Health Hospice House will purchase individually wrapped portions of cheese for use at the Hospice House. The individually wrapped portions of cheese will be used by the “used by date” as specified on the package. 4. Implementation Date The implementation date for this change in procedure is 4/3/2014. Staff members at Indiana University Health Hospice House were in-serviced on this change in procedure on 4/3/2014 via email notification to staff and flyer notifications placed in all staff mailboxes at Indiana University Health Hospice House. The Registered Dietician and the Indiana University Health Hospice House staff will monitor opened food and assure it is used by the “used by date” as specified on the package. The Clinical Director of Indiana University Health Hospice will be responsible for assuring	

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			compliance.	