

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  151502	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/15/2014
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NAME OF PROVIDER OR SUPPLIER  OUR HOSPICE OF SOUTH CENTRAL INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2626 E 17TH ST COLUMBUS, IN 47201
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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
S000000	<p>This was the 2014 ISDH Annual Compliance Survey based on the Retail Food Establishment Sanitation Requirements at 410 IAC 7-24.</p> <p>Facility Number: 005119</p> <p>Survey Dates: 1/15/2014</p> <p>Surveyors: Albert Daeger, CFM, SFPIO Medical Surveyor</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN January 27, 2014</p>	S000000		
S009999	<p>Please see the Retail Food Establishment Inspection Report-Electronic included with</p>	S009999	<p>This deficiency was corrected by immediately removing the low-temperature dishwashing detergent from the kitchen area and replacing it with the hi-temperature dishwashing</p>	01/15/2014

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.		detergent as specified on the label. This was obtained by local resources. To keep this deficiency from recurring the supplier of the dishwashing detergent was notified of the need to only send dishwashing detergent that specified on the label that it was to be used in hi-temperature dishwashers. All kitchen staff were notified of the change and inserviced to only use detergent that is specified to be used in hi-temperature dishwashers. The Administrator will be responsible for ensuring that this correction plan is implemmented.		