

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151581	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/27/2013
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NAME OF PROVIDER OR SUPPLIER BLUE SKIES HOSPICE INCORPORATED	STREET ADDRESS, CITY, STATE, ZIP CODE 2714 169TH ST HAMMOND, IN 46323
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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: 003611</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.

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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	Tag 118 1. Deficiency corrected staff member responsible for kitchen attended a sure safe course on 08/27/13 and recertification exam taken. 2. To prevent the deficiency from re occurring the staff member responsible for the kitchen will have certification inserted into the EMR system and a reminder will be given when certification is expired . 3.The responsible person will be the executive Director 4. Date deficiency corrected 05/27/13 Tag 141 A sign was placed on the refrigerator door that stated This refrigerator is for patients only please do not put any items inside unless approved by staff members All patient items must be labeled, dated and stored in a sealed container - Staff members will be in-serviced on proper storage of raw foods in the refrigerator. 2. To prevent this deficiency from reoccurring the refrigerator will be checked every 2 hours for proper storage of raw items while patients are housed in the facility. 3. The responsible party will be the clinical manger 4.Date deficiency will be completed 10/01/2013 Tag 173 1. the shrimp and tomatoes were discarded and the refrigerator was sanitized. A sign was placed on the refrigerator door that stated "This refrigerator is for patients only please do not put	09/03/2013

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			<p>any items inside unless approved by staff members ". and another sign stating "All patient items must be labeled, dated and stored in a sealed container." Staff members will be in-serviced on washing storing vegetables. 2. To prevent this deficiency from reoccurring the refrigerator will be checked every 2 hours for proper storage of raw items while patients are housed in the facility. 3. The responsible party will be the clinical manger 4.Date deficiency will be completed 10/01/201 Tag 303 1. A log of dishwasher temperatures will be kept daily when patients are housed in the unit. Staff was In-serviced on the procedure to obtain dishwasher temperature and document in the log book. 2. To prevent reoccurrence the temperature log book will be monitored weekly when patients are housed in the facility. 3. The clinical manger whit be responsible for this. 4. Date deficiency corrected 09/03/13 Tag119 The PIC did not ensure basic sanitation practices were followed and this included date making , cleanliness, proper concentration of sanitizer and following facility loud related policies and procedures for preventing cross contamination. 1.The kitchen staff was in-serviced on basic sanitation practices , dating patient food items, cleaning utensils, refrigerator, and all contact areas.</p>		

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			<p>In addition, kitchen staff was in-serviced on preventing cross contamination. 2. To prevent this from reoccurring the clinical manger will make weekly visits to assess the kitchen and monitor for cleanliness, dates, and cross contamination. 3. The clinical manger will be responsible for this 4. Dale deficiency corrected 10/01/13 Tag 218 Wooden cabinet broken under 2 compartment sink 1. Wooden cabinet repaired 09/03/13 2. To prevent reoccurrence clinical monger will monitor kitchen area weekly to determine if repairs are necessary 3. Clinical manger will he responsible for this 4. Mete deficiency corrected 09/03/13 Tag 295 1. The refrigerator was sanitized end cleansed . Staff was in-servi ced on procedure to clean the refrigerator and the need for cleanliness 2. To prevent reoccurrence the clinical manger wilt examine the kitchen area weekly when patients are housed in the facility 3 Clinical manger will be responsible for this 4. Date deficiency corrected 09/03/13 Tag 187 1. The deficiency was corrected by initiating a log of all hot and cold foods prepared for patients when they are medically able to consume nutrition. The staff members were in-serviced on the correct technique to obtain temperatures of food and how to document temperatures of food in the food log manual. 2. To prevent the deficiency from</p>	

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			<p>reoccurring temperature logs will be monitored weekly by the clinical manger when patients are housed in the unit. 3. The clinical manger will be responsible for this 4. Date deficiency corrected 09/03/13 Tag 191 1. The deficiency was corrected immediately by labeling and dating the protein shake bottle. Staff will be in-serviced on labeling and dating foods stored in the refrigerator, 2 To prevent this deficiency from reoccurring the clinical manger will monitor the refrigerator every 2 hours when patients are housed in the facility. 3. The clinical manger will be responsible for this. 4. Date deficiency corrected 09/03/13 Tag 294 1. The deficiency was corrected immediately and a new sanitizing concentration of 50-90 ppm was mixed. All areas were cleansed with appropriate sanitizer. All staff was in-serviced on the preparation of sanitizer and procedure to sanitize counters, refrigerator and all areas in contact with food preparation area. 2. To prevent reoccurrence a log will be kept documenting sanitizing concentration when patients are housed in the facility. 3. The clinical manger will be responsible for this 4. Date deficiency corrected 09/03/13</p>	