

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151507	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/31/2014
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NAME OF PROVIDER OR SUPPLIER ST VINCENT HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 8450 N PAYNE RD STE 100 INDIANAPOLIS, IN 46268
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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: 005124</p> <p>Survey Dates: 7/24/2014</p> <p>Surveyors: Albert Daeger, CFM, SFPIO Medical Surveyor</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN July 25, 2014</p>	S000000	<p>The containers of degreaser and disinfectant wipes were moved away from utensils and single use itmes at the time of the survey. The dietary associate was instructed on the proper placement and storage of the degreaser and disinfectant wipes by the surveyor and again by the Quality Manager. A sign was posted to alert other dietary associates of proper placement and storage of these items on 7/28/14. The Quality Manager will make a visual inspection of the area monthly to ensure compliance.</p>	
S009999	<p>Please see the Retail Food Establishment Inspection Report-Electronic included with</p>	S009999	<p>The dietary associate for St Vincent Hospice was instructed by the surveyor at the time of survey on the correct process for testing the sanitizer concentration. The associate was instructed by the surveyor at</p>	07/31/2014

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.		the time of survey on the appropriate time the reagent strip should remain immersed in the solution to achieve the correct reading. The associate was instructed on the manufacturer's specified range of 150 to 400 parts per million by the surveyor at the time of survey. The associate provided a return demonstration to the Quality Manager successfully to ensure corrective education was retained and embraced. A sign was posted on 7/28/14 to alert other dietary associates of the correct method to mix and test the disinfectant solution. The Quality Manager will make a monthly check (until the automatic dispenser is installed) to ensure compliance. Linda Farley hospice manager has requested installation of an automatic sanitizer dispenser; eliminating the need for staff to manually mix the proper concentration. Linda Farley will follow up until the automatic dispenser is installed.		