

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151547	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/09/2012
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NAME OF PROVIDER OR SUPPLIER HANCOCK MEMORIAL HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 1560B STATE ST GREENFIELD, IN 46140
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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
S0000	<p>This was the 2012 ISDH Annual Compliance Survey based on the Retail Food Establishment Sanitation Requirements at 410 IAC 7-24.</p> <p>Facility Number: 009173</p> <p>Survey Dates: 4/09/2012</p> <p>Surveyors: Albert Daeger, CFM, SFPIO Medical Surveyor</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN April 9, 2012</p>	S0000		

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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S9999	Please see the Retail Food Establishment Inspection Report-Electronic included with this document for deficiencies related to 410 IAC 7-24.	S9999	DEFICIENCY CORRECTIONS Steps Taken: 1. On 4/10/12, a policy on the requirements of delivery of food service was initiated (Attachment 1). 2. On 4/13/12, a program to ensure that the food delivered to hospice patients meets 410 IAC 7-24 (temperature of food to be 135 or above for hot food and 41 or below for cold food) was implemented. Ongoing Compliance: This program requires frequent and random testing of food at the point of delivery/service to the patient. This data will be gathered, maintained and evaluated by hospice staff and included in the overall hospice quality program (Attachment 2). The Hancock Regional Hospital dietary staff will continue to monitor the temperature of food as it leaves the kitchen and provide access to that data at any time. Person Responsible: Crissa Mulkey, RN, Administrator	04/16/2012	