

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155197	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/30/2015
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NAME OF PROVIDER OR SUPPLIER SANCTUARY AT ST PAULS	STREET ADDRESS, CITY, STATE, ZIP CODE 3602 S IRONWOOD DR SOUTH BEND, IN 46614
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00177923.</p> <p>Complaint IN00177923- Substantiated. Federal/State deficiencies related to the allegation are cited at F465.</p> <p>Survey dates: July 29 & 30, 2015</p> <p>Facility number: 000104 Provider number: 155197 AIM number: 100266590</p> <p>Census bed type: SNF: 8 SNF/NF: 53 Residential: 105 Total: 166</p> <p>Census payor type: Medicare: 13 Medicaid: 31 Other: 17 Total: 61</p> <p>Sample: N/A</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>This Plan of Correction constitutes the written allegation of compliance for the deficiency cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by State and Federal law. St. Paul's respectfully requests the Plan of Correction and supporting documentation be considered for desktop review. We declare date of compliance on August 28, 2015.</p>	

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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F 0465 SS=C Bldg. 00	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRONMENT</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation, interview and record review, the facility failed to ensure residents ate their meals in dining rooms without stained tablecloths and chairs. This deficient practice affected 23 of 26 residents who ate their meals on the Level 2 dining room and 30 of 36 residents who ate their meals in the Level 3 dining room.</p> <p>Finding includes:</p> <p>On 7/29/15 between 3:45 P.M. and 4:15 P.M., an environmental tour was conducted with the facility Administrator, during which the following was observed:</p> <p>1. Level 2 dining room:</p> <p>Ten (10) of 10 dark green tablecloths had multiple circular stains located in various areas on the tablecloths.</p> <p>Six (6) of 9 light green vinyl chairs had multiple circular stains located on the</p>	F 0465	<p>Q1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; A1. No resident were affected.</p> <p>Q2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; A2. None; no negative outcomes.</p> <p>Q3. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur; A3. Administrator ordering new table linens to replace existing stained tablecloths and napkins. The table linen policy has been revised to change out tablecloths daily after all meals by culinary associates. Housekeeping Manager to implement table linen program for laundry associates to spot clean, use chemical boost in wash and pull stained table linens from inventory. The Housekeeping Manager will be re-applying strength scotch guard to the fabric on all the dining room chairs</p>	08/28/2015

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	<p>back and seat of the chairs.</p> <p>2. Level 3 dining room:</p> <p>Eleven (11) of 11 dark green tablecloths had multiple circular stains located in various areas on the tablecloths.</p> <p>Six (6) of 6 light green vinyl chairs had multiple circular stains located on the back and seat of the chairs.</p> <p>During an interview with the Administrator, conducted at that time, the Administrator indicated the tablecloths and chairs were stained and needed to be cleaned. The Administrator further indicated, the chairs were new and spot cleaned daily as well as deep cleaned weekly and as needed, and that the facility was consulting with the manufacture for stain resistant cleaning supplies.</p> <p>On 7/29/15 at 4:28 P.M., the Administrator provided the procedure titled, a "INN" Table Setting Linen Notification, and indicated the procedure was the one currently used by the facility. The Notification did not address stained tablecloths.</p> <p>On 7/29/15 at 4:28 P.M., the Administrator provided the procedure</p>		<p>located on Level 2/3to prevent stains from setting in. Housekeeping Manager to implement diningroom chair program for housekeepers/floor techs to monitor daily after allmeals for spills and food debris allowing for proper cleaning to be conducted.</p> <p>Q4. How the corrective action(s) will be monitored to ensure the deficientpractice will not recur i.e., what quality assurance program will be put into place; and A4. Dietician to educate the culinary associateson the revised policy for proper table linen setting and cleaning for diningrooms. Housekeeping Manager to educate housekeeping, laundry and culinary associateson the revised policies for appropriate condition and cleaning techniques for table linens and dining room chairs. The facility has developed auditing toolsfor housekeeping and laundry associates to monitor condition of table linensand dining room chairs. Housekeeping Manager or designee to monitor daily for 4weeks and then continue to monitor weekly on housekeeping rounds. Housekeeping Manager to report monthlyfindings to MDQI Committee for 6 months and then a re-evaluation will beconducted to determine if any further interventions are required.</p> <p>Q5. By what date the systemic changes will becompleted; A5. August 28,</p>	

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	<p>Complaint IN00177053.</p> <p>Complaint IN00177053- Substantiated. No deficiencies related to the allegation are cited.</p> <p>Residential census: 105</p> <p>Sample: 3</p> <p>Sanctuary at Saint Paul's was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00177053.</p>		<p>the written allegation of compliance for the deficiency cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by State and Federal law. St. Paul's respectfully requests the Plan of Correction and supporting documentation be considered for desktop review. We declare date of compliance on August 28, 2015.</p>		