

PRINTED: 01/21/2011
FORM APPROVED

Indiana State Department of Health

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 004392	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/19/2011
NAME OF PROVIDER OR SUPPLIER DIGBY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 167 COUNTY ROAD WEST 240 SOUTH LAFAYETTE, IN 47905		
(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) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: January 18, 19, 2011</p> <p>Facility number: 004392 Provider number: 004392 AIM number: N/A</p> <p>Survey team: Megan Wyant, RN, TC Brenda Nunan, RN</p> <p>Census bed type: Residential: 36 Total: 36</p> <p>Census Payor Type: Other: 36 Total: 36</p> <p>Sample: 7</p> <p>These State residential findings are in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed 1-20-11 Cathy Emswiler RN</p>	R 000	<p>Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.</p> <p>Citation #1 R-117 410 IAC 16.2-5-1.4(b) PERSONNEL-Deficiency</p>	
R 117	<p>410 IAC 16.2-5-1.4(b) Personnel - Deficiency</p> <p>(b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of</p>	R 117	<p>What Corrective action will be taken for those residents found to be affected by this deficient practice: No residents were found to be affected.</p>	

*addendum
Request for
02-09-11
Plemon*

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature] RA

TITLE

(X6) DATE

2/2/11

STATE FORM

0090

1NIP11

If continuation sheet 1 of 8

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R 117	<p>Continued From page 1</p> <p>one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions.</p> <p>This RULE is not met as evidenced by: Based on record review and interview, the facility failed to ensure at least one staff person working each shift was certified in CPR and First Aid. This deficient practice had the potential to effect 36 of 36 residents currently residing in the facility. (CNA #1, CNA #2, CNA #3, and CNA #4).</p> <p>Personnel files were reviewed on 01/19/2011 at 12:00 p.m. The personnel files indicated 6 of 25 employees were certified in CPR(cardio-pulmonary resuscitation) and First Aid. Documentation was lacking to indicate CNA #1, CNA #2, CNA #3, and CNA #4 had certifications for CPR and First Aid.</p> <p>The employee schedules for 12/22/10 through 1/18/11 were reviewed on 01/19/2011 at 12:30 p.m. The schedules indicated there were no CPR/First Aid certified staff working the 2 p.m. to 10 p.m. shift on the following dates: 12/26/2010, 12/29/2010, 01/02/2011, 01/08/2011, 01/09/2011, 01/15/2011, and 01/16/2011. The schedule</p>	R 117	<p>How we will identify other residents having the potential to be affected by the same deficient practice and What measures or systematic change will be made to ensure this deficient practice does not recur: The Residence Director and Wellness Director were re-educated to the Indiana state ruling 410 IAC 16.2-5-1.4 (b) Personnel. The Residence Director scheduled CPR and First Aide training for staff to ensure continued compliance with 410 IAC 16.2-5-1.4 (b) Personnel. The Residence Director has developed and implemented a "tickler file" of staff CPR and First Aide training re-certification dates to ensure continued compliance. The Residence Director will review staffing schedule to ensure at least one awake staff member with current CPR and First Aide certification is on duty at all times.</p>	

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R 117	Continued From page 2 further indicated there were no CPR/First Aid certified staff working the 10 p.m. to 6 a.m. shift on the following dates: 12/27/2010, 12/29/2010, 01/01/2011, 01/02/2011, 01/04/2011, 01/07/2011, 01/12/2011, 01/15/2011, and 01/16/2011. During an interview with the Resident Director on 01/19/2011 at 2:30 p.m., he indicated there were no staff with CPR/First Aid certification working during the aforementioned shifts. A job description, titled "Personal Service Assistant (certified nursing assistant), was provided by the Resident Director on 01/19/2011 at 2:40 p.m. The job description indicated, "...CPR/First Aide Certified if required by state regulations...."	R 117	How the corrective action will be monitored to ensure the deficient practice does not recur: The Residence Director or designee will perform a weekly review of employee files to ensure a staff member is scheduled with current CPR and First Aide certification. Findings will be reviewed and corrected through our Q.A. process. Date completed: 02/07/2011	
R 151	410 IAC 16.2-5-1.5(h) Sanitation & Safety Standards -Noncompliance (h) Any pet housed in a facility shall have periodic veterinary examinations and required immunizations. This RULE is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure resident's pets had current immunizations for 1 of 1 residents owning a pet in a sample of 7 residents (Resident # 30). During observations on 01/18/2011 at 12:45 p.m., a cat was observed lying on Resident # 30's bed. A certificate of vaccination, dated 09/15/09, indicated the cat owned by Resident # 30 received the Purevax rabies vaccination on 09/15/2009. The record indicated the next vaccine was due 09/15/2010. Documentation	R 151	Citation #2 R-151 410 IAC 16.2-5-1(h) Sanitation & Safety Standards-Noncompliance Corrective taken for the resident found to have been affected by this deficient practice: Resident #30's pet was examined and immunized on 01/26/2011. The Residence Director placed a copy of Resident # 30's pet immunization record within the resident's administrative file. Identifying and correcting other residents who may be affected: No residents were found to have been affected.	

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R 151	Continued From page 3 was lacking to verify the vaccine had been given. During an interview on 01/18/2011 at 5:15 p.m., the Resident Director indicated the cat had not been vaccinated since 2009. An undated policy, titled "Pets," and identified as current, was provided by the Resident Director on 01/18/2011 at 11 a.m. The policy indicated, "...Residence "house" pets ... Given required immunizations as necessary...."	R 151	<p>Measures or systemic changes made to ensure that this does not happen again: The Residence Director and Wellness Director were re-educated to our policy & procedure regarding pet examinations and immunization records. The Residence Director and Wellness Director were also re-educated to Indiana regulation 410 IAC 16.2-5-1.5 (b) Sanitation and Safety Standards. The Residence Director or designee will place a copy of the pet's examination and immunization record in the administrative file to ensure continued compliance.</p> <p>How the Corrective actions will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place: The Residence Director or designee will review each resident's file monthly to ensure continued compliance with veterinary examinations and immunization records for pets residing at Digby House. Findings will be corrected and reviewed through our Q.A. process.</p> <p>Date completed: 01/31/2011</p>	
R 154	410 IAC 16.2-5-1.5(k) Sanitation and Safety Standards - Deficiency (k) The facility shall keep all kitchens, kitchen areas, common dining areas, equipment, and utensils clean, free from litter and rubbish, and maintained in good repair in accordance with 410 IAC 7-24. This RULE is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure the kitchen was maintained in clean order related to dried food debris on cabinets, on shelves in the cabinets, debris in the vegetable refrigerator and the freezer, and food debris in and on the microwave. This deficient practice had the potential to effect 36 of 36 residents who eat foods prepared from the kitchen. Findings include: During the kitchen observation on 1/18/11 at 10:10 a.m., and 1/19/11 at 9:10 a.m., with the Dining Service Coordinator (DSC) the following was observed: 1. There were 20 cabinets below waist level with	R 154		

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R 154	<p>Continued From page 4</p> <p>sticky food debris on the tops of the cabinet doors and running down in streaks between the cabinet doors. Inside of the cabinets there was visible food debris and crumbs on the shelves.</p> <p>2. The microwave had visible food debris on the inside. There was sticky food debris on the outside door and the door release.</p> <p>3. The vegetable refrigerator had dried food debris located on the inside bottom shelf of the refrigerator. There was a shelf in the refrigerator that had a plastic tub filled with grapes, lemons, and celery. In the bottom of the plastic tub was a sticky, red colored substance with other dried food debris also present in the tub.</p> <p>4. There was dried food debris located on the inside bottom shelf of the freezer.</p> <p>During an interview with the DSC at the time of the observation on 1/19/11 at 9:10 a.m., she indicated the cabinets, microwave, refrigerator, and freezer should have been free from food debris. She indicated she did not have a formal written cleaning schedule and had nothing to provide to identify when the cabinets, microwave, refrigerator, or freezer had last been cleaned. She indicated cleaning duties in the kitchen were done on Sundays.</p> <p>A policy and procedure dated 6/2008, titled "Kitchen sanitation and safety" provided by Resident Director on 1/19/11 at 3:35 p.m., indicated "...food preparation and serving areas must be cleaned on a regular basis...a schedule for routine and deep cleaning should be maintained and followed...." Documentation indicated the policy included a daily, weekly, and monthly kitchen cleaning schedule.</p>	R 154	<p>Citation #3 R-154 410 IAC 16.2-5-1.5(k) Sanitation and Safety Standards-Deficiency How we will identify other residents having the potential to be affected by this deficient practice: No residents were found to have been affected. What Corrective action will be taken for those residents found to have been affected by this deficient practice: No residents were found to have been affected. What measure or systemic changes have been made to ensure the deficient practice does not recur: The Residence Director and Dining Service Coordinator have been re-educated to our policy and procedure regarding kitchen safety and standards. The Residence Director developed a kitchen cleaning schedule for staff and cooks to complete. The Residence Director or designee will conduct daily rounds of kitchen to ensure compliance with food safety and sanitation standards.</p>	

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R 273	<p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency</p> <p>(f) All food preparation and serving areas (excluding areas in residents' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>This RULE is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure foods were sealed appropriately, dated when opened, and outdated foods were discarded in 1 of 1 kitchen observed for safe food handling practices. This deficient practice had the potential to effect 36 of 36 residents currently residing in the facility.</p> <p>Findings include:</p> <p>During the kitchen tour with the Dining Service Coordinator (DSC) on 1/18/11 at 10:10 a.m., the following was observed:</p> <p>Dry Storage Unit:</p> <ol style="list-style-type: none"> 1. There was a 25 pound bag of bread crumbs with 1/4 of the bag remaining that was folded over and the contents were open to air. <p>During an interview with the DSC at the time of the observation she indicated the bag is usually rolled closed and secured with a rubber band. She indicated the storage of the bag was inappropriate.</p> <ol style="list-style-type: none"> 2. There was a bag of pecans with 1/4 of the bag remaining that was folded over and the contents were open to air. <p>During an interview with the DSC at the time of</p>	R 273	<p>R 154</p> <p>How will we monitor to ensure this deficient practice does not recur: The Residence Director or designee will review each resident's administrative file monthly to ensure continued compliance with veterinary examination and immunization records for pets residing at Digby House. Findings will be reviewed and corrected through our Q.A process</p> <p>Date completed: 02/07/2011</p>	

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R 273	<p>Continued From page 6</p> <p>the observation she indicated the bag is usually rolled closed and secured with a tape. She indicated the storage of the bag was inappropriate.</p> <p>3. There was a bag of potato slices with 1/4 of the bag remaining that was folded over and the contents were open to air.</p> <p>During an interview with the DSC at the time of the observation she indicated the bag is usually rolled closed and secured with a tape. She indicated the storage of the bag was inappropriate.</p> <p>Refrigerator:</p> <p>4. There was a bag of English muffins with two muffins remaining in the bag. There was no date of the bag of muffins to indicated when it had been opened.</p> <p>5. There was a block of salami with 1/2 of the salami remaining in the plastic wrap. There was no date on the plastic wrap to indicate when the salami had been opened.</p> <p>During an interview with the DSC at the time of the observation she indicated the muffins and salami should have been dated when they were opened.</p> <p>6. There was a plate of ham slices covered with saran wrap on the shelf. There was no date on the food to indicate when it had been served.</p> <p>7. There was a large bowl of cheese potatoes covered in saran wrap on the shelf. There was no date on the food to indicate when it had been served.</p>	R 273	<p>Citation #4 R273 410 IAC 16.2-5-5.1(f) FOOD and NUTRITION SERVICES</p> <p>What corrective action will be accomplished for those residents found to have been affected by this deficient practice: No residents were found to have been affected. Food items identified were discarded by the Residence Director.</p> <p>How the facility will identify other residents having the potential to be affected by this deficient practice and what corrective action will be taken: No other residents were found to be affected.</p>	

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R 273	Continued From page 7 During an interview with the DSC at the time of the observation she indicated left over food that is kept should be dated with the date it was served to the residents. She indicated the foods had not been dated and had been served the previous day. 8. There was a plastic container with a lid which contained roast beef slices. The date on the container indicated the roast beef was served on 1/13. During an interview with the DSC at the time of the observation she indicated the facility had a 3-day left over policy. She indicated after the third day the food should be pulled and disposed of. She indicated the roast beef should have been removed from the refrigerator on 1/16/11. A policy and procedure dated 6/2008 titled "Storage of products" provided by the Wellness Director on 1/19/11 at 8:50 a.m., identified as current indicated "...Wrap, cover, or seal all refrigerated...foods and label with the preparation date...Once opened, foods which have been stored in dry storage should either be refrigerated or sealed in air tight containers such as re-closable plastic bags or containers...bags...can be rolled to close and held in place with tape...when placing products in storage, date each item....store all prepared foods in an appropriate container...and label with the type of food and the date...leftover foods that cannot be frozen must be discarded after THREE days from the refrigerator if not used...."	R 273	What measure or systemic changes have been made to ensure the deficient practice does not recur: The Residence Director, Dining Service Coordinator, and cooking staff were re-educated to our policy and procedure regarding food safety and sanitation. The Residence Director developed a checklist to be completed by the kitchen staff daily to ensure continued compliance with labeling, discarding, and covering of food items. How will we monitor to ensure this deficient practice does not recur: The Residence Director or designee will perform weekly reviews of the kitchen to ensure continued compliance with Indiana state regulation 410 IAC 16.2-5-5.1(f) Food and Nutritional Services. Findings will be reviewed and corrected through our Q.A. process. Date completed: 2/7/2011	



Digby House

A Senior Living Community
by Assisted Living Concepts, Inc.

4392

Addendum

Indiana State Department of Health
Attention: Rebecca
Fax# 317-233-7322

February 9, 2011

Facility#: 004392

RE: Survey Event ID: 1NIP11

Plan of Correction/Addendum

Please accept the following correction:

The mistake was made on page 6 of the POC. Although it says **R 273** on that page, the inappropriate response was to **R154**- "How we will monitor to ensure this deficient practice doesn't recur." I had to use that page because lack of room to place it by the associated tag#. I'm attaching a new page 6 to replace the existing page 6, that has the inaccurate response. I'm also attaching page 7&8 that has the response to R273.

If you have any other questions or need additional information please don't hesitate to call.

Respectfully,

Mark Thompson, HHA
Residence Director

*Approved
02-22-11
R. Thompson*

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R 273	<p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency</p> <p>(f) All food preparation and serving areas (excluding areas in residents' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>This RULE is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure foods were sealed appropriately, dated when opened, and outdated foods were discarded in 1 of 1 kitchen observed for safe food handling practices. This deficient practice had the potential to effect 36 of 36 residents currently residing in the facility.</p> <p>Findings include:</p> <p>During the kitchen tour with the Dining Service Coordinator (DSC) on 1/18/11 at 10:10 a.m., the following was observed:</p> <p>Dry Storage Unit:</p> <p>1. There was a 25 pound bag of bread crumbs with 1/4 of the bag remaining that was folded over and the contents were open to air.</p> <p>During an interview with the DSC at the time of the observation she indicated the bag is usually rolled closed and secured with a rubber band. She indicated the storage of the bag was inappropriate.</p> <p>2. There was a bag of pecans with 1/4 of the bag remaining that was folded over and the contents were open to air.</p> <p>During an interview with the DSC at the time of</p>	R 273	<p>154 continued</p> <p>How will we monitor to ensure this deficient practice does not recur: The Residence Director or designee will conduct daily rounds of the kitchen to ensure continued compliance with food safety and sanitation standards. Findings will be reviewed and corrected through our Q.A. process.</p> <p>Date completed: 02/07/2011</p>	

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R 273	<p>Continued From page 6</p> <p>the observation she indicated the bag is usually rolled closed and secured with a tape. She indicated the storage of the bag was inappropriate.</p> <p>3. There was a bag of potato slices with 1/4 of the bag remaining that was folded over and the contents were open to air.</p> <p>During an interview with the DSC at the time of the observation she indicated the bag is usually rolled closed and secured with a tape. She indicated the storage of the bag was inappropriate.</p> <p>Refrigerator:</p> <p>4. There was a bag of English muffins with two muffins remaining in the bag. There was no date of the bag of muffins to indicated when it had been opened.</p> <p>5. There was a block of salami with 1/2 of the salami remaining in the plastic wrap. There was no date on the plastic wrap to indicate when the salami had been opened.</p> <p>During an interview with the DSC at the time of the observation she indicated the muffins and salami should have been dated when they were opened.</p> <p>6. There was a plate of ham slices covered with saran wrap on the shelf. There was no date on the food to indicate when it had been served.</p> <p>7. There was a large bowl of cheese potatoes covered in saran wrap on the shelf. There was no date on the food to indicate when it had been served.</p>	R 273	<p>Citation #4 R273 410 IAC 16.2-5-5.1(1) FOOD and NUTRITION SERVICES</p> <p>What corrective action will be accomplished for those residents found to have been affected by this deficient practice: No residents were found to have been affected. Food items identified were discarded by the Residence Director.</p> <p>How the facility will identify other residents having the potential to be affected by this deficient practice and what corrective action will be taken: No other residents were found to be affected.</p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 004392	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/19/2011
NAME OF PROVIDER OR SUPPLIER DIGBY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 167 COUNTY ROAD WEST 240 SOUTH LAFAYETTE, IN 47905		
(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)	(X6) COMPLETE DATE
R 273	Continued From page 7 During an interview with the DSC at the time of the observation she indicated left over food that is kept should be dated with the date it was served to the residents. She indicated the foods had not been dated and had been served the previous day. 8. There was a plastic container with a lid which contained roast beef slices. The date on the container indicated the roast beef was served on 1/13. During an interview with the DSC at the time of the observation she indicated the facility had a 3-day left over policy. She indicated after the third day the food should be pulled and disposed of. She indicated the roast beef should have been removed from the refrigerator on 1/16/11. A policy and procedure dated 6/2008 titled "Storage of products" provided by the Wellness Director on 1/19/11 at 8:50 a.m., identified as current indicated "...Wrap, cover, or seal all refrigerated...foods and label with the preparation date...Once opened, foods which have been stored in dry storage should either be refrigerated or sealed in air tight containers such as re-closable plastic bags or containers...bags...can be rolled to close and held in place with tape...when placing products in storage, date each item....store all prepared foods in an appropriate container...and label with the type of food and the date...leftover foods that cannot be frozen must be discarded after THREE days from the refrigerator if not used...."	R 273	What measure or systemic changes have been made to ensure the deficient practice does not recur: The Residence Director, Dining Service Coordinator, and cooking staff were re-educated to our policy and procedure regarding food safety and sanitation. The Residence Director developed a checklist to be completed by the kitchen staff daily to ensure continued compliance with labeling, discarding, and covering of food items. How will we monitor to ensure this deficient practice does not recur: The Residence Director or designee will perform weekly reviews of the kitchen to ensure continued compliance with Indiana state regulation 410 IAC 16.2-5-5.1(f) Food and Nutritional Services. Findings will be reviewed and corrected through our Q.A. process. Date completed: 2/7/2011	