

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155508	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/13/2013
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NAME OF PROVIDER OR SUPPLIER  TRANSCENDENT HEALTHCARE OF BOONVILLE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 725 S SECOND ST BOONVILLE, IN 47601
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F000000	<p>This visit was for the Investigation of Complaint IN00132623.</p> <p>Complaint IN00132623-Substantiated. Federal/State deficiencies related to the allegation are cited at F371.</p> <p>Survey date: August 13, 2013</p> <p>Facility number: 000451 Provider number: 155508 AIM number: 100266240</p> <p>Survey team: Amy Winger, RN</p> <p>Census bed type: SNF: 4 SNF/NF: 58 Total: 62</p> <p>Census payor type: Medicare: 15 Medicaid: 39 Other: 8 Total: 62</p> <p>Sample: 3</p> <p>This deficiency reflect state findings cited in accordance with 410 IAC 16.2.</p>	F000000	By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective August 28, 2013 to the complaint survey conducted on August 13, 2013. In addition, we respectfully request a paper review	

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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	Quality review completed on August 14, 2013, by Jodi Meyer, RN			

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F000371 SS=F	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation, interview, and record review the facility failed to ensure the kitchen and kitchen equipment was clean, food was prepared and served under sanitary conditions in that, staff did not have hair completely contained with a hairnet, the floor in the walk in refrigerator was soiled, the range top and outer area were soiled, and the kitchen floor was soiled. This had the potential to affect 62/62 residents who resided in the building.</p> <p>Findings include:</p> <p>The following was observed on 08/13/13 at 8:05 a.m.:</p> <ol style="list-style-type: none"> <li>CA (Cook Assistant) #1 and CA #2 were observed to not have hair completely contained in a hairnet.</li> <li>The floor in the walk in refrigerator underneath the milk shelf was observed to be soiled with white debris. During an interview, at that</li> </ol>	F000371	<p><b>F371 It is the practice of Transcendent Healthcare of Boonville to assure that food is prepared, stored, and served in a manner that is within acceptable sanitation guidelines. The correction action taken for those residents found to be affected by the deficient practice include:</b> There are no specific residents identified. However, the dietary department has been thoroughly cleaned and the cleaning schedules to maintain are being followed. Specific cleaning has occurred in the walk-in-refrigerator, the range top and outer area, and the floor. The staff are also now wearing hairnets properly. <b>Other residents that have the potential to be affected have been identified by:</b> Potentially all residents could be affected. Please see systematic changes below to prevent reoccurrence. <b>The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur include:</b> All dietary staff has been in-serviced related to</p>	08/28/2013	

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	<p>time, Cook #1 indicated the debris was milk spillage and the floor in the walk in refrigerator was cleaned every other day.</p> <p>3. The range top and outer area were observed to be soiled with black debris and a grease film. During an interview, at that time, Cook #1 indicated, the debris was grease and grime.</p> <p>4. The floor throughout the kitchen was observed to be sticky and have many areas of dried spillage and built up debris around the edges. During an interview, at that time, Cook #1 indicated the floors should be mopped at least weekly.</p> <p>During an interview on 08/13/13 at 9:15 a.m., the HFA (Health Facilities Administrator) indicated the kitchen needed a thorough cleaning and the dietary staff should have hair completely contained with a hairnet.</p> <p>The Dietary Cleaning Schedule provided by Cook #1 on 08/13/13 at 8:20 a.m. indicated the floor in the walk in refrigerator should be cleaned when soiled, the range top and outer area should be cleaned daily, the floors should be swept after each meal and mopped daily.</p>		<p>assuring that the dietary is maintained properly related to cleaning schedules and expectation of sanitation. In addition, the in-service included the proper utilization of hairnet and assuring that all hair is properly covered and properly contained. The new Dietary Manager will be responsible for assuring that the kitchen is maintained properly and that staff following the cleaning schedules as assigned and that hairnets are worn properly. <b>The corrective action taken to monitor performance to assure compliance through quality assurance is:</b> A Performance Improvement Tool has been initiated that randomly observes the dietary department 2 times in a weekly period to assure that the areas is identified as clean and that hairnets are on properly. The Dietary Manager, or designee, will complete this tool weekly x3, monthly x3, and then quarterly x3. Any issues identified will be immediately corrected. The Quality Assurance Committee will review the tools at the scheduled meetings with recommendations as needed for additional interventions as necessary. <b>The date the systemic changes will be completed:</b> August 28, 2013</p>				

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	<p>The Dietary Sanitation Policy, provided by the HFA on 08/13/13 at 1:00 p.m. indicated, "...1. Presence of cleaning schedule that identifies areas that are to be cleaned and the schedule they are to be cleaned. The cleaning schedule designates areas that need to be cleaned either after each use, daily, weekly or monthly... 9. Hairnet should be worn at all times when in Dietary as part of sanitation.."</p> <p>3.1-21(i)(2) 3.1-21(i)(3)</p>			