

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 10/24/2013
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NAME OF PROVIDER OR SUPPLIER VILLAGES AT HISTORIC SILVERCREST THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1809 OLD VINCENNES ROAD NEW ALBANY, IN 47150
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F000000	<p>This visit was for an Initial Certification and State Licensure Survey.</p> <p>Survey dates: October 23 and 24, 2013</p> <p>Facility number: 012619 Provider number: NA AIM number: NA</p> <p>Survey team: Gloria J. Reisert MSW - TC Caitlin Lewis, RN Julie Dover, RN (10/24/13) Joan Laux, RN (10/23/13)</p> <p>Census bed type: SNF: 2 SNF/NF: 0 Residential: 15 Total: 17</p> <p>Census payor type: Medicare: 0 Medicaid: 0 Other: 17 Total: 17</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p>	F000000		

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 October 28, 2013 by Cheryl Fielden , RN			
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F000371 SS=B	<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</p> <p>Based on record review, observation and interview, the facility failed to ensure a dietary employee with facial hair wore protective coverings to prevent food contamination during 3 of 3 kitchen and/or dining room observations. This deficient practice affected 2 of 2 Health Center residents.</p> <p>Findings included:</p> <p>1. During a kitchen observation on 10/23/13 between 10:15 a.m., and 10:45 a.m., while accompanied by the the Director of Food Service, he was observed to have a short trimmed moustache that was not covered. He was observed walking around the kitchen checking inside the walk-in freezer and refrigerator, dry storage, looking over the trays of cookies newly baked being transferred onto another plate and the condiment prep area which contained tomatoes, lettuce and onions.</p>	F000371	<p>The submission of this Plan of Correction does not indicate an admission by The Historic Villages of Silvercrest that the findings contained herein are accurate and true representations of the quality of care and services provided to the residents of Silvercrest. This facility recognized it's obligation to provide legally and medically necessary care and services to it residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities (Title 18/19 programs) to this end; this plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statue only.1. Dietary employee no longer has facial hair. All staff members entering the kitchen with facial hair are wearing protective coverings. 2. All residents had the potential to be affected, but none were. Based on</p>	10/25/2013			

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	<p>2. During a kitchen and dining room observation on 10/23/13 between 11:50 a.m., and 1:00 p.m., the Director of Food Service was observed to have the same short trimmed moustache that was not covered. During this observation, he was observed to go between the kitchen and the dining room to obtain the residents' food requests and to pass refreshments to the residents. When in the kitchen, the Director was observed to open the bottle of thickened root beer and look inside the bottle to check the thickness of the liquid, then gave it back to the dietary aide to pour out into a glass to give the resident.</p> <p>3. During a dining room observation on 10/24/13 between 11:55 a.m., and 1:10 p.m., the Director of Food Service was observed to have the same short trimmed moustache that was not covered. During this observation, he was observed to go between the kitchen and the dining room to obtain the residents' food requests, give them salads and to pass refreshments to the residents.</p> <p>At 1:10 p.m. on 10/24/13, a request was made to the Director of Food Service for a copy of the facility's</p>		<p>observation of food served, no hairs were found and no complaints voiced by residents.3. All staff was educated on 10/25/13 by Executive Director, Administrator or Director of Health Services on the requirement to wear a protective covering for facial hair. During new hire orientation all staff will be educated on fine dining standards including wearing protective coverings for facial hair. 4. Director of Food Service, Assistant Director of Food Service or assigned leadership meal manager will audit the use of facial hair protective coverings at each meal 1 time/day x 4 weeks, 1 time/week x 4 weeks then 1 time/month x 4 months or until 100% compliance. Results will be monitored and reviewed monthly in Quality Assurance meeting. Noncompliance will result in requirement of action plan to be implemented until compliance achieved. Proper use of protective coverings for facial hair will also be reviewed quarterly by Home Office Clinical Support as part of Clinical Assessment tool. 5. Compliance Date: 10/25/2013</p>	

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R000000	<p>current policy on covering facial hair. At 1:14 p.m., he presented it. Review of the policy at this time included, but was not limited to: "Guideline:...Beard restraints are required in any food production area. Facial hair is not exempt from the hair restraint standard..."</p> <p>3.1-21(i)(3)</p> <p>The following residential deficiency is cited in accordance with 410 IAC 16.2-5.</p>	R000000					

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R000273	<p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (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>Based on record review, observation and interview, the facility failed to ensure a dietary employee with facial hair wore protective coverings to prevent food contamination during 3 of 3 kitchen and/or dining room observations. This deficient practice affected 10 of 15 Residential Residents.</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. During a kitchen observation on 10/23/13 between 10:15 a.m., and 10:45 a.m., while accompanied by the the Director of Food Service, he was observed to have a short trimmed moustache that was not covered. He was observed walking around the kitchen checking inside the walk-in freezer and refrigerator, dry storage, looking over the trays of cookies newly baked being transferred onto another plate and the condiment prep area which contained tomatoes, lettuce and onions. 2. During a kitchen and dining room observation on 10/23/13 between 	R000273	<p>The submission of this Plan of Correction does not indicate an admission by Historic Villages of Silvercrest that the findings contained herein are accurate and true representations of the quality of care and services provided to the residents of Silvercrest. This facility recognized it's obligation to provide legally and medically necessary care and services to it residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities (Title 18/19 programs) to this end; this plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statue only. 1. Dietary employee no longer has facial hair. All staff members entering the kitchen with facial hair are wearing protective coverings. 2. All residents had the potential to be affected, but none were. Based on observation of food served, no hairs were found and no</p>	10/25/2013			

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	<p>11:50 a.m. , and 1:00 p.m., the Director of Food Service was observed to have the same short trimmed moustache that was not covered. During this observation, he was observed to go between the kitchen and the dining room and in/out of the refrigerators to obtain the residents' food requests and to pass refreshments to the residents. He also assisted in preparing side salads and then bring them to the residents for consumption.</p> <p>3. During a dining room observation on 10/24/13 between 11:55 a.m., and 1:10 p.m., the Director of Food Service was observed to have the same short trimmed moustache that was not covered. During this observation, he was observed to go between the kitchen and the dining room to obtain the residents' food requests and serve them, give them salads and to pass refreshments to the residents.</p> <p>At 1:10 p.m., on 10/24/13, a request was made to the Director of Food Service for a copy of the facility's current policy on covering facial hair. At 1:14 p.m., he presented it. Review of the policy at this time included, but was not limited to: "Guideline:...Beard restraints are required in any food</p>		<p>complaints voiced by residents.3. All staff was educated on 10/25/13 by Executive Director, Administrator or Director of Health Services on the requirement to wear a protective covering for facial hair. During new hire orientation all staff will be educated on fine dining standards including wearing protective coverings for facial hair. 4. Director of Food Service, Assistant Director of Food Service or assigned leadership meal manager will audit the use of facial hair protective coverings at each meal 1 time/day x 4 weeks, 1 time/week x 4 weeks then 1 time/month x 4 months or until 100% compliance. Results will be monitored and reviewed monthly in Quality Assurance meeting. Noncompliance will result in requirement of action plan to be implemented until compliance achieved. Proper use of protective coverings for facial hair will also be reviewed quarterly by Home Office Clinical Support as part of Clinical Assessment tool. 5. Compliance Date: 10/25/2013</p>				

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	production area. Facial hair is not exempt from the hair restraint standard..."			
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