

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155665	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/12/2016
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NAME OF PROVIDER OR SUPPLIER JENNINGS HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 701 HENRY ST NORTH VERNON, IN 47265
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00192398, IN00192738, IN00192776 and IN00192818.</p> <p>Complaint IN00192398 - Substantiated. Federal/state deficiencies related to the allegations are cited at F371 and F441.</p> <p>Complaint IN00192738 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00192776 - Substantiated. Federal/state deficiencies related to the allegations are cited at F441.</p> <p>Complaint IN00192818 - Substantiated. Federal/state deficiencies related to the allegations are cited at F371 and F441.</p> <p>Survey dates: February 9, 10 and 12, 2016</p> <p>Facility number: 010996 Provider number: 155665 AIM number: 200232210</p> <p>Census bed type:</p>	F 0000	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider with the statement of deficiencies. The plan of correction is prepared and/or executed because it is required by provision of Federal and State regulations.	

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 0371 SS=F Bldg. 00	<p>SNF/NF: 98 Total: 98</p> <p>Census payor type: Medicare: 7 Medicaid: 70 Other: 21 Total: 98</p> <p>Sample: 5</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 30576 on February 17, 2016.</p> <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 label, store and serve food under sanitary conditions. This deficient practice had the potential to impact all 98 residents in the facility.</p>	F 0371	The plastic cups were discarded. Area throughout side walls and back splashes around main grill/cook area opposite/behind cook lines was cleaned. The O-shaped cereal, lime jello, strawberry jello mix, white icing mix, cheese crackers with peanut	03/09/2016	

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	<p>Findings include:</p> <p>A tour of the facility kitchen was conducted with the Dietary Manager (DM) and the Corporate District Dietary Manager (CDDM) on 2/9/2016 at 11:48 a.m. The following observations were made:</p> <ol style="list-style-type: none"> Dietary Aide # 1 was observed using her bare hands to transfer plastic cups filled with juice from the top/rim of the cups from one tray to resident lunch trays. Brown, caked-on, splatter-shaped discolorations throughout side walls and back splashes around main grill/cook area opposite/behind cooks' line. The DM indicated the area was to be cleaned once per week. Dry Stock Room: A tray with eleven bowls filled with light brown O-shaped cereal loosely covered with plastic cup lids, which indicated, "2/8/16." The plastic cup lids sat inside the bowl and only partially covered the cereal. The DM indicated they did not have bowl lids. The CDDM indicated, "You want to use plastic wrap whenever you run out of lids." 		<p>butter, honey grahams, oatmeal Cream pies, Zesta crackers, fudge rounds, 10 pound box of sausage patties, twenty eggs, two gallons of chocolate milk, corn starch, black pepper, ground oregano, parsley, onion powder, ground cumin, two half-full loaves of bread, two gallons of water and bowl of pudding on D-hall medication card that were not labeled and dated were discarded. The chili that was transferred from the grill to plastic tub was discarded. Residents served from the kitchen have a potential to be affected by this alleged deficient practice. A sanitation audit of kitchen was completed to identify any other areas of concern, and any noted areas of concern addressed and remedied. Re-education will be completed for the Dietary Staff by CDDM or designee by 3-8-16 on the policy, Food Storage: Cold Policy and Procedure, Food Storage - Dry Goods and Food Preparation Policy and Procedure. Sanitation audits of entire kitchen, stock inspection for proper labeling and observation of drink service will be completed by CDDM or designee 5x/week x 4 weeks, 3x/week x 4 weeks, 1x/week x 4 weeks, and monthly x 2 months. Audit results will be reviewed at QAPI committee meetings, and the QAPI committee will determine if further action needs to be taken, and determine the</p>		

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	<p>One 24 ounce (oz) open plastic bag with a white powder, which indicated, "4/22/15." The DM indicated the contents were "lime jello."</p> <p>One 24 oz opened bag of Strawberry Jello Mix, taped closed with no date indicated.</p> <p>One open to air, half-full five pound clear plastic bag of white powder. No label or date was indicated. The DM indicated it was "white icing mix."</p> <p>One half-full five pound clear plastic bag of white powder, open and taped closed. No label or date was indicated. The DM indicated it was "white icing mix."</p> <p>One open 24-count cardboard box of cheese crackers with peanut butter with no open date indicated.</p> <p>One open cardboard box indicating, "6 lb [pound] 200/2 ct [count] pkgs [packages] Honey Grahams" with no open date indicated.</p> <p>One open cardboard box containing individual, open cartons which indicated, "Oatmeal Cream Pies" with no open date indicated on large box or individual open cartons.</p>		continued time schedule for further monitoring.	

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	<p>One open cardboard box indicating, "Zesta Crackers...500/2 ct pkgs" with no open date indicated.</p> <p>One open cardboard box containing individual, open cartons which indicated, "Fudge Rounds 144 Sandwich Cookies" with no open date indicated on large box or individual open cartons.</p> <p>The CDDM indicated, "The boxes need to be labeled when they're open."</p> <p>The DM indicated he did not know when any of the boxes were opened.</p> <p>5. Reach-in Refrigerator:</p> <p>A white cardboard 10 pound box of sausage patties with the lid open and an open, clear plastic bag partially filled with sausage patties open to air. There was no label indicating an open or use-by date.</p> <p>Twenty eggs sitting on the bottom right shelf, not in a carton or labeled in any way.</p> <p>The CDDM indicated, "Those [eggs] should be labeled and dated."</p> <p>Two open, partially full one gallon</p>			

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	<p>containers of 1% chocolate milk with no open date indicated.</p> <p>6. Cooks Line (shelf above prep area):</p> <p>An open, one pound half-full plastic container labeled "Corn Starch" with no open date indicated.</p> <p>One open, 18 ounce half-full plastic container labeled "Black Pepper" with no open date indicated.</p> <p>One open, 11 ounce quarter-full plastic container labeled "Ground Oregano" with no open date indicated.</p> <p>An open, one gallon open, plastic container labeled "Parsley" with no open date indicated.</p> <p>An open, one gallon open, plastic container labeled "Onion Powder" with no open date indicated.</p> <p>An open, one pound, plastic container labeled "Ground Cumin" with no open date indicated and the lid partially open to air.</p> <p>7. Main grill area:</p> <p>Two open, half-full loaves of bread with no label/open date indicated sitting on the</p>			

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	<p>counter next to the grill.</p> <p>Two one gallon open, half-full plastic containers of water sitting on the counter next to the grill.</p> <p>The CDDM indicated the water was "left-over from a water outage last week."</p> <p>The CDDM indicated, "That [bread and water] should all be labeled and dated."</p> <p>8. On 2/9/2016 at 12:24 p.m., following the kitchen tour, the DM was observed transferring a large pot of chili from the grill to the cooks line counter and pouring it into a large plastic tub. The DM did not wash his hands or don gloves prior to handling the food, wiped his brow with his bare hand after transferring the chili, wiped his hand on his pants, and then handled the underside of the lid as he placed it on the plastic tub of chili.</p> <p>9. On 2/9/2016 at 12:38 p.m., LPN # 2 was observed at the D-hall medication cart, which was located in the main dining area. A bowl of cream-yellow colored substance was observed partially covered with an unlabelled plastic cup lid. LPN # 2 indicated the bowl contained pudding and indicated she always used plastic cup lids to cover bowls and indicated she was not aware</p>			

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	<p>that the kitchen ever had properly fitting bowl lids.</p> <p>A copy of the current Food Storage: Cold Policy and Procedure was provided by the CDDM on 2/9/2016 at 1:39 p.m. The policy indicated, "...The Food Services Director/Cook(s) insures [sic] that all food items are stored properly in covered containers, labeled and dated...."</p> <p>A copy of the current Food Storage - Dry Goods Policy and Procedure was provided by the CDDM on 2/9/2016 at 1:39 p.m. The policy indicated, "It is the policy to insure [sic] all dry goods will be appropriately stored in accordance with guidelines of the USDA Food Code...3. The Food Services Director or designee ensures that all packaged and canned food items shall be kept clean, dry, and properly sealed. 4. The Food Services Director or designee ensures that the storage will be neat and arranged for easy identification...."</p> <p>A copy of the current Food: Preparation Policy and Procedure was provided by the Director of Nursing (DON) on 2/10/2016 at 2:45 p.m. The policy indicated, "...Action Steps: 1. The Food Services Director insures [sic] that all staff practice proper handwashing technique and practice proper glove use.</p>			

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F 0441	<p>2. The Food Service Director or Cook(s) are responsible for food preparation procedures that avoid contamination by potentially harmful physical, biological, and chemical contamination...11. All staff will use serving utensils appropriately to prevent cross contamination...Receiving: ...6. All food items will be appropriately labeled and dated...7. All food items will be stored in a manner that insures [sic] appropriate and timely utilization based on the principles of 'first in - first out'...All Dining Services Employees: ...Avoid touching hair, face, mouth, rubbing the skin, or scratching while working...Handle glasses and cups by the bottom, without touching the rims. The rim is the part that makes contact with the customer's mouth...Do not wipe hands on apron or uniform...All employees associated with the handling of food shall wash hands. Hands are washed...at the following times...Before handling food or clean utensils/dishes...After touching hair, skin, beard or soiled apron...."</p> <p>This Federal tag relates to Complaints IN00192398 and IN00192818.</p> <p>3.1-21(i)(1)</p>			
	483.65			

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SS=F Bldg. 00	<p>INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. Based on observation, interview and record review, the facility failed to handle</p>	F 0441	Resident B's laundry was removed from the resident room floor on 2/9/16 by the assigned	03/09/2016

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	<p>soiled linens and transport clean linens to prevent the spread of infection. This deficient practice had the potential to impact all 98 residents in the facility.</p> <p>Findings include:</p> <p>During a random observation on 2/9/2016 at 11:25 a.m., Resident B's room was observed to smell strongly of urine. A pile of clothes, including a pair of jeans with a large oblong damp area, plaid briefs, and a white shirt were observed on the floor near the door.</p> <p>Resident A was interviewed on 2/9/2016 at 1:28 p.m. Resident A indicated, "Sometimes they leave dirty linens on the floor til [sic] the next day."</p> <p>During a random observation on 2/12/2016 at 3:48 p.m., Laundry Aide # 3 was observed in D-Hall with a large, rolling hanging rack of clothes. Laundry Aide # 3 indicated she was returning clean, laundered clothes to residents. Laundry Aide # 3 indicated the rolling rack was to be covered and indicated, "I was in a hurry...I was in a rush."</p> <p>On 2/10/2016 at 2:00 p.m., Resident G indicated she occasionally observed laundry on the floor in her room, as well as in other resident rooms.</p>		<p>C.N.A. The rolling rack of clean clothes was covered on 2/12/16 by Laundry Aide #3. Rooms were observed by the DCS on 2/9/16 to ensure no laundry was on the floor. Rolling racks of clean clothes were observed by the DCS on 2/12/16 to ensure they were covered. Re-education will be conducted by DCS by 3-8-16 regarding proper infection control practices for laundry. Housekeeping Supervisor will re-educate laundry staff regarding infection control procedures for handling clean laundry. Auditing will be conducted by random observation of patient rooms for dirty laundry/linens on floor and rolling clean laundry carts for no less than 5 residents 5x/week for 4 weeks, 3x/week for 4 weeks, weekly x 4 weeks, and monthly x 2 months. Audit results will be reviewed at QAPI committee meetings, and the QAPI committee will determine if further action needs to be taken, and determine the continued time schedule for further monitoring</p>		

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	<p>On 2/12/2016 at 4:16 p.m. the Director of Nursing (DON) indicated "Yes, absolutely [clean linens/clothing should be covered when transported through hallways]."</p> <p>On 2/12/2016 at 4:20 p.m. the Housekeeping/Laundry Manager indicated laundry staff were expected to cover clean linens/laundry when transporting/delivering them through the hallway. She indicated, "There's a blue curtain that goes over the top to cover it up."</p> <p>A copy of the current Laundry Worker Job Description was provided by the Housekeeping/Laundry Manager on 2/12/20016 at 1:40 p.m. The document indicated, "Job Function: Ensures that established sanitation and safety standards are maintained...Follows infection control and universal precautions policies and procedures to ensure that a sanitary environment is maintained at all times..."</p> <p>This Federal tag relates to Complaints IN00192398, IN00192776 and IN00192818.</p> <p>3.1-19(g)(1) 3.1-19(g)(2)</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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