

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155734	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/14/2013
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NAME OF PROVIDER OR SUPPLIER  THORNTON TERRACE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 188 THORNTON RD HANOVER, IN 47243
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F000000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00124018.</p> <p>Complaint IN00124018 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: March 6, 7, 8, 11, 12, 13, and 14, 2013</p> <p>Facility number: 004075 Provider number: 155734 AIM number: 200491220</p> <p>Survey team: Diana Sidell RN, TC Debra Peyton RN (March 6, 7, 8, 12, 13, and 14, 2013) Gordon Tyree RN Gwen Pumphrey (March 6, 7, 8, 11, and 12, 2013)</p> <p>Census bed type: SNF: 18 SNF/NF: 23 Residential: 24 Total: 65</p> <p>Census payor type: Medicare: 18</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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	<p>Medicaid: 12 Other: 35 Total: 65</p> <p>Residential sample: 7</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on March 18, 2013 by Cheryl Fielden RN</p>			

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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</p> <p>Based on observation, interview, and record review, the facility failed to ensure food was stored under sanitary conditions in that expired foods were not discarded from 2 of 2 refrigerators, expired milk cartons were not discarded from the milk cooler, opened bags of frozen foods were not re-sealed in 1 of 2 freezers, and packaged foods were not properly labeled in 2 of 2 freezers and in dry storage observed in the kitchen. This practice had the potential to affect 65 of 65 residents in the facility.</p> <p>Findings include:</p> <p>During an initial tour of the kitchen, on 3/6/13, at 10:30 a.m., with the Assistant Director of Food Services, the walk-in refrigerator was observed to contain 5 bags of sliced corned beef, all with "use or freeze by" dates of 2/9/13. The milk cooler was observed to contain 2 cartons of milk with an expiration date of 3/5/13, and</p>	F000371	<p>Submission of this plan of Correction is not an admission by Thornton Terrace Health Campus that the deficiency alleged in the survey are accurate or depict the quality of services provided to the residents of this health care facility. This plan of correction is submitted timely in accordance w2ith state and Federal Regulatory Guidelines. <b>This plan of correction is intended to serve as the health facility's credible allegation of compliance with State and Federal regulatory requirements</b></p> <p><b>CORRECTIVE ACTION: The milk identified was being stored awaiting pick up from the vendor for</b></p>	04/12/2013			

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	<p>the reach-in refrigerator was observed to contain 1 gallon of milk with "best used by" date of 2/25/13. Both freezers were observed to contain packaged foods with no dates or labels including but not limited to, 4 cakes, 4 bags of strawberries, 13 pies, 7 loaves of bread, and multiple bags of vegetables. The reach-in freezer was observed to contain 1 open bag of onion rings and 2 opened bags of french fries. Dry food storage was observed to contain multiple bags of assorted cereals and 3 bags of dried potato soup with no labeling.</p> <p>During an interview on 3/6/13, at 10:30 a.m., the Assistant Director of Food Services indicated that packaged foods were received in cases. Only the cases were labeled and dated when received.</p> <p>During an interview on 3/13/13, at 10:30 a.m., the Director of Food Services indicated that the omission of labeling dry goods was an oversight on their part and that he was unaware of a need to label all foods in the freezer. He also indicated that the first-in, first-out method was used in the freezer and that stock was rotated twice a week to keep older foods in the front of freezer. He indicated dietary staff</p>		<p><b>credit. It, along with the corned beef were immediately discarded. The unopened &amp; unopened stored frozen food along with the dry goods were also immediately discarded or immediately dated per date identified on shipping invoice of the food. The Director of Food Service</b></p>	

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	<p>know to pull items from the front of freezer and that most frozen items are good for a year.</p> <p>A policy and procedure for "Food Labeling Policy" was provided by the Administrator on 3/12/13 at 10:30 a.m., and identified as their current policy. The policy indicated, but was not limited to, " A date marking system that meets the criteria stated in paragraph (A) and (B) of this section may include...(4) Using calendar dates, days of the week, color-coded marks, or other effective marking methods, provided that the marking system is disclosed to the REGULATORY AUTHORITY upon request."</p> <p>3.1-21(i)(3)</p>		<p><b>and dietary staff were utilizing the "First in First out" method of frozen food storage to ensure that frozen foods were not being stored passed the appropriate time frame.IDENTIFY OTHERS: No Residents were harmed. All stored food was audited to ensure no</b></p>	
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			<p><b>other items were not dated or out dated.MEASURES TAKEN TO PREVENT:All dietary staff were inserviced between 3/18/13 and 3/22/13 on facility policy and procedure of food storage and labeling. MONITORING:All refrigerated, frozen and dry</b></p>	
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			<p><b>food are being monitored by DFS and or designee 5 times per week times 4 weeks then 3 times per week times 2 weeks then 1 time per week times 4 weeks. Food will continue to be monitored weekly thereafter through routine audits by DFS, ADFS and/or Clinical</b></p>		

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			<b>Nutrition Support. Based on findings, the QA team will review thru monthly QA, the need for additional monitoring through development of system action plan. This plan will be monitored through the QA committee until such time that substantial compliance</b>		

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			<p><b>has been achieved. Deficient practice will be addressed through re-in servicing, education and/or counseling.</b></p> <p>COMPLETION DATE: 4/12/13</p>	
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