

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/05/2016
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NAME OF PROVIDER OR SUPPLIER MCKINNEY PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 3901 HIGH STREET RD LOGANSPORT, IN 46947
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: January 4 & 5, 2016</p> <p>Facility number: 004441 Provider number: 004441 AIM number: N/A</p> <p>Census bed type: Residential: 45 Total: 45</p> <p>Census payor type: Private: 45 Total: 45</p> <p>Sample: 9</p> <p>These state findings are cited in accordance with 410 IAC 16.2-5.</p> <p>QR completed by 11474 on January 6, 2016.</p>	R 0000		
R 0144 Bldg. 00	<p>410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards - Deficiency</p> <p>(a) The facility shall be clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents.</p>			

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>Based on observation and interview, the facility failed to ensure a clean, sanitary, and home like environment related to hallways, laundry and resident rooms. This deficient practice had the potential to affect 45 of 69 rooms. (Rooms 101, 102, 104, 106, 108, 110, 112, 115, 116, 117, 121, 131, 136, 139, 141, 148, 123, &151)</p> <p>Findings include:</p> <p>1. During the initial tour on 1/4/2016 at 10:40 a.m., the following were observed:</p> <p>a.) The laundry room doors were chipped, marred, gouged, and peeling.</p> <p>b.) The hallway base boards were marred, gouged, chipped and peeling.</p> <p>c.) The ladies restroom utilized by residents had gouged, marred, chipped and peeling walls and the soap dispenser had separated from the wall.</p> <p>d.) The resident room doors were marred (Rooms # 101, 102, 104, 106, 108, 110, 112, 115, 116, 117, 121, 131, 132, 136, 139, 141, and 148).</p> <p>e.) The handrail border outside room #123 and #151 were not attached.</p>	R 0144	<p>1. The following repairs will be completed by 2/15/16</p> <p>a. Laundryroom door b. Hallway baseboards. c. Ladiesrestroom d. Residentdoors. (101, 102, 104, 106, 108, 110, 112, 115, 116, 117, 121, 131, 132, 136,139, 141, and 148). e. Handrailborder outside of room 123 and 151 will be reattached. f. The handrailborder outside room 123 will be repaired. g. The handrailboarder outside the spa room and across from room 150 will be reattached. h. Lintraps and utility sink were cleaned on January 8, 2016.</p> <p>2 Current Residents have potentialto be affected by this deficient practice.</p> <p>1. The monthly Preventative Maintenance record has been revised to include inspecting doors, walls, handrails and laundry areas. Staff will be in-serviced by the Executive Director no later than 2-15-16 regarding cleanliness of the community and completing maintenance requests. Weekly walking rounds will be completed by the Executive Director or designee in all common areas to ensure the continued upkeep of the community. Results of rounds will be reported monthly to the QI committee. Monitoring will be ongoing.</p> <p>1. The maintenance technician is responsible for sustained compliance. Weekly walking</p>	02/15/2016			

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R 0273	<p>f.) The handrail boarder across from room #123 was gouged.</p> <p>g.) The handrail boarder outside the spa room and across from room #150 were not attached.</p> <p>2. During the environmental tour on 1/5/2016 at 10:30 a.m., with the Administrator the following were observed :</p> <p>a.) 1 of 4 lint traps for the facility dryers was not clean and residents utilized the laundry area.</p> <p>b.) The laundry wash tub sink was dirty with dust and debris.</p> <p>c.) The wall above the washing machines had 5 spots of an unknown brown substance.</p> <p>During an interview on 1/5/2016 at 11:30 a.m., with the Administrator, she indicated the facility did not have a written procedure for the staff to request work needed to be completed by the maintenance supervisor.</p> <p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency</p>		<p>rounds will be completed by the Executive Director and/or designee to ensure compliance. Results of rounds will be reported monthly to the QI committee. Monitoring will be ongoing.</p> <p>1.Completion date: February 15, 2016.</p>				

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Bldg. 00	<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>Based on observation, record review and interview, the facility failed to ensure food was labeled and dated in the dry storage area, freezer and refrigerator and food cans were free of dents. This deficient practice had the potential to affect 45 out of 45 residents.</p> <p>Findings include:</p> <p>During a tour of the kitchen on 1/4/2016 at 10:30 a.m., the following observations were made:</p> <p>1.) The dry storage room was observed to have:</p> <p>a.) a box of bananas with browned and split opened skins and not dated.</p> <p>b.) one package of bread opened on shelf and not dated.</p> <p>c.) one package of buns opened on shelf and not dated.</p> <p>d.) two cans of tuna with dents on side of cans.</p> <p>2). The freezer was observed to have:</p> <p>a.) one package of churros not dated.</p> <p>b.) one package of french fries opened and not dated.</p> <p>c.) 6 quarts of ice cream not dated.</p>	R 0273	<p>1. The browned and split bananas, opened package of buns, two dented cans of tuna, one package of churros, one package of opened french fries, and one bowl of waldorf salad that were not dated were immediately discarded.</p> <p>1. Current Resident have the potential to be affected by this alleged Deficient Practice.</p> <p>1. Dietary Staff will be in-serviced to ensure all food preparation and serving areas are maintained in accordance with state and local sanitation and safe food handling standards. Kitchen Staff was in-serviced to company Dining & Nutrition Services Policies on Friday, January 15 and Tuesday January 19, 2016 by the Executive Director. Chef and Assistant Chef will be Serve Safe Certified by February 15, 2016.</p> <p>1. The Chef is responsible for sustained compliance. The Executive Director or Designee will complete weekly rounds to ensure all food preparation and serving areas are maintained in accordance with state and local sanitation and safe food handling standards.</p>	02/15/2016

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	<p>3.) The refrigerator was observed to have:</p> <p>a.) one bowl of Waldorf salad not dated.</p> <p>During an interview with the Dietary Services Coordinator on 1/4/2016 at 11:00 a.m., she indicated all food should be dated and the cans of tuna were dented upon receipt and she was not aware of a policy for declining dented cans.</p> <p>A policy titled "STORAGE OF PRODUCTS", dated 07/01/2014, was received from the Administrator on 1/04/2016 at 12:40 p.m. It indicated "...III. Items should be dated before being stored and should be placed behind similar items already on the shelf to ensure that older items are used first. IV. Once opened, items should be dated and sealed."</p> <p>A policy titled "RECEIVING AN ORDER", dated 07/01/2014, was received from the Administrator on 1/04/2016 at 12:40 p.m. It indicated "...V. Damaged goods and dented cans should not be received or used and should be returned for credit, where possible...."</p>		1.Completion date: February 15, 2016.				