

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155278	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/28/2014
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-BLOOMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 155 E BURKS DR BLOOMINGTON, IN 47401
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F000000	<p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on February 14, 2014.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00146734.</p> <p>Survey Dates: March 27 & 28, 2014</p> <p>Facility number: 000177 Provider number: 155278 AIM number: 100289860</p> <p>Survey team: Diana McDonald, RN-TC Melissa Gillis, RN Cheryl Mabry, RN</p> <p>Census bed type: SNF/NF: 138 Total: 138</p> <p>Census payor type: Medicare: 7 Medicaid: 104 Other: 27 Total: 138</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on April 04, 2014; by Kimberly Perigo, RN. 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p>	F000000	<p>The submission of this <i>Plan of Correction</i> does not indicate an admission by Golden Living of Bloomington (the "Facility") that the findings and allegations contained herein are an accurate and true depiction of the quality of care and services provided to the patients of Golden Living of Bloomington. The Facility recognizes its obligation to provide legally and medically necessary care and services to its patients 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 (for Title 16/17 programs). To this end, this <i>Plan of Correction</i> shall serve as the credible allegation of compliance with all state and federal requirement governing the management of this Facility. It is thus submitted as a matter of statute <i>only</i>.</p>	
F000371 SS=E				

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>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observation and interview, the facility failed to insure food was being served with proper sanitization and within the correct temperature range. This had the potential to effect 30 of 47 residents served in the main dining room. (Activity Aide #2 and Dietary Aide #1)</p> <p>Findings includes:</p> <p>Observation on 3/27/14 at 12:00 p.m., of the main dinning room indicated Activity Aide (AA) # 2 was serving salad from a salad cart to residents. The salad cart contained on the top shelf individual bowls of diced vegetables including; but not limited to; olives, tomatoes, celery, cucumbers, onions, and a mix of green and red peppers. A bowl of shredded cheese and a bowl of diced eggs. On the second shelve a large bowl of shredded lettuce and paper bowls. On the bottom shelve 6 bottles of dressings and a container of single serve dressing packets. AA #2 wheeled the cart to a resident's table and asked each resident if they wanted salad. If a resident wanted salad the AA #2, with a gloved hand, reach for a paper salad bowl and then filled the bowl with lettuce using her gloved hand. AA #2, with the same gloved hand, reached into each vegetable bowl, cheese bowl, and diced egg bowl depending on what the resident requested. No observation was made of AA #2 having</p>	F000371	<p>It shall be the policy of Golden Living (of Bloomington) to ensure that all foods are stored, prepared, distributed, and served under sanitary conditions.1) AA #2 was educated on hand hygiene, glove use and preparing and serving foods (including appropriate serving utensils) to residents per facility policy on: 4/9/14 2) The temperature of the Caesar salad noted during observation was 58 degrees F at which time DA #1 placed the salad into the freezer to continue the cooling process and prior to the meal service and serving of the salad. The Summary Statement of Deficiency does not indicate this additional step taken to assure that the salad was served at the appropriate temperature. Temperature recorded prior to meal service was in the acceptable serving range <41F. 3) DA #1 was educated on the appropriate temperatures for serving hot and cold food and per facility policy on:4/11/14 4) Activities and dietary staff in-serviced and educated on hand hygiene, food holding temperatures, glove use and the cooling process by the in-house Registered Dietitian on 4/14/14 5) Activities and dietary</p>	04/27/2014

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	<p>changed her gloves or sanitized her hand during the salad pass. No observation of utensils in the vegetables bowls, cheese bowl, diced egg bowls, and lettuce bowl. The process was repeated for 30 of 47 residents in the dinning room. Observation of AA #2 to touch residents on shoulders with gloved hands when serving the individual residents salad bowl.</p> <p>Observation on 3/28/14 at 11:24 a.m., a large hotel pan (length: 20 3/4" x width: 12 3/4" x depth: 6") of Caesar salad was on the cold stove top in another hotel pan (depth: 3") that contained ice. The hotel pan containing the Caesar salad was uncover, unlabeled, and undated.</p> <p>Observation on 3/28/14 at 11:25 a.m., Dietary Aide (DA) #1 took the temperature of the salad, the salad temperature measured 58 degrees Fahrenheit (F).</p> <p>Interview with DA #1 on 3/28/14 at 11:26 a.m., indicated he had prepared the Caesar salad on 3/28/14 at 11:00 a.m., . DA #1 indicated the temperature of the salad should be 45 degrees F.</p> <p>Interview with Dietary Manager (DM) on 3/27/14 at 12:54 p.m., indicated I supervise the AA #2 when serving the salad cart. Tongs are used for all vegetables, cheese, diced eggs, and lettuce.</p> <p>Interview with AA #2 on 3/27/14 at 1:02 p.m., indicated "I did not know I needed to use utensils for each item, no one told me. I should have used utensil and changed my gloves more often."</p> <p>This deficiency was cited on 2/14/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>		<p>staff re in-serviced and educated on hand hygiene, food holding temperatures, glove use and the cooling process by the in-house Dietary Manager on 4/18/14 6) Senior Registered Dietitian Specialist (consultant for Golden Living) providing detailed (up to 3hours) in-service to all activities and dietary staff on April 22 and April 23, 2014. In-service includes but not limited to: polices on hand hygiene, glove use, serving and storage of food temperatures, general kitchen sanitation. In-service to include policy review and on-hands demonstration. 7) Meal service monitoring tool implemented on April 14, 2014 on the deficient areas and to be completed one meal per day five times a week by in-house RD or DM for four weeks, three times per week for an additional four weeks and then weekly for an additional four weeks (total 12 weeks monitoring). 8) Executive Director to complete kitchen monitoring (ED) checklist weekly for four weeks, if compliance met then every two week for an additional four weeks, then monthly on-going. Any deficient areas will be reported in QAPI on a monthly basis or ad hoc if warranted for recommendations and resolutions.</p>				

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