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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155494 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 06/20/2013 |
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| NAME OF PROVIDER OR SUPPLIER WATERS OF SCOTTSBURG THE | STREET ADDRESS, CITY, STATE, ZIP CODE 1350 N TODD DR SCOTTSBURG, IN 47170 |
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|--------------------|---|---------------|---|----------------------|
| F000000 | <p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey and Investigation of Complaint IN00126260 and Complaint IN00126331, completed on April 16, 2013.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00128127.</p> <p>Complaint IN00126260 - Corrected Complaint IN00126331 - Corrected</p> <p>Survey date: June 20, 2013</p> <p>Facility Number: 000478 Provider Number: 155494 AIM Number: 100290430</p> <p>Survey Team: Gloria J. Reisert, MSW/TC Nicole Wright, RN Joan Laux, RN Debra Peyton, RN Gwen Pumphrey, RN</p> <p>Census Bed Type: SNF/NF: 71 Total: 71</p> <p>Census Payor Type:</p> | F000000 | Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission of agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws. The facility respectfully requests paper compliance for this citation. | |

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>Medicare: 07 Medicaid: 59 Other: 05 Total: 71</p> <p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 6/25/13 by Suzanne Williams, 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 Based on observation, interview and record review, the facility failed to ensure food was properly stored and labeled. This deficient practice had the potential to affect 71 residents who received food from the kitchen of 71 residents currently residing in the facility.</p> <p>Findings include:</p> <p>During the kitchen tour on 6/20/13 at 11:05 a.m., the following items were observed to be opened and outdated: 1 bottle of picante sauce with a manufacturer expiration of 01/2013 and a facility open date of 4/27/13, 1 bag of powdered sugar with no manufacturer expiration date nor a facility open date, 2-5lbs tubs of cottage cheese with manufacturer expiration date of 5/22/2013, 1 bottle of bar-b-que sauce with a manufacturer expiration date of 03/13 and a facility open date of 05/13, and 1 bottle of Worcestershire sauce with a manufacturer expiration of 05-28-13</p> | F000371 | <p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission of agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws. The facility respectfully requests paper compliance for this citation. It is the policy of this facility to ensure resident food is properly stored and labeled. 1. Actions Taken: Dietary staff on duty were immediately in-serviced on food storage and labeling. An audit was completed of the dietary food storage areas to ensure all foods were labeled and stored properly. b. All dietary staff were re-in-serviced on properly storing food and labeling of food items. c. Dietician also in-serviced dietary staff on food storage and proper labeling and completed an audit of the kitchen to ensure appropriate storage and labeling was in place. 2. Others</p> | 06/28/2013 |

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| | <p>and a facility date of 07/12. In the freezer there was 1 bag of frozen diced chicken with no labeling or expiration date.</p> <p>During an interview on 6/20/13 at 11:50 a.m., Cook #1 indicated, "It is night shift's responsibility to discard expired food. When food has been opened, we have been telling the staff to put it in a plastic bag and label it. They haven't been doing that." When asked about the food that was labeled by the facility after the manufacturer expiration date, Cook #1 indicated "My manager thinks the food truck is sending us bad stuff; we need to check more closely."</p> <p>A copy of the policy and procedure titled "Date Marking" was received from Cook #1 on 6/20/13 at 12:00 p.m. This policy indicated, once opened, refrigerated foods should be re-dated with the date the item was opened and shall be used by the safe food storage guidelines or by the manufacturer's expiration date. The policy also indicated the food items should be discarded when the food item is older than the expiration date.</p> <p>A copy of the policy and procedure titled "Food Storage" was received from Cook #1 on 6/20/13 at 12:00</p> | | <p>Identified:a. All residents have the potential to be affected by this finding. 4. How Monitored: a. The Dietary Manager or Designee will make rounds of the food storage areas to ensure all foods are stored and properly labeled 5 times weekly. This monitoring will take place for four consecutive weeks of no findings and at least weekly thereafter. Any negative findings will be immediately addressed.b. The Dietary Manager or Designee will review the audits of the food storage and labeling in the daily department head meetings. Any issues noted, will be immediately addressed.c. The Administrator or Designee will make rounds in the kitchen 3 times weekly to ensure appropriate measures are taken in regards to food storage and labeling. Any negative findings will be immediately addressed. These rounds will take place for four consecutive weeks of no findings and randomly thereafter.d. The Dietary Manager or Designee will review the audits of food storage and labeling in the Quality Assurance Meeting held monthly. Any issues will be addressed by the interdisciplinary team. This review will be done until the QA committee feels this issue is resolved. 5. This plan of</p> | | | | |

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| | <p>p.m. The policy indicated to never leave food items uncovered and not labeled.</p> <p>On 6/20/13 at 4:44 p.m., review of the facility plan of correction for the survey ending on 4/16/13, indicated a "100% audit of all food for correct labeling, dates, and storage."</p> <p>This deficiency was cited on 4/16/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-21(i)(3)</p> | | <p>correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 6/28/13.</p> | | |