STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 11/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCISCAN HEALTH ALTERNACARE	1104 E GRACE ST RENSSELAER, IN 47978

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
R 0000 Bldg. 00	This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on October 7, 2015. Survey date: November 24, 2015 Facility number: 004199 Provider number: 004199 AIM number: N/A Survey team: Heather Hite, RN, TC Julie Ferguson, RN Caitlyn Doyle RN Census bed type: Residential: 15 Total: 15 Census payor type: Other: 15 Total: 15 Residential sample: 3 These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-5. Quality review completed by 26143, on November 28, 2015.	R 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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R 0273 Bldg. 00	410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (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. Based on observation, interview and record review, the facility failed to properly sanitize the food temperature probe during food temperature monitoring. This had the potential to affect the 14 facility residents who receive food from the kitchen. Finding includes: During an observation of lunch food temperature monitoring on 11/24/15 from 11:05 a.m. until 11:10 a.m. with the Dietary Director, the following was observed: The Dietary Director wiped off the temperature probe with a sterile alcohol wipe and then proceeded to test the temperature of the food in serving dishes on the steam table. He first tested today's	R 0273	When checking food temperatures on patient/resident tray line and the Cafeteria, the thermometer will be sanitized before and after tray line and the probe will be cleaned with an alcohol pad between checking each individual food item. Dietary Policy V-15, Monitoring of Food Temperatures for Patient/Resident and Cafeteria Service, has been re-revised to reflect this change. Policy was reviewed with Dietary Department staff December 4, 2015 staff meeting. Patient Tray-Line Food Temperature Record has been created for each day's meals and will be utilized for all meals provided through tray line. Record includes instructions on checking food temperature as well as requires staff completing record to initial the instructions were followed. One time per week for six months a second staff member, usually the	12/21/2015

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	soup, wiped the probe on a dry yellow towel, then placed the probe directly into the chicken gravy, wiped the probe again on the yellow towel, then placed the probe directly into the mashed potatoes, with food residue, wiped the probe in the yellow towel, then started to place the probe into the lasagna and was stopped by surveyor and interviewed. Interview with the Dietary Director indicated that he had sprayed Quat (a sanitizer used to clean dishes) onto the towel and that was appropriate to cleanse the probe. Interview with the Kitchen Manager on 11/14/15 at 11:10 a.m., indicated to only use alcohol wipes to clean the temperature probe. The revised October 2015 policy titled, " Monitoring of Food Temperatures," provided by the Dietary Director on 11/24/15 at 11:30 a.m., indicated "...the thermometer probe needs to be cleaned and sanitized by wiping with an alcohol pad...The thermometer probe will also be cleaned between checking individual food items on the tray line or Cafeteria.... This deficiency was cited on 10/7/15. The facility failed to implement a systemic plan of correction to prevent		Dietician or Dietary Manager will observe the process and sign the form acknowledging the process was completed appropriately. These records will be maintained by the Dietician and a copy of each week's records will be provided to the Administrator for review.	

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	recurrence.			