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 01/04/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHRISTINA HOUSE	1435 CHRISTIAN BLVD FRANKLIN, IN46131

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
R0000	This visit was for a State Residential Licensure Survey. Survey dates: January 3 and 4, 2012 Facility number: 004017 Provider number: 004017 AIM number: N/A Survey team: Dinah Jones, RN, TC Marsha Smith, RN Leia Alley, RN Census bed type: Residential: 54 Total: 54 Census payor type: Other: 54 Total: 54 Sample: 5 These state findings are cited in accordance with 410 IAC 16.2 Quality review completed on January 11, 2012 by Bev Faulkner, RN	R0000	Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.	

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.

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 01/04/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHRISTINA HOUSE	1435 CHRISTIAN BLVD FRANKLIN, IN46131

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
R0154	(k) The facility shall keep all kitchens, kitchen areas, common dining areas, equipment, and utensils clean, free from litter and rubbish, and maintained in good repair in accordance with 410 IAC 7-24. Based on observation, record review and interview, the facility failed to ensure residents were provided with clean drinking glasses. This had the potential to affect 54 of 54 residents who took their meals in the dining room. Findings included: During a lunch observation on 1/3/12 at	R0154	**Citation #1** **R 154** **410 IAC 16.2-5-1.5 (k)** **Sanitation and Safety Standards** **What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice?** No residents were found to be affected.	02/12/2012

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 01/04/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHRISTINA HOUSE	1435 CHRISTIAN BLVD FRANKLIN, IN46131

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
	12:45 p.m., Resident #15 indicated he was concerned the drinking glasses he and other residents in the facility used at meal times were not being washed properly. He indicated he had noticed dried residue on some of the glasses "for a month or two." He picked up his glass which contained a light pink liquid, which he said was lemonade and indicated dried reddish residue on the inside of the upper part of the glass. He indicated they had tomato juice for breakfast and he thought the glasses hadn't been cleaned well enough before reusing them for the lunch meal. During an observation on 1/4/12 at 10:45 a.m., the following was noted: The tables in the dining room had been set for the lunch meal. On the table in the middle row directly in front of the kitchen exit door 3 soiled glasses were observed. One had dried, milky appearing spots on the upper half of the glass, one had a dried reddish appearing substance on the top third of the glass and one had a dried reddish appearing substance on one side near the top. The table in the northeast corner of the dining room had a glass with white residue on the inside.		**How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** No other residents were found to be affected. **What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?** The new Dining Service Coordinator, cooking staff, and line staff have been re-educated to Indiana State ruling R 154 410 IAC 16.2-5-1.5 (k) Sanitation and Safety Standards pertaining to appropriate cleaning of kitchen area, common dining area, and utensils. The Dining Service Coordinator and staff were also re-educated to the process of washing and sanitizing kitchen appliances and utensils via the three compartment sink with appropriate chemical concentrations in the event the dishwasher was to malfunction. **How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?** The Residence Director and/or Designee will perform a random	

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 01/04/2012
NAME OF PROVIDER OR SUPPLIER CHRISTINA HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 1435 CHRISTIAN BLVD FRANKLIN, IN46131	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
	Three glasses were observed on the coffee bar. One glass had white dried residue on the inside and two glasses had red dried residue on the inside. During an interview with LPN #1 on 1/4/12 at 10:45 a.m., she indicated the glasses "probably had milk or tomato juice in them and didn't get rinsed well." During an interview with the Resident Director on 1/4/12 at 11:00 a.m., he indicated "I don't know what's the matter with the dishwasher." During an interview with the Day Cook on 1/4/12 at 1:50 p.m., she indicated she thought maybe it was because the facility was using a different brand of tomato juice. She indicated it could be lipstick residue. She indicated she had instructed staff if they noticed any dirty glasses to set them on the sink and she would handwash them. A facility policy titled "Washing and Sanitizing Dishes/Utensils, dated 6/2008, received from the Resident Director on 1/4/12 at 10:45 a.m., indicated "...Washing and sanitizing dishes and utensils are important procedures in order to prevent the spread of disease.....Pre-rinse the dishes and utensils to remove large and/or stuck-on		weekly walk through of the kitchen, common dining area, and inspect utensils for a period of six months to ensure continued compliance with Indiana State ruling R 154 410 IAC 16.2-5-1.5 (k) Sanitation and Safety Standards. Areas found to be non compliant will be reviewed and corrected through our QA process. The Residence Director and leadership team will review audits after six months to determine the need for an ongoing monitoring plan. Findings suggestive of compliance will result in cessation of the monitoring plan. **By what date will the systemic changes be completed?** Compliance Date: Feb 12, 2012	

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 01/04/2012
NAME OF PROVIDER OR SUPPLIER CHRISTINA HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 1435 CHRISTIAN BLVD FRANKLIN, IN46131	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
	food particles."			
R0272	(e) All food shall be served at a safe and appropriate temperature. Based on observation and record review, the facility failed to maintain food at a safe temperature while serving a lunch meal. This had the potential to affect 54 of 54 residents. Findings Include: During an observation with the Daytime Cook on 1/3/12 at 12:00 p.m., the cook took the temperatures of the foods she was going to serve. At that time, all food was at a safe temperature for serving. The meat to be served was tested to be 170 degrees F (Fahrenheit). During the preparation of the last plate to be served at 12:40 p.m., the cook then took the temperature of the pork chops, the meat served at the lunch meal. The temperature of the pork chops had fallen to 90 degrees F (Fahrenheit). The cook then took the meat and heated it in the microwave to a safe serving temperature. A facility policy titled "Dining Services Resource Guide," dated 6/2008., indicated "Food must be served at appropriate temperatures." "Foods should be served at the following temperatures.... Meats;	R0272	**Citation # 2** **R 272** **410 IAC 16.2-5-5.1 (e)** **Food and Nutritional Services** **What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice?** No residents were found to be affected. **How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** No other residents were found to be affected. **What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?** The new Dining Service Coordinator, and cooking staff, were re-educated to Indiana State ruling R 272 410 IAC 16.2-5-5.1 (e) Food and Nutritional Services. The new Dining Service Coordinator and kitchen staff were re-oriented to	02/12/2012

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 01/04/2012
NAME OF PROVIDER OR SUPPLIER CHRISTINA HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 1435 CHRISTIAN BLVD FRANKLIN, IN46131	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
	160 degrees F, or above."		the importance of ensuring food is served at the appropriate temperatures and documented on the Food Temperature Log. **How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?** The Residence Director and/or Designee will perform a random weekly walk through of the kitchen, to inspect and verify food is being served at the appropriate temperatures for a period of six months to ensure continued compliance with Indiana State ruling R 272 410 IAC 16.2-5-5.1 (e) Food and Nutritional Services. Areas found to be non compliant will be reviewed and corrected through our QA process. The Residence Director and leadership team will review audits after six months to determine the need for an ongoing monitoring plan. Findings suggestive of compliance will result in cessation of the monitoring plan. **By what date will the systemic changes be completed?** Compliance Date: Feb 12, 2012	
R0273	(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.			

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 01/04/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHRISTINA HOUSE	1435 CHRISTIAN BLVD FRANKLIN, IN46131

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
	Based on observation, record review, and interview, the facility failed to throw away expired food. Findings include: During an observation of the number 6 refrigerator, also marked "leftovers" refrigerator, on 1/3/12 at 11:00 a.m., food was found in the refrigerator that was marked with dates previous to 1/3/12. The foods found were: Peaches dated 12/28 Chicken Patties dated 12/31 Fried Chicken dated 12/31 Bacon un-dated Pears un-dated Mixed Soup dated 12/30. During an interview with the Daytime Cook on 1/3/12, at 11:05 a.m., she indicated the date on the food was when the food would need to be thrown away. A facility policy titled "Dining Services Resource Guide," dated 6/2008, indicated "leftover foods that can not be frozen must be discarded after THREE days from the refrigerator if not used."	R0273	**Citation #3** **R 273** **410 IAC 16.2-5-5.1 (f)** **Food and Nutritional Services** **What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice?** No residents were found to be affected. Food items indicated within the survey was immediately discarded by the Dining Service Coordinator. **How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** No other residents were found to be affected. **What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?** The new Dining Service Coordinator, and cooking staff, were re-educated to Indiana State ruling R 273 410 IAC 16.2-5-5.1(f) Food and Nutritional Services. The Dining Service Coordinator and cooking staff were re-oriented to appropriate labeling and discarding of expired food items. **How will the corrective**	02/12/2012

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 01/04/2012
NAME OF PROVIDER OR SUPPLIER CHRISTINA HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 1435 CHRISTIAN BLVD FRANKLIN, IN46131	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
			action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The Residence Director and/or Designee will perform a random weekly inspection of kitchen refrigerator/ freezers to ensure food is being labeled and discarded upon expiration for a period of six months to ensure continued compliance with Indiana State ruling R 273410 IAC 16.2-5-5.1(f) Food and Nutritional Services. Areas found to be non compliant will be reviewed and corrected through our QA process. The Residence Director and leadership team will review audits after six months to determine the need for an ongoing monitoring plan. Findings suggestive of compliance will result in cessation of the monitoring plan. **By what date will the systemic changes be completed?** Compliance Date: Feb 12, 2012	