

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 04/07/2011	
NAME OF PROVIDER OR SUPPLIER TIPTON HOUSE				STREET ADDRESS, CITY, STATE, ZIP CODE 460 FORKS OF THE WABASH WAY HUNTINGTON, IN46750			
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R0000	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: April 6 & 7, 2011</p> <p>Facility number: 003376 Provider number: 003376 AIM number: N/A</p> <p>Survey team: Kim Davis, RN- TC Vicki Bickel, RN</p> <p>Census bed type: Residential: 35 Total: 35</p> <p>Census payor type: Other: 35 Total: 35</p> <p>Sample: 9</p> <p>These state findings are cited in</p>			R0000	<p>Submission of this response and Plan of Correction is not a legal admission that a deficiency exists, or that this Statement of Deficiency was correctly cited, and is also not to be construed as an admission against interest by the facility, or any employees, agents, or other individuals who draft or may be discussed in the Response and 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.</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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/25/2011

FORM APPROVED

OMB NO. 0938-0391

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	accordance with 410 IAC 16.2 Quality review completed on April 8, 2011 by Bev Faulkner, RN				

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R0154	<p>Based on observation, interview and record review, the facility failed to maintain clean drawers where serving utensils were stored and a clean stove in the kitchen. This potentially could effect 35 of 35 residents consuming meals served from the kitchen.</p> <p>Findings include:</p> <p>The kitchen tour was conducted on 4/7/11 at 9:30 a.m., with Cook #1.</p> <p>1. The main prep area island had 5 drawers where various serving utensils were stored. The inside of the 3rd drawer was observed to have a dried, brown substance drip spot on the bottom of the drawer. There were 5 clean serving scoops and 8 clean serving</p>			R0154	<p>Sanitation and Safety Standard What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.-There were no residents directly affected by the practice.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 identified as having the potential to be directly affected by the practice.What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. -The Dietary and PSA staff will be trained regarding kitchen sanitation, safety and the cleaning schedule by April 30, 2011. The drawers were cleaned immediately. The oven and stovetop were cleaned and loose burnt food particles removed, and will be deep cleaned by April 30, 2011. The freezer and refrigerator bottoms were immediately cleaned.How the corrective action(s) will be monitored to ensure the deficient practice will not recur.-The Residence Director and/or designee will perform checks 3 times per week x 4 weeks, then 1 time weekly x 4 weeks and then monthly to ensure compliance. The Regional Director of Quality and Care Management/ and or Regional Director of Operations will review</p>		04/30/2011

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	<p>spoons stored in the drawer.</p> <p>2. The 4 burner gas stove had black and brown burnt food debris around each burner.</p> <p>3. The oven on the left side of the stove had loose particles of black and brown burnt food on the bottom of the oven. A brown pea and brown Tater tot were also noted on the bottom of the oven.</p> <p>The oven on the right side of the stove was observed to have loose black and brown particles on the bottom of the oven.</p> <p>4. The inside of the freezer was observed to have an area, approximately 2 inches in diameter, of a white, sticky substance on the bottom of the freezer and on the inside of the</p>		<p>compliance during routine visits at least monthly as an ongoing process.</p>		

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	<p>door.</p> <p>The interview conducted with Cook #1 on 4/7/11 at 10:00 a.m. indicated she was unsure of the full cleaning schedule. She had previously only cleaned what was assigned to her to complete. She also agreed that these areas needed cleaned.</p> <p>An interview with the Administrator on 4/7/11 at 10:15 a.m., indicated she agreed that the kitchen was not as clean as need be and that changes were in the process.</p> <p>The "Food Safety and Sanitation" policy/procedure received and reviewed on 4/7/11 from the Administrator indicated that the stove top and ovens should be cleaned daily.</p>						

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	It also indicated the inside of the freezer and inside of drawers should be cleaned weekly.						

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R0273	<p>Based on observation, interview and record review, the facility failed to store uncooked rice in a closed container. This had the potential to effect 35 of 35 residents consuming rice for meals.</p> <p>Finding includes:</p> <p>The storage area tour of the kitchen was conducted on 4/7/11 at 9:30 a.m., with Cook #1.</p> <p>A 20 pound box sitting on the bottom shelf in the storage area was observed to contain an open, blue plastic bag which held uncooked rice. The plastic bag was not sealed or tied shut, exposing the rice to any contaminates.</p>	R0273	<p>Food and Nutritional Services What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. -No residents were found to have been directly affected by the practice. How will the facility 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 identified as having the potential to be directly affected by the same deficient practice. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. -The plastic bag and the uncooked rice were discarded. The Dietary staff will be trained by April 30, 2011 regarding the proper storage of opened food products. Additional sealable bags and airtight containers were ordered and received for storage of opened food products. How the corrective action(s) will be monitored to ensure the deficient practice will not recur. -The Residence Director and/or designee will perform checks 3 times per week x 4 weeks, then 1 time weekly x 4 weeks and then monthly to ensure compliance. The Regional Director of Quality and Care Management/ and or Regional Director of Operations will review compliance during routine visits at least monthly as</p>	04/30/2011	

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	<p>An interview with Cook#1 on 4/7/11 at 9:35 a.m., indicated she was not sure why the rice was not in a closed, secure bag or sealed container.</p> <p>The policy/procedure received and reviewed on 4/7/11 from the Administrator under "Storage of Products" indicated "7. ...once opened, foods which have been stored in dry storage should either be refrigerated or sealed in airtight containers such as re-closeable plastic bags or containers and returned to dry storage."</p>		an ongoing process.				