

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155771	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/21/2015
--	---	--	---

NAME OF PROVIDER OR SUPPLIER FRANKLIN UNITED METHODIST COMMUNITY RES & COM CAF	STREET ADDRESS, CITY, STATE, ZIP CODE 1070 W JEFFERSON ST FRANKLIN, IN 46131
---	--

(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
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00181851 and IN00182293.</p> <p>Complaint IN00181851 - Unsubstantiated due to lack of evidence. Complaint IN00182293 - Substantiated. Federal/State deficiencies related to the allegations are cited at F371.</p> <p>Survey date: September 21, 2015</p> <p>Facility number: 001127 Provider number: 155771 AIM number: 200247220</p> <p>Census bed type: SNF: 25 NF: 138 SNF/NF: 8 Total: 171</p> <p>Census payor type: Medicare: 22 Medicaid: 100 Other: 49 Total: 171</p> <p>Sample: 3</p>	F 0000	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations the facility has taken and will take actions set forth in the plan of correction. The plan of correction constitutes the facility's allegation of compliance such that the deficiencies cited have been corrected by the date certain.	

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155771	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/21/2015
--	---	--	---

NAME OF PROVIDER OR SUPPLIER FRANKLIN UNITED METHODIST COMMUNITY RES & COM CAF	STREET ADDRESS, CITY, STATE, ZIP CODE 1070 W JEFFERSON ST FRANKLIN, IN 46131
---	--

(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
F 0371 SS=F Bldg. 00	<p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by 14466, on September 23, 2015.</p> <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 staff followed their kitchen sanitation policy for 2 of 2 kitchen observations.</p> <p>Findings include:</p> <p>During the Kitchen tour on 9/21/15 at 10:20 a.m., the floor in the kitchen was observed to be covered with food crumbs, trash, water and a sticky substance across and throughout the area, including the freezer. Also, near the food warmer (holding container for food) there were 3 larger pieces of food particles (baked/fried potato) lying on the floor.</p>	F 0371	<p><u>Corrective action taken for residents affected:</u> · Dish staff was in-serviced on 9/22/15 and 9/23/15. Topics included steps to assure dish machine is operating properly to maintain acceptable temperatures; temperature monitoring needs to be done three times daily, breakfast, lunch and dinner and recorded on dish machine temperature log; test strip to be run through daily and attached to log · Dining Services Staff was in-serviced on 9/25/15 through 9/30/15. Topics included in in-service were: § Dating and labeling guidelines § How to use the orange label § Proper sweeping and mopping guidelines Dining Services Staff will be</p>	10/12/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155771	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/21/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER FRANKLIN UNITED METHODIST COMMUNITY RES & COM CAF	STREET ADDRESS, CITY, STATE, ZIP CODE 1070 W JEFFERSON ST FRANKLIN, IN 46131
---	--

(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
	<p>During an interview with Dietary Staff #1 on 9/21/15 at 10:20 a.m., he indicated they were in transition between the breakfast and lunch service and the area would be cleaned before lunch preparation began.</p> <p>The refrigerator had open containers of items with hand written expiration dates as follows: Sysco mustard - opened 6/15, expired 8/15. Sweet pickles - opened 7/16, expired 9/16. Pickle relish - opened 7/20, expired 8/20 (incorrectly dated, expired 9/20). Cole slaw dressing - no open date, manufacturer's expiration date 4/29/15.</p> <p>A "Dishmachine Temperature Record (High Temperature Machine)" log lacked documentation the machine temperatures were recorded on 9/17/15, 9/18/15, 9/19/15, 9/20/15, and 9/21/15, for breakfast or lunch. The dishwashing log also lacked any temperatures recorded for the month of September 2015, for the dinner service.</p> <p>During observation of the dishwashing machine on 9/21/15 at 10:50 a.m., the wash temperature failed to rise to the required 150 degrees for 4 wash cycles.</p>		<p>addressed daily at Showtime huddles. Topics include: § How to complete a food label, which includes product name, date food item was opened/placed in cooler, expiration of food item based on the food storage chart guidelines located on each cooler, and the staff's initials. § All dining services staff is responsible for checking food labels in coolers within their assigned areas daily to ensure proper rotation of food items. If a food item expires the same day it is checked, the food item will be disposed of.</p> <p><u>Identification of Residents with potential to be affected:</u> All residents have the potential to be affected by the issues cited in the statement of deficiencies.</p> <p><u>Measures taken to prevent recurrence:</u> A daily calendar will be signed by closing supervisor to ensure: o Dish machine temperatures have been taken and recorded o Dish machine test strip has been run through and attached to log o All food items are labeled and dated appropriately based on the food storage chart guidelines and food items that have expired are disposed of. o All floors are free of debris and floors are clean o Tools include Dish Machine Temperature Record and Food Storage Chart · Chef on duty will be responsible for checking all labels and dates of items in coolers and</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155771		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/21/2015	
NAME OF PROVIDER OR SUPPLIER FRANKLIN UNITED METHODIST COMMUNITY RES & COM CAF				STREET ADDRESS, CITY, STATE, ZIP CODE 1070 W JEFFERSON ST FRANKLIN, IN 46131			
(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			
	<p>During the 2nd kitchen observation on 9/21/15 at 2:00 p.m., the kitchen floor was still covered with food, trash and a sticky substance. Additionally, the 3 potatoes from the morning tour were still on the floor next to the food warmer. During an interview with the Assistant Dietary Manager at that time, he indicated the dishmachine had not been looked at yet and the repair company had not been called.</p> <p>On 9/21/15 at 12:30 p.m., the Assistant Administrator provided the undated Food Storage Chart and indicated the policy was the one currently being used by the facility. "Expiration dates printed by the manufacturer apply until the product is opened. Once opened, use these time limits unless the manufacturer's date is earlier. The day of opening/preparation counts as Day 1. ... Refrigerated Storage ... 30 days -- Salad dressings, mayonnaise 60 days -- ... mustard, ... relish, pickles ..."</p> <p>On 9/21/15 at 12:30 p.m., the Assistant Administrator provided the undated Dishmachine Temperature Record and indicated the policy was the one currently being used by the facility. Review of the</p>		<p>store room for expired food items at beginning of shift and will ensure all expired products are disposed of and other food items are properly rotated. To ensure proper rotation, the chef on duty will use the food storage chart as a guide which is located on the side of each cooler.</p> <p><u>Monitoring Corrective Action and Responsibility:</u></p> <ul style="list-style-type: none"> · Dietary manager or designee will conduct an audit review weekly for the first month, bi-weekly for the following month and then monthly. The following will be reviewed: <ul style="list-style-type: none"> · Dish machine temperature record · All food items are labeled and dated appropriately based on the food storage chart guidelines and food items that have expired are disposed of. · Collected data from the audit process will be reviewed and reported to the Quality Improvement Committee for further recommendations. 				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155771	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/21/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER FRANKLIN UNITED METHODIST COMMUNITY RES & COM CAF	STREET ADDRESS, CITY, STATE, ZIP CODE 1070 W JEFFERSON ST FRANKLIN, IN 46131
---	--

(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
	<p>policy indicated, "Corrective Action: If the wash temperature is less than 150 degrees F (Fahrenheit) ... stop using the machine and notify manager/supervisor. Do not use the dishmachine until the manager/supervisor tells you that is (sic) can be used again."</p> <p>On 9/21/15 at 3:15 p.m., the Executive Director provided the Dishmachine Temperatures, dated 5/1995 and revised 1/2014, and indicated the policy was the one currently being used by the facility. Review of the policy indicated, "Policies: High Temperature Machine: ... Wash temperature 150 degrees. Final rinse temperature 180 - 194 degrees ...Procedures: High Temperature Dishmachine - record on Dishmachine Temperature Record form: --Wash and final rinse temperatures during each period of use. --Once a day, run a test strip through the dishmachine to verify the surface temperature of a dish. Attach the used test strip to the temperature log. The test strip must verify that the surface temperature of the plate reached 160 degrees F (Fahrenheit)."</p> <p>This Federal tag relates to Complaint IN00182293.</p> <p>3.1-21(i)(3)</p>			

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

PRINTED: 10/13/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155771	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 09/21/2015
NAME OF PROVIDER OR SUPPLIER FRANKLIN UNITED METHODIST COMMUNITY RES & COM CAF			STREET ADDRESS, CITY, STATE, ZIP CODE 1070 W JEFFERSON ST FRANKLIN, IN 46131		
(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	