

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/22/2016
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NAME OF PROVIDER OR SUPPLIER BEARDSLEY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 27833 CR 24 ELKHART, IN 46517
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(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	<p>This visit was for the Investigation of Complaint IN00190060.</p> <p>Complaint IN00190060 - Substantiated. State deficiency related to the allegation is cited at R273.</p> <p>Survey date: January 22, 2016.</p> <p>Facility number: 004353 Provider number: 004353 AIM number: N/A</p> <p>Residential census: 39</p> <p>Sample: 0</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review completed by 14454 on January 28, 2016.</p>	R 0000	The following Plan of Correction, prepared and submitted by Beardsley House, and is not to be construed as an admission of, or agreement with, the findings and conclusions in the Statement of Deficiencies. Rather, it is submitted as confirmation of our ongoing efforts to comply with all statutory and regulatory requirements. In this document, we have outlined specific actions in response to each allegation or finding. We respectfully request a desk review for deficiency cited	
R 0273 Bldg. 00	<p>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.</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.

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	<p>Based on observation, interview and record review, the facility failed to ensure proper preparation of food under sanitary conditions related to the use of hairnets for 1 of 1 kitchens.</p> <p>Finding includes:</p> <p>On 1/22/16 at 12:00 P.M., the following was observed during a tour of the kitchen:</p> <p>CNA (Certified Nursing Assistant) #1 was standing at the sink next to the dishwasher without a hairnet.</p> <p>CNA #2 was standing by the the island where food is distributed without a hairnet.</p> <p>During an interview conducted on 1/22/15 at 12:05 P.M., CNA #2 indicated a hairnet should be worn upon entering the door of the kitchen.</p> <p>During an interview conducted on 1/22/15 at 12:30 P.M., the Administrator indicated a hairnet should be worn in the food preparation and service areas of the kitchen.</p> <p>On 1/22/15 at 12:32 P.M., the Administrator provided the policy titled "Dining Personal Hygiene," dated</p>	R 0273	<p>1.All staff to wear hat or proper hair restraintwhile working within kitchen confines.</p> <p>2.All residents had the potential to be affectedby the deficient practice. Proper hairrestraints to be utilized going forward in kitchen and food production areas.</p> <p>3.Staff to be re-educated on Hair Cover Policy andcontainer placed outside of kitchen door to keep new hair restraints for use asneeded prior to entering area.</p> <p>4.ED or designee to audit for proper hairrestraint usage for compliance 4 times weekly for 1 month, then 2 times weeklythereafter until deficiency corrected. Results will be forwarded to Quality Assurance Committee for trackingand trending.</p>		02/10/2016		

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	<p>11/05/2015, and indicated the policy was the current one being used by the facility. The policy indicated "...1. Head Covering Worn...a. Wear a clean hat or other hair restraint in all kitchen production/food service areas. Hair must be appropriately restrained per state regulations...."</p> <p>This State tag relates to Complaint IN00190060.</p>				