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 07/10/2013

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WATERFORD CROSSING APARTMENTS	1212 WATERFORD CIR GOSHEN, IN 46526

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R000000	This visit was for a State Residential Licensure Survey. Survey dates: July 8-10, 2013 Facility number: 004168 Provider number: 004168 AIM number: N/A Survey team: Debora Kammeyer, RN, TC Lora Swanson, RN Census bed type: Residential : 47 Census payor type: Private: 47 Sample: 11 These deficiencies are cited in accordance with 410 IAC 16.2. Quality Review completed on July 18, 2013, by Brenda Meredith, R.N.	R000000		

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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R000273	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. 1. Based on observation, interview and record review, the facility failed to serve food under sanitary conditions. This deficiency had the potential to affect 10 of 10 resident's who receive meals in 1 of 3 dining rooms. (Emily's House dining room) 2. Based on record review and interview, the facility failed to ensure the proper sanitary rinse temperature on a hot water sanitization dishwasher. This deficiency had the potential to affect 47 of 47 resident's receiving meals from the kitchen. Findings include: 1. On 7/9/13 at 12:15 P.M., Employee #3 was observed in the memory care dining room taking rolls out of a bread basket with her bare hands and placed the rolls on the resident's plates. Employee #4 was also observed removing rolls from the bread basket with her bare hands and serving the resident's. On 7/9/13 at 2:00 P.M., an interview	R000273	**A. Failed to serve food under sanitary conditions** Residents in Emily's House did not experience any observable negative outcomes from staff distribution of rolls with un-gloved hands. All residents have the potential to be negatively impacted by distribution of food under non-sanitary conditions in any of our three dining areas. A facility protocol, "Emily's House Safe Food Service Protocol", was written on the day of the observed deficiency and posted as a way to instruct and remind staff of safe food handling practice. The protocol included, "Food should not come in contact with bare hands: Wear gloves if serving a non-utensil food…use utensils for serving food if gloved hand is not appropriate."	08/20/2013

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	with the Dietary Manager (Employee #2) indicated staff were always to use gloves or utensils to serve food onto plates. On 7/9/13 at 3:00 P.M., record review of the current policy titled "Emily's House Safe Food Service Protocol" received from the Dietary Manager indicated "...Food should not come in contact with bare hands: Wear gloves if serving a non-utensil food...use utensils for serving food if gloved hand is not appropriate...." 2. On 7/9/13 at 8:35 A.M., record review of the "Temperature Log-Dish Machine" received from the Dietary Manager indicated on 6/2/13 the rinse temperature of the dishwasher was 161 degrees, on 6/6/13 165 degrees, on 6/9/13 169 degrees, and on 6/15/13 167 degrees. The temperature log further indicated no temperatures were taken on 11 different occasions in June 2013. On 7/9/13 at 8:45 A.M., an interview with the Dietary Manager indicated any time the rinse temperature of the dishwasher is under 180 degrees she is to be notified by her staff, then she would call the representative that services the dishwasher and have it checked. The Dietary Manager further		Food handling safety training will be emphasized in the departmental orientation of new Food Service and Personal Support staff. The Emily's House Coordinator will monitor for safe food handling practices in Emily's House. The Food Service Supervisor will conduct random meal service checks to monitor that safe food handling practices are maintained. Completion date: July 29, 2013 **B. Kitchen dishwasher temperatures below required temperature** There were no facility residents that displayed observable negative outcomes related to the temperatures of the facility dishwasher. All residents have the potential to be negatively impacted by lower-than-required dishwasher temperatures. A facility protocol, "Dishwasher Temperature Monitoring Protocol", was written on the day of the	

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	indicated she was not notified about the low water temperatures, and has reminded her staff to check the temps every shift and record them on the temp log. On 7/9/13 at 8:55 A.M., review of an inservice sign in sheet received from the Dietary Manager, dated May 9, 2013, indicated "Infection Control Review (from orientation sheet)" 10 employees were in attendance and 5 employees were absent...Training item to review, observe and demonstrate...use of and cleaning of dishwasher...." On 7/9/13 at 9:00 A.M., review of the manufacturers instructions received from the Dietary Manager indicated "...Warewashing machine; hot water sanitization temperatures...the temperature of the fresh hot water sanitizing rinse as it enters the manifold may not be more than one hundred ninety-four (194) degrees Fahrenheit or less than:...one hundred eighty (180) degrees Fahrenheit...."		observed deficiency and posted in the kitchen to remind staff to run the initial morning load repeatedly through the dishwasher until temperatures were displayed within the acceptable range. Instructions include: 1. Record temperatures three times a day; morning, noon and evening, after verifying that temperatures are within range. 2. Temperatures need to be 150 degrees or greater for the wash cycle and 180 to 194 degrees for the rinse cycle. 3. If temperatures are low, repeat the same load once or twice until the temperatures reach the desired range. 4. If temperatures remain low, contact the Food Service Supervisor or Assistant Food Service Manager. In addition, DePew Plumbing has been contracted to re-plumb the hot water line that serves the dishwasher in such a way as to deliver higher-temperature water directly to the machine, enabling the machine to function more efficiently in the acceptable temperature ranges. The Food Service Supervisor will monitor the Temperature Log for	

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			consistent recording of temperatures and for actual temperatures of machine. Non-compliance in recording temperatures consistently and accurately will result in disciplinary action. The re-plumbing of the direct hot water line to the dishwasher will be monitored by the Maintenance Supervisor to ensure that it occurs by the scheduled date of August 20, 2013.	

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R000410	410 IAC 16.2-5-12(e)(f)(g) Infection Control - Noncompliance (e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72) hours. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered and read. (f) For residents who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed within one (1) to three (3) weeks after the first test. The frequency of repeat testing will depend on the risk of infection with tuberculosis. (g) All residents who have a positive reaction to the tuberculin skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.			
	Based on record review and interview, the facility failed to provide a tuberculin test (a skin test to screen for Tuberculosis) for 1 of 5 residents reviewed for tuberculin (TB) test on/or prior to admission to the facility. (Resident # 4) Findings include: The Clinical Record for Resident # 4 was reviewed on 7-9-13 at 9:15 A.M. The resident's diagnoses included, but were not limited to: Parkinson's, hypertension, spinal stenosis,	R000410	This finding was eliminated per phone call with Brenda Brake of ISDH on 7/30/13.	07/30/2013

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	depression, renal insufficiency, and diabetes. The resident was admitted on 9-16-12 and the TB test was administered to the resident on 9-19-13. During an interview, on 7-9-13 at 9:30 A.M., the Director of Nursing (DON) indicated the resident didn't receive the TB test because the 16th was on a Sunday. She the further indicated the TB test should have been administered on Monday following his admission. DON had no explanation as to why the TB test was delayed. On 7-9-13 at 9:35 A.M., the DON provided a policy titled "Mantoux Testing/Chest X-ray," dated 3-2005 with a revision date of 6/2011. The policy indicated on line 1 "...All residents will be given Mantoux (TB) test upon entering the residence...."			