

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155676	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/29/2014
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NAME OF PROVIDER OR SUPPLIER MILNER COMMUNITY HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 370 E MAIN ST ROSSVILLE, IN 46065
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F000000	<p>This visit was for a Recertification and State Licensure survey.</p> <p>Survey Dates: April 22, 23, 24, 25, 28, & 29 2014</p> <p>Facility number: 000299 Provider number: 155676 AIM number: 100286940</p> <p>Survey team: Bobette Messman, RN, TC Rita Mullen, RN Holly Duckworth, RN (April 22, 25, 28, & 29) Maria Pantaleo, RN (April 22, 25, 28, & 29)</p> <p>Census bed type: SNF/NF: 68 Residential: 17 Total: 85</p> <p>Census payor type: Medicare: 4 Medicaid: 60 Other: 21 Total: 85</p> <p>Residential sample: 8</p> <p>These deficiencies reflect State findings</p>	F000000	<p>Submission if this Plan of Correction and Credible Allegation of Compliance does not constiute an admission by the certified and licensed provider at Milner Community Health Care, Inc. that the allegations contained in this survey report are a true and accurate portrayal of the provisions of nursing care at this health care facility. Milner Community Health Care, Inc., as a licensed and certified provider, recognizes its obligation to provide legally and medically required care and services to our residents in an economical and efficient fashion. We respectfully request that a desk review be completed, all plan of corrections have been completed as stated. Please accept this Plan of Correction as the Credible Allegation of Compliance.</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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F000364 SS=E	<p>cited in accordance with 410 IAC 16.2.</p> <p>Quality Review was completed by Tammy Alley RN on May 5, 2014. 483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. Based on interview, record review and observation, the facility failed to ensure foods were served at proper temperatures. This deficient practice had the potential to affect 68 of 68 residents receiving meals from the 1 of 1 kitchen.</p> <p>Findings include:</p> <p>On 4/23/14 at 10:23 A.M., during an interview, Resident #37 indicated food was not hot.</p> <p>On 4/24/14 at 12:43 P.M., during an interview, Resident #54 indicated she would send food back to get it reheated.</p> <p>On 4/24/14 at 1:53 P.M., during an interview, Resident #69 indicated "... food is boring, no taste, food is cold especially if you get a tray in room, you can reheat it but food then tastes bad."</p>	F000364	<p>1. Dietary staff was instructed to monitor temperatures throughout meal service and keep foods on tray line covered during service. Plate heating system was reviewed and repairs completed.</p> <p>2. All residents have the ability to be affected by this deficient practice. 3. All nursing and dietary staff will be inserviced on proper meal temperatures and procedures for maximizing room tray delivery service. Dietary Manager, or designee, will monitor and log meal temperatures throughout meal service to assure temperatures are at and maintained at appropriate levels. Dietary Manager will interview and record at least 5 residents with room trays per week for feedback to continue improvements until issues are resolved. Dietary Manager, or designee, will provide and measure and record temperatures on 3 test trays per week. 4. Dietary Manager is responsible for will</p>	05/29/2014			

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	<p>On 4/25/14 at 9:43 A.M., during an interview, Resident #47 indicated the noon meal is generally cold.</p> <p>Review of Resident Council minutes on 4/29/14 at 10:00 A.M. indicated:</p> <ol style="list-style-type: none"> On 11/25/13, the concern was raised that food was cold with room trays. A response from dietary department on 11/27/13 stated kitchen staff and aides should ensure room trays should be delivered in a timely manner. On 12/30/13, a concern was raised that room trays are still cold, council suggested a heated cart. Residents were concerned about food being cold. Response to concern dated 1/10/14 stated dietary was looking at a new room tray cart to address this issue. On 2/24/14, a concern was raised that "Ravioli was cold, second choice always cold, room trays are cold especially in the evenings, still microwaving food". Response to concern dated 2/26/14 from Dietary Manager indicated dietary department was working to improve dietary services and to correct this issue. Actions were taken to correct the cold weekend meal. <p>On 4/29/14 at 11:40 A.M., during a</p>		<p>report temperature logs, resident interviews, and test tray results to QAA committee monthly for analysis and system correction review for 6 months, then quarterly.</p>				

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	<p>kitchen test tray observation, the Dietary Manager tested the requested tray, hot dog temperature was 136 degrees F (Fahrenheit), hamburger was 134 degrees F, french fries were 110 degrees F, baked beans were 130 degrees F.</p> <p>On 4/29/14 at 12:35 P.M., during an interview with Dietary Manager, she indicated the temperature of the test tray food was not adequate. She indicated the current procedure for testing food temperatures is to test the food after the food was placed on the serving line/steam table, those temperatures are logged. The next time the temperature of the food is tested is as the food is taken off the serving line/steam table, the temperature at that time is logged. Room trays are taken from the serving line in the main dining room then placed on the food carts and taken to the nursing units. Food is plated and placed in non heated thermal covers. Food carts go to the floor, the dietary aides notify the nurses or aides that the trays are on the floor, the trays are then passed to the residents by the nurses or aides.</p> <p>The Dietary Manager indicated there was no policy for delivery of food trays.</p> <p>3.1-21(a)(2)</p>						

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F000431 SS=C	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on interview and record review the facility failed to monitor the medication</p>	F000431	1. Immediately disposed of affected medicines. Replaced refrigerator and thermometer.	05/29/2014
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	<p>refrigerator temperatures daily for 2 of 2 medication storage rooms. This deficit practice had the potential to affect 68 of 68 residents residing in the building.</p> <p>Findings include:</p> <p>During the medication storage room observations, on 4/29/14 at 9:20 a.m., the thermometer in the medication storage refrigerator, in the western nursing station was not working. The temperature registered 60 degrees Fahrenheit. The thermometer was exchanged for a new one and the temperature registered 42.8 degrees Fahrenheit.</p> <p>During an interview with the Maintenance Assistant, on 4/29/14 at 9:29 a.m., he indicated the maintenance department checks the temperatures in the medication storage room refrigerators weekly and nursing checks them during the week. A logbook of temperature checks was maintained by maintenance for the weekly checks.</p> <p>During an interview with LPN#2, on 4/29/14 at 9:32 a.m., she indicated the maintenance department checks the medication storage refrigerators daily.</p> <p>During an interview with LPN#1, on 4/29/14 at 9:36 a.m., she indicated the</p>		<p>Checked the other Med room refrigerator to assure systems were working. 2. All residents have the ability to be affected by this deficient practice. 3. Both Med room refrigerators will be removed and combined in the centrally located remote dispensing unit. A temperature log will be used to record temperatures daily and maintained on the refrigerator. All Licensed staff will be inserviced on this new procedure by 5/23/2014. 4. DON, or designee, will monitor 3X's per week for compliance and report monthly for 6 months to QAA committee for review of any issues or concerns. If any issues/concerns are noted, QAA committee may increase monthly reviews.</p>		

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	<p>nursing night shift checks the temperatures of the medication storage refrigerators.</p> <p>During an interview with the Director of Nursing, on 4/29/14 at 9:40 a.m., she indicated maintenance does the medication room refrigerator temperature checks daily.</p> <p>There were no logbooks for daily temperatures checks in either medication storage room.</p> <p>A policy for "Maintenance Program," dated 10/2012, received from the Director of Nursing, on 4/29/14 at 11:35 a.m., indicated the following:</p> <p>"...Freezers and Refrigerator:</p> <p>A. Monitor temperatures (done by dietary and nursing department) - Daily...."</p> <p>3.1-25(m)</p>			