

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 01/23/2013
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NAME OF PROVIDER OR SUPPLIER HEARTH AT JUDAY CREEK LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 6330 N FIR RD GRANGER, IN 46530
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R0000	<p>This visit was for the investigation of Complaint #IN00116721.</p> <p>This visit was completed in conjunction with the Post Survey Revisit (PSR) to the State Licensure Survey and Investigation of Complaint #IN00111766 completed on 08/21/12.</p> <p>Complaint #IN00116721- Substantiated allegations are cited at R0154</p> <p>Survey date: January 23, 2013</p> <p>Facility number: 012229 Provider number: 012229 AIM number: N/A</p> <p>Survey team: Julie Wagoner, RN</p> <p>Census bed type: Residential: 104 Total: 104</p> <p>Census payor type: Other: 104 Total: 104</p> <p>Sample: 06</p>	R0000	<p>This plan of correction is submitted as required by law. It is not an admission of noncompliance; rather, it serves as the facility's 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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	<p>This state finding is cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on January 29, 2013 by Brenda Meredith, R.N.</p>				

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R0154	<p>410 IAC 16.2-5-1.5(k) Sanitation and Safety Standards - Deficiency (k) The facility shall keep all kitchens, kitchen areas, common dining areas, equipment, and utensils clean, free from litter and rubbish, and maintained in good repair in accordance with 410 IAC 7-24.</p> <p>Based on observation and interviews, the facility failed to ensure the drinking glasses and coffee mugs were clean for meal service for 31 of 31 residents served on the memory care unit.</p> <p>Finding includes:</p> <p>Observation of the noon meal, conducted on 01/23/13 at 12:07 P.M., indicated three small clear glasses on the table, ready to be filled for liquids, were dirty with hard specks of grit and a film was noted around the rim of 2 of the 3 glasses.</p> <p>Observation of the dishes, already washed specifically for the Memory care unit, indicated there were 7 of 10 clear glasses noted to have flecks of grit and an opaque looking film around the tops. In addition, there were 8 of 12 green colored stoneware like coffee mugs observed noted to have dark brown staining inside the cups.</p> <p>During an interview at the same time</p>	R0154	<p>Coffee mugs were cleaned and stains were removed. An order was placed to replace the drinking glasses on the memory care unit on February 7, 2013. Expected delivery is February 14, 2013. An audit was done of the condition of all other dishes and serving utensils and there were no further dishes that need replaced.</p> <p>A mandatory inservice is scheduled for all dietary staff to be completed by March 12, 2013 to address the proper cleaning of coffee mugs and drinking glasses by the Dietary Manager.</p> <p>The policy and procedures related to the deficiency were reviewed. No changes were made.</p> <p>The Dietary Manager, or designee, will monitor the coffee mugs and drinking glasses for cleanliness weekly for 1 month,</p>	03/12/2013			

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	<p>as the observation, the Food Service supervisor confirmed the mugs and small glasses did not look clean. He indicated the opaque film noted around the rims of one of 2 styles of glasses could not be removed. He indicated some of the glasses had been replaced with a different style glass and there was no film noted on the new styled glasses. He indicated the coffee mugs were stained on the inside.</p> <p>During an interview on 1/23/12 at 2:30 P.M., CNA #1, QMA #2 and Activity Assistant #3, all of whom worked on the secure Memory care unit, indicated the clear glasses, were often noted to look dirty when brought from the kitchen for meal service.</p> <p>This deficiency relates to Complaint #IN00116721.</p>		<p>then bi-monthly thereafter for 6 months. Any areas of non-compliance will be corrected and the staff involved will be counseled.</p> <p>Results will be monitored and reviewed at the quarterly Quality Assurance meeting for continued compliance.</p> <p>Alleged date of compliance is March 12, 2013.</p>				