STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155573	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 09/13/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLER'S MERRY MANOR	981 BEECHWOOD AVE MIDDLETOWN, IN 47356

(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
F000000	This visit was for a Recertification and State Licensure Survey. Survey dates: September 9, 10, 11, 12 and 13, 2013 Facility number: 000342 Provided number: 155573 AIM number: 100289140 Survey team: Sharon Lasher RN, TC Angel Tomlinson RN Barbara Gray RN Leslie Parrett RN Census bed type: SNF/NF: 37 Total: 37 Census payor type: Medicare: 3 Medicaid: 25 Other: 9 Total: 37 These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2. Quality review completed on September 17, 2013, by Janelyn Kulik	F000000	Please accept this Plan of Correction as our credible allegation of compliance. We respectfully request consideration for Paper Compliance for these deficiencies due to the low number of deficiencies and low scope and severity.	

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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F000311 SS=D	483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section. Based on observation, interview, and record review, the facility failed to provide restorative services to maintain a resident's (ROM) range of motion ability, for 1 of 3 residents reviewed for rehabilitation services, of 5 who met the criteria for rehabilitation services. (Resident #25) Findings include: Resident #25's record was reviewed on 9/11/13 at 9:15 A.M. Diagnoses included but were not limited to, below the knee amputation, muscle weakness, legal blindness, and depression. Resident #25's significant change MDS (Minimum Data Set) assessment dated 7/3/13, indicated Resident #25's hearing was adequate. Her vision was severely impaired. She was understood and was able to understand others. She had no behavior symptoms. She scored 9 on her BIMS (Brief Interview for Mental) status exam, indicating	F000311	F311 SS=D TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS I. Resident #25 has been re-assessed. A new active range of motion nursing restorative program has been implemented. Resident #25 will be assisted with active range of motion for 3 sets of 5 repetitions to left knee, daily with am care. Staff will document in the electronic medical record. The staff will also document any time resident #25 refuses. Resident #25 has not had any decrease in range of motion to the right knee. The care plan has been updated to reflect refusals and range of motion program. Resident #25 active range of motion performance will be monitored by licensed nurse utilizing the Quality Assurance tool for restorative care as outlined below in #4 II. All residents have the potential to be affected by this practice. All restorative programs were audited for appropriateness and revised as needed to maintain the highest level of functioning in ADLS. There were no negative outcomes identified. III. All nursing staff will be in-serviced on the Policy & Procedures titled	10/09/2013

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	she was moderately impaired in her daily decision making. She required total dependence of 2 persons for bed mobility, transfers, personal hygiene, and toileting. She did not walk. She required extensive assistance of 2 person for dressing. She required extensive assistance of 1 person for eating. She had impairment in her functional ROM in 1 lower extremity. A Physical Therapist Progress and Discharge Summary for Resident #25 dated 6/18/13, indicated the following: She received Physical Therapy services from 5/16/13 until 6/18/13, for therapeutic exercises, therapeutic activities, and neuromuscular re-education. She was discharged from therapy with a Functional Maintenance Program. An Occupational Therapist Progress and Discharge Summary for Resident #25 dated 7/9/13, indicated the following: She received Occupational Therapy services from 5/16/13 until 7/4/13, for self feeding goals, wheelchair positioning, and contracture management. She was discharged from therapy with a Functional Maintenance Program. A Restorative Plan of Care for		"Restorative Nursing Program" and Range of Motion Procedure". (Attachments A 1-8) IV. The corrective actions will be monitored through the use of a "Restorative Care Review" Quality Assurance Tool. (Attachment B 1&2) This will be completed by DON or designee weekly X 6 weeks then monthly thereafter. V. The findings of the quality assurance audits will be reviewed at the monthly Quality Assurance Committee Meeting and any recommendations will be followed All systematic changes will be in place by 10/9/13.	

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	Resident #25 dated 6/12/13, and revised on 8/8/13, indicated the following: Focus-Resident #25 was at risk for decline in her functional range of motion. She had a right below the knee amputation. Goal-She would perform 10 sets of 10 repetitions daily. Interventions-She would receive active range of motion to her knee joints for 10 sets of 10 repetitions. The procedure would be explained as needed. She would be observed for complaints of pain, swelling, or discomfort. She would be given verbal cues and hand over hand assistance as needed. She would be given verbal praise for participating. Therapy would be notified if a decline was noted. Restorative documentation for Resident #25, from 9/5/13 until 9/10/13, indicated she had been participating in the restorative ROM program for 15 minutes daily. On 9/11/13 at 11:49 A.M., CNA #3 indicated Resident #25 was not on any restorative program for ROM exercises. CNA #3 indicated she often worked with Resident #25. CNA #3 indicated in Resident #25's computer charting there was a restorative tab and Resident #25's restorative charting was for toileting			

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	and dressing. CNA #3 indicated that was what Resident #25 was encouraged to do. CNA #3 indicated she did not do any ROM exercises with Resident #25. On 9/11/13 at 11:50 A.M., CNA #4 indicated Resident #25's ROM was when she dressed in the mornings. She indicated Resident #25 would move her arms to slip her blouse on, roll side to side to get her pants up, and raise her foot to put her pant legs on. CNA #4 indicated Resident #25 did not have any specific daily exercises. CNA #4 indicated she did not do any ROM exercises with Resident #25. On 9/11/13 at 1:06 P.M., Resident #25 was seated upright in her wheelchair in the television room with her peers. She indicated she was able to stretch her legs but she did not do any repetitive daily exercises and staff did not request her to. On 9/11/13 at 2:15 P.M., CNA #3 indicated she realized Resident #25 did have a restorative ROM program for her knee joints. She indicated the program required Resident #25 to perform 10 sets of 10 repetitions to both knee joints daily on day shift. She indicated she had noticed			

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	Resident #25's grooming restorative program on the computer but hadn't noticed her ROM restorative program. She indicated she was probably charting and not really realizing what she was charting. On 9/11/13 at 2:28 P.M., CNA #3 indicated after reviewing the computer restorative documentation, she realized she had been documenting Resident #25 received ROM services. She indicated she had documented Resident #25 participated and completed the ROM exercises for 15 minutes on 9/10/13. On 9/11/13 at 2:07 P.M., the MDS Coordinator indicated "I am currently revising the restorative program and then I'm going to work with the CNA's." She indicated the restorative programs were on the computer for staff to document when the tasks were completed. She indicated the restorative programs should be listed on the CNA Assignment Sheets also. On 9/11/13 at 2:14 P.M., LPN #5 indicated no restorative program was listed for Resident #25 on the CNA Assignment Sheet. She indicated Resident #25 was taught by therapy how to do her own ROM.			

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	On 9/11/13 at 2:22 P.M., the DoN (Director of Nursing) indicated she believed the resident's restorative programs were listed on the CNA Assignment Sheet and in the computer for staff to document a resident's participation. She indicated the nursing staff provided the restorative programs for the residents and the CNA's were primarily responsible for providing the restorative care. The most recent "Restorative Nursing Program Procedures" provided by the Administrator on 9/13/13 at 12:48 P.M., indicated the following: " A.) Purpose: 1.) To provide services which promote the highest level of functioning in activities of daily living. 2.) Restorative nursing services include: a.) Passive and active range of motion exercises. b.) Assistance and instruction in activities of daily living. c.) Maintenance programs after formal therapy programs. d.) Use of self help devices. e. Ambulation programs for gait training and transfers. f. Bowel and bladder training and/or incontinence management. B. Procedure: 1.) Nursing Driven Restorative Programs. a.) All residents will be assessed for appropriateness and placed on an informal or formal restorative program			

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	based upon their functional needs/capabilities. b.) The restorative program will be written by nursing staff as determined through the assessment process. c.) The program may be informal and a routine part of the daily care but not documented on a restorative grid. d.) The program may be a formal restorative program and documented on the restorative grid/record by nursing. e. Nursing will review the progress or regress of the formal restorative programs at least quarterly and make narrative note in the clinical record." 3.1-38(a)(2)(B)			

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F000312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on observation, interview, and record review. The facility failed to provide good fingernail hygiene for 1 of 1 residents reviewed for (ADL's) activities of daily living. (Resident #25) Findings include: On 9/10/13 at 9:32 A.M., Resident #25 was observed with long unkept fingernails. She had a dark substance underneath all 10 nails. When queried if she preferred her fingernails to be long she stated "they are usually longer than that, I have been trying to keep them trimmed lately." Resident #25's record was reviewed on 9/11/13 at 9:15 A.M. Diagnoses included but were not limited to, diabetes, legal blindness, and depression. Resident #25's significant change MDS (Minimum Data Set) assessment dated 7/3/13, indicated	F000312	F312 SS=D ADL CARE PROVIDED FOR DEPENDENT RESIDENTS I. Resident #25 had nails trimmed shorter and cleaned. Resident #25 fingernails will be checked weekly X6 weeks by licensed nurse and trimmed as needed. Resident #25 is frequently resistant to getting her nails trimmed because she prefers to keep them longer. Her care plan has been updated to reflect this. There were no negative outcomes for this resident. II. All residents have the potential to be affected by this deficient practice. An audit was conducted for all residents within the facility to identify any other residents that were in need of additional nail care. There were other residents identified as having preferences to keep their nails longer. Care plans in place for these residents to honor their preferences. III. All nursing staff will be in-serviced on the policy and procedure for nail care. (Attachments C 1-4) IV. The corrective actions will be monitored through the use of a “Nail Care” Quality Assurance Tool. (Attachment D) This will be completed by DON or designee	10/09/2013

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	Resident #25's hearing was adequate. Her vision was severely impaired. She was understood and was able to understand others. She had no behavior symptoms. She scored 9 on her BIMS (Brief Interview for Mental) status exam, indicating she was moderately impaired in her daily decision making. She required total dependence of 2 persons for bed mobility, transfers, personal hygiene, and toileting. She did not walk. She required extensive assistance of 2 person for dressing. She required extensive assistance of 1 person for eating. She had impairment in her functional ROM in 1 lower extremity. A Plan of Care for Resident #25 indicated the following: Focus-Resident #25 required extensive assistance with her ADL's due to, dementia, vision impairment, weakness, and right below the knee amputation. Goal-She would have her needs met/anticipated as evident by clean, well groomed appearance. Interventions included but were not limited to-She would be encouraged to participate in her ADL's as much as possible. She would receive nail care on her shower days. Resident #25's bathing		weekly X 6 weeks then monthly thereafter. V. The findings of the quality assurance audits will be reviewed at the monthly Quality Assurance Committee Meeting and any recommendations will be followed All systematic changes will be in place by 10/9/13	

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	documentation indicated she received at least a partial bed bath almost daily. Documentation indicated she received a shower on Sunday, 9/1/13, and a full body sponge bath on Monday, 9/2/13, Thursday, 9/5/13, Saturday, 9/7/13, and Thursday, 9/12/13. On 9/11/13 at 1:06 P.M., Resident #25 was seated upright in her wheelchair in the television room with peers. Her fingernails remained long and she continued to have a dark substance under all 10 nails. On 9/12/13 at 11:09 A.M., Resident #25 was observed lying in bed on her left side, with her eyes closed. Her fingernails remained long and she continued to have a dark substance under all 10 nails. On 9/13/13 at 10:50 A.M., Resident #25 was observed lying in bed on her left side, awake. Her fingernails were long and she continued to have a dark substance under all 10 nails and some scattered unclean substance on top of the nails. Her hands had an unclean odor. On 9/13/13 at 10:56 A.M., LPN #6 indicated the CNA's were responsible for trimming and cleaning a resident's			

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	fingernails, unless the resident was a diabetic, and then it was the nurses responsibility. She indicated a resident's fingernails were cleaned and trimmed on their shower days. She was queried if Resident #25's fingernails were long and dirty. She stated "yes, some of them are." She indicated Resident #25 was a diabetic and the nurses were responsible for her nail care. Resident #25 stated "some of that is probably food." The most recent "Nail Care" procedure provided by the Administrator on 9/13/13 at 12:48 P.M., indicated the following: "1.) Purpose->To promote cleanliness, prevent infection and skin irritation, and to promote a positive self image. >To assure that each resident will have a weekly inspection of nails at time of shower and/or complete bed bath and as needed." 3.1-38(a)(3)(A)(E)			

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F000314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. Based on observation, interview and record review the facility failed to float a resident's heels and change the dressing timely for 1 of 2 residents reviewed for pressure ulcers for 2 residents who met the criteria for pressure ulcers. (Resident #14) Findings include: The record of Resident #14 was reviewed on 9/11/13 at 9:22 a.m. Resident #14's diagnoses included, but not limited to, Alzheimer's disease, senile dementia and kidney disease. Resident #14's Quarterly, MDS (Minimum Data Set), assessment, dated 9/12/13, indicated rarely/never understood, rarely/never understands, cognitive skills for daily decision making, severely impaired.	F000314	F 314 Treatment /SVCS to prevent/heel pressure sores I. One on one education provided to nurse involved with omission of treatment on 9/10/13 with resident #14.(Attachments E 1-3) The wound assessment the following week did reveal that this area has not worsened as a result of the omission of treatment. A treatment error form completed. The physician and family have been made aware of the omission of treatment on 9/10/13. (Attachment F) Resident #14 is also now utilizing pressure reducing boots/footwear when in bed. The treatment is being done and documented per procedure with out omissions since the 9/10/13 episode. II. All residents have the potential to be affected by this deficient practice. An audit was conducted by the DON of treatments and pressure areas. Dressing changes were found to have been completed as ordered. An audit was also	10/09/2013

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	Resident #14's bed mobility, indicated extensive assistance with two person physical assist, walks in room or corridor, activity did not occur, risk of pressure ulcers, yes and current number of unhealed pressure ulcers, one stage 2 pressure ulcer (partial thickness loss of dermis presenting as a shallow open ulcer). Resident #14's care plan, dated 1/13/13, "Problem, potential for skin breakdown related to risk factors as listed on skin risk assessment, dementia, osteoporosis, incontinent weakness. Goal, will have no skin breakdown through next review. Interventions, assist to turn at least every 2-3 hours, encourage meal/fluid intake and record, monitor labs as available, monitor skin daily, notify physician and family of any change in skin integrity, provide a nourishing HS (bedtime) snack, provide peri-care as needed, provide pressure reducing device to bed, provide pressure reducing device to chair, check and change before and after meals, at HS and as needed, providing peri-care with each incontinent episode, turn and reposition every 2-3 hrs in bed." Resident #14's physician's order, dated 8/2/13, indicated "cleanse area right lateral ankle with normal saline,		conducted of all residents within the facility to identify any other residents utilizing devices to elevate heels and/or had interventions to float heels. Care plans have been updated to reflect all current interventions. III. All nursing staff will be in-service on the policy and procedure for dressings changes and pressure reducing interventions for the residents. (Attachments G 1-4) IV. The corrective actions will be monitored through the use of a “Pressure Ulcer Treatment Audit” QA tool. (Attachment H) This will be completed by the DON or designee daily X 4 weeks then, weekly for 6 weeks and then monthly thereafter. V. The findings of the quality assurance audits will be reviewed at the monthly Quality Assurance Committee Meeting and any recommendations will be followed All systematic changes will be in place by 10/9/13	

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	pat dry, apply santyl/polysporin (enzyme ointment that debrides necrotic tissue) and cover with telfa island dressing daily." Resident #14's "Braden Scale for Predicting Pressure Sore Risk," dated 8/26/13, indicated the following: - sensory perception (ability to respond meaningfully to pressure-related discomfort), slightly limited - moisture (degree to which skin is exposed to moisture), occasionally moist - activity (degree of physical activity), chair fast - mobility (ability to change and control body position), very limited - nutrition (usual food intake pattern, probably inadequate) - friction and shear, potential problem. Resident #14's "Pressure Ulcer Assessment" indicated location, right outer ankle, shape round, assessment information as follows: -8/2/13, stage 3 (full thickness skin loss involving damage or necrosis of subcutaneous tissue), 1 cm (centimeter) X 2 cm, depth, 0.3 cm, pink granulated wound bed with slough (necrotic tissue) visible in the center of the wound. Wound bed moist. Interventions, pressure			

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	155573		09/13/2013

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	reducing/relieving mattress and floating heels with pillow or some type of specialized device - 8/9/13, stage 3, 1 cm X 2 cm, depth, 0.3 cm, pink wound bed with slough visible in the center of the wound. Wound bed moist. Interventions, pressure reducing/relieving mattress, individualized turning and repositioning program and floating heels with pillow or some type of specialized device, necrosis yes - 8/16/13, stage 3, 1 cm X 1 cm, depth, 0.5 cm, pink wound with 70%, yellow slough. Smaller in size. Moist wound bed with serous (clear and may be slightly yellow drainage), light exudate (drainage), necrosis, yes. Interventions, nutritional supplement, vitamin supplements, pressure reducing/relieving mattress, individualized turning and reposition program and floating heels with pillow or some type of specialized device - 8/23/13, stage 3, healing, 0.8 cm X 0.7 cm, depth, 0.6 cm, wound is smaller but deeper, wound bed is moist, pink and yellow slough, drainage serous, light exudate. Interventions, nutritional supplement, vitamin supplements, pressure reducing/relieving mattress, individualized turning and repositioning program and floating heels with pillow or some type of			

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	specialized device - 8/30/13, stage 3, 0.6 cm X 0.7 cm, depth, 0.8 cm, wound bed is covered with 85% slough and 20% pink, wound moist, drainage serous, light exudate. Interventions, nutritional supplement, vitamin supplements, pressure reducing/relieving mattress, individualized turning and repositioning program and floating heels with pillow or some type of specialized device - 9/3/13, state 3, 0.5 cm X 0.5 cm, depth, 0.1 cm, 100% yellow slough, slight erythema (red) surrounding, tender to the touch and moist, light exudate, necrosis, yes. Interventions, vitamin supplements, floating heels with pillow or some type of specialized device and positioning pillows in place when in bed separating all bony prominence's (knees and ankles) - 9/9/13, stage 3, 0.5 cm X 0.5 cm, depth, 0.1 cm, edges unattached, edges even. 100% yellow slough, flesh colored with faded pink colored tissue surrounding, no complaint pain to touch at this time, moist, exudate serosanguineous (red or pink drainage), light amount, necrosis yes. Interventions, vitamin supplements, floating heels with pillow or some type of specialized device and positioning pillows in place when in bed			

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	separating all bony prominence's. On 9/11/13 at 1:10 p.m., CNA #1 and CNA #3 were observed providing incontinence care on Resident #14. The dressing on Resident #14's right outer ankle was dated 9/9/13. When Resident #14's care was completed she was placed on her right side without any type of specialized device or pillow under her heels. During an interview on 9/11/13 at 1:30 p.m., CNA #1 and CNA #3 both indicated the dressing on Resident #14's right outer ankle was dated 9/9/13. CNA 1 indicated Resident #14 heels were not floated but she does have a waffle boot we put on her sometimes. On 9/11/13 at 2:00 p.m., Resident #14, was observed, in bed on her right side without any type of specialized device or pillow under her heels. On 9/12/13 at 8:50 a.m., Resident #14, was observed, in bed on her right side without any type of specialized device or pillow under her heels. On 9/12/13 at 11:00 a.m., Resident #14, was observed, in bed on her			

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	right side without any type of specialized device or pillow under her heels. On 9/12/13 at 1:31 p.m., LPN #7 was observed doing the dressing change and measurements on Resident #14's right outer ankle. The area was a stage 2, 0.5 cm X 0.5 cm, depth 0.1 cm. During an interview on 9/12/13 at 9:20 a.m., DON (Director of Nursing), indicated the area on Resident #14's first started on 5/15/13 healed on 6/26/13 and reopened on 8/2/13. She stated "the dressing that was dated 9/9/13 on 9/11/13 was changed last evening." She also indicated it was still documented a stage 3, open area because it is the facility policy that once an open area is staged it can not be decreased to a lower stage. Resident #14's Treatment Schedule for September 2013 reviewed on 9/11/13 indicated on 9/10/13 Resident #14's dressing changed was not initialed as being completed. The most recent "Wound and Non-wound Assessment and Documentation", provided by the DON on 9/13/13 at 1:10 p.m. and			

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	dated 9/11/12, indicated Staging of Wounds, "Downstaging" of granulating pressure ulcer is not appropriate, since the full thickness repair process involves replacement of the normal tissue with granulation tissue." 3.1-40(a)(2)			

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F000371 SS=F	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 the dishwasher rinse cycle was working in the main kitchen of the facility where the dishes were washed and rinsed for all residents living in the facility, the total census of the facility was 36. Findings include: During observation of the dishwasher cycle on 9/9/13 at 9:13 A.M., the Dietary Manager indicated the dishes were sanitized by a hot water dishwasher. She ran a load of dishes through the dishwasher at that time. The wash cycle gauge reached 158 degrees and the rinse cycle reached 136 degrees. She ran the dishwasher for 3 more cycles and the highest wash cycle reached 160 degrees and the highest rinse cycle reached 144 degrees. The Dietary Manager indicated she had ran the dishwasher that morning at approximately 6:15 A.M., to 6:30	F000371	F371 SS=F FOOD PROCURE, STORE/PREPARE/SERVE-SANITARY Miller's Merry Manor respectfully submits the following plan of correction as credible allegation of compliance to the above mentioned regulation with prefix F371 I. Approximately five hours after the deficient practice was realized the "pop" valve was replaced on the dishwasher to allow the temperature to reach above 150 degrees for the wash cycle 180 degrees for the rinse cycle. II. All residents were at risk to be affected by this deficiency. Paper products were used at meal time until the deficient practice was corrected. III. An In-service will be given to all dietary staff on dishwasher temperatures and proper documentation. (Attachment I) IV. The corrective actions will be monitored through the use of The "Dishwasher Temperature Worksheet" will be used three times daily at breakfast, lunch and dinner to ensure wash and rinse cycles are at specified temperatures.(Attachment J) In addition, the QA tool titled "Dishwasher Temp Log"will be	10/09/2013

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	A.M., and it was working properly. She indicated the rinse cycle was not reaching the correct temperature at that time. Observation of the dishwasher directions located on the dish machine indicated the wash cycle should reach a minimum of 150 degrees and the rinse cycle should reach a minimum of 180 degrees. On 9/9/13 at 9:45 A.M., the Maintenance Supervisor entered the main kitchen to observe the dishwasher. He indicated if he could not get the dishwasher to reach the correct rinse cycle temperature, he would call a local company to fix it. On 9/9/13 at 10:44 A.M., the Maintenance Supervisor indicated he believed he found the dishwasher problem. He indicated the problem was a "pop of valve." He indicated the pop off valve released pressure to lower the water temperature if the temperature got to high. He indicated the pop off valve was staying open all the time, letting the hot water flow out into the drain instead of letting it stay in the heater to warm up. He indicated he was going to a local store and see if he could buy one. On 9/9/13 at 11:19 A.M., the Maintenance Supervisor indicated he		completed by the Dietary Manager or designee once a day for two weeks, twice a week for two weeks, and weekly thereafter. (Attachment K) The findings of the quality assurance audits will be reviewed at the monthly Quality Assurance Committee Meeting and any recommendations will be followed. All systematic changes will be in place by 10/9/13.	

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	notified a local company and the local company would bring the part in to him that day. On 9/9/13 at 2:06 P.M., the Maintenance Supervisor indicated the dishwasher was fixed and working properly. On 9/9/13 at 2:45 P.M., the Dietary Manger ran a load of dishes through the dishwasher. The wash cycle reached 159 degrees and the rinse cycle reached 191 degrees. On 9/11/13 at 2:37 P.M., the Dietary manager ran a load of dishes through the dishwasher. The wash cycle reached 166 degrees and the rinse cycle reached 186 degrees. The "Model AM14 & AM14C Dishwasher Instructions" provided by the Administrator on 9/13/13 at 12:39 P.M., indicated the following on page 6 of the instructions: The hot water sanitizing temperature should reach a minimum of 180 degrees. 3.1-21(i)(2)			