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 08/22/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JASPER COUNTY HOSPITAL - ALTERNACARE UNIT	1104 E GRACE ST ALTERNATE CARE UNIT RENSSELAER, IN 47978

(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
R0000	This visit was for a State Residential Licensure Survey. Survey dates: August 20, 21, and 22, 2012 Facility number: 004199 Provider number: 004199 AIM number: N/A Survey team: Sheila Sizemore, RN, TC Census bed type: Residential: 14 Total: 14 Census payor type: Other: 14 Total: 14 Sample: 7 Supplemental sample: 2 This state finding is cited in accordance with 410 IAC 16.2. Quality review completed on August 23, 2012 by Bev Faulkner, RN	R0000		

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.

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 08/22/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JASPER COUNTY HOSPITAL - ALTERNACARE UNIT	1104 E GRACE ST ALTERNATE CARE UNIT RENSSELAER, IN 47978

(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

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 08/22/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JASPER COUNTY HOSPITAL - ALTERNACARE UNIT	1104 E GRACE ST ALTERNATE CARE UNIT RENSSELAER, IN 47978

(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
R0154	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. Based on observation, interview, and record review, the facility failed to ensure the kitchen equipment was clean and sanitary, stored ready-to-use serving lids were dry, lettuce was wrapped and stored properly in the cooler, and a dishwasher was functioning at the right temperature. This had the potential to affect 13 of 14 residents who received meals from 1 of 1 kitchen. FINDINGS INCLUDE: During the kitchen tour with the Dietary Manager and Registered Dietician, on 8/20/12 beginning at 10:08 a.m., the following was observed: Kitchen: 1. There were 11 of 12 wet plastic serving lids stored as ready to use. The Dietary Manager indicated the serving lids were stored wet. 2. The air vent over the spice rack was dirty and dusty.	R0154	1. Instructions have been posted and Dietary personnel re-education has been provided to assure complete drying of plate lids before stacking.Responsible Party: The Dietary Manager and/or Director will monitor the drying of plate lids after every meal to assure compliance. Effective Date: 9/4/122. The ceiling vents have been cleaned.Responsible Party: The Dietary Management and Environmental Services Director will monitor the cleaning of the ceiling vents on a monthly basis to assure compliance. Effective Date: 9/4/123. Food chopper base has been cleaned. The Maintenance Department will assess and repair the unit.Responsible Party: The Dietary Management will monitor the unit's operation and cleaning on a weekly basis to assure compliance. Effective Date: 9/14/124. Dry toast pan has been labeled with date and contents and moved to the walk-in refrigerator.Responsible Party: The Dietary Manager and/or Director will monitor to ensure pan is properly covered, labeled and stored to assure compliance. Effective Date: 9/4/125. The	09/14/2012

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 08/22/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JASPER COUNTY HOSPITAL - ALTERNACARE UNIT	1104 E GRACE ST ALTERNATE CARE UNIT RENSSELAER, IN 47978

(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
	3. The base of the food chopper had a buildup of a sticky, brown grease running down the sides. The Dietary Manager indicated the food chopper leaked grease and maintenance had been down several times to fix the food chopper. 4. There was an unmarked 320 ounce pan with a lid stored in the ready to use pots and pans. The pan was filled with dry toast. The Dietary Manager indicated the toast was from today and yesterday and was used as croutons for salads. 5. The top of the knife rack was dirty and dusty. The Dietary Manager indicated she "could see that." 6. There was a two slice toaster sitting on the shelf of the food prep table. The toaster was dirty and greasy. The Registered Dietician indicated the toaster was used for "special orders." 7. Under the carriage arm of the meat slicer there was a buildup of a red, dried substance. 8. The ice machine had a buildup of a white substance between the motor and ice machine. The Registered Dietician indicated "we try to keep up with that." 9. The vent above the garbage disposal		knife rack has been cleaned.Responsible Party: The Dietary Manager and/or Director will monitor on a weekly basis to assure knife rack is kept clean with the results being logged. Effective Date: 9/4/126. The toaster has been cleaned.Responsible Party: The Dietary staff will keep the toaster clean and compliance will be monitored by the Dietary Manager and/or Director. Effective Date: 9/4/127. The meat slicer has been thoroughly cleaned.Responsible Party: The Dietary Manager and/or Director will monitor cleaning of equipment on a weekly basis to assure compliance. Effective Date: 9/4/12.8. The exterior of the ice machine has been cleaned with appropriate chemical. Machine exterior will be cleaned on a weekly basis to prevent lime deposits from accumulating.Responsible Party: The Dietary Manager and/or Director will monitor the cleaning of ice machine on a regular basis to assure compliance.Effective Date: 9/4/129. The ceiling vents have been cleaned.Responsible Party: The Dietary Management and Environmental Services Director will monitor the cleaning of the ceiling vents on a monthly basis to assure compliance. Effective Date: 9/4/1210. Salad cooks have been instructed to securely wrap or cover produce.Responsible Party: The	

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 08/22/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JASPER COUNTY HOSPITAL - ALTERNACARE UNIT	1104 E GRACE ST ALTERNATE CARE UNIT RENSSELAER, IN 47978

(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
	was dusty and dirty. 10. There was a head of lettuce in the vegetable cooler unwrapped and open to the air. 11. The hot water dishwasher temperature was observed to be 124 degrees for the wash cycle after seven attempts of operating. The Registered Dietician indicated the dishwasher wash temperature should be 160 degrees. He indicated the dishwasher had to be operating for a while for the correct temperature to be reached. Review of the dishwasher manufacturing guidelines, received from the Registered Dietician on 8/21/12 at 9:08 a.m., indicated the proper temperature for the wash cycle was 160 degrees. During an interview on 8/21/12 at 9:05 a.m., RN #1 indicated maintenance had adjusted the water temperature of the dishwasher and the temperature was now at 160 degrees.		Dietary Manager and/or Director will monitor to ensure all food is securely wrapped/covered and properly labeled on a weekly basis to assure compliance. Effective Date: 9/4/1211. The dish machine will be activated prior to washing to allow for sufficient time for the machine to reach the proper wash temperature of 160 degrees by the time warewashing is to begin. The maximum register thermometer will continue to be in dish machine at each meal with the results being logged. The incoming water temperature has been increased.Responsible Party: The Dietary Manager and/or Director will check the dish machine temperature at every meal to assure compliance. Effective Date: 9/4/12The Hospital's Infection Control nurse has completed an inspection of the Dietary Department and discussed her findings with the Director. The Infection Control nurse will inspect the department weekly for the next two months to assure compliance, with random monthly inspections thereafter. The results of those inspections will be communicated to the Vice President of Support Services. Adverse findings will be brought to the attention of the Vice President of Support Services within two business days of inspection. Effective Date: 9/4/12	