

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 06/12/2014
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NAME OF PROVIDER OR SUPPLIER STERLING HOUSE OF KOKOMO	STREET ADDRESS, CITY, STATE, ZIP CODE 3025 W SYCAMORE ST KOKOMO, IN 46901
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R000000	<p>This visit was for a State Residential Licensure Survey</p> <p>Survey dates: June 11 and 12, 2014</p> <p>Facility number: 011075 Provider number: 011075 AIM number: N/A</p> <p>Survey team: Holly Duckworth RN TC Bobette Messman RN</p> <p>Census bed type: Residential: 39 Total: 39</p> <p>Census payor type: Medicaid: 7 Other: 32 Total: 39</p> <p>Sample: 10</p> <p>These state findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality Review was completed by Tammy Alley RN on June 17, 2014.</p>	R000000	<p>The following is the Plan of Correction for Sterling House of Kokomo in regards to the Statement of Deficiencies for the annual survey completed on June 12, 2014. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvements to satisfy that objective.</p>	
R000144	<p>410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards - Deficiency (a) The facility shall be clean, orderly, and in</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>a state of good repair, both inside and out, and shall provide reasonable comfort for all residents.</p> <p>Based on observation and interview, the facility failed to ensure a clean, sanitary, and home like environment related to 1 of 1 Resident Laundry Rooms, 3 of 4 exit doors observed, and 20 of 38 observed resident rooms (Room #'s 203, 208, 303, 304, 305, 401, 402, 403,502, 504, 506, 508, 509, 510, 512, 513, 601, 603, 604, 605).</p> <p>Findings include:</p> <p>1. During the initial tour on 6/11/2014 at 10:30 a.m., the following was observed:</p> <p>a.) The resident laundry room door and resident room doors (room #'s 203, 208, 303, 403, 510, 512, 513, 603, 604, and 605) were marred, chipped, and gauged. The exit doors next to room 208, next to room 404, and next to room 605 were also marred, chipped, and gauged.</p> <p>b.) The resident rooms were observed to have a black seal/stripping around the interior edge of the doors. The stripping was loose and observed to protrude out of closed doors for 14 resident rooms (room #'s 303, 304, 305, 401, 402, 502, 504, 506, 508, 509, 512, 601, 603, 604).</p>	R000144	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?</p> <p>No other residents were identified to have been affected by the alleged deficient practice.</p> <p>a) Resident (#203, 208, 303, 403, 510, 512, 513, 603, 604 and 605) laundry room door and resident apartment doors were repainted during the week of 6/12-6/18.</p> <p>b) Loose weather stripping around resident (#303, 304, 305, 401, 402, 502, 504, 506, 508, 509, 512, 601, 603 and 604 apartment doors) were checked and either repaired or removed as needed.</p> <p>c) Resident laundry room was thoroughly cleaned on the evening of 6/11/14, prior to surveyors exiting the community. The washing machines were cleaned inside and out, and the window sills and cleaning equipment in the room also dusted and cleaned.</p> <p>d) Walls outside of the private dining room gouges were repaired and nail holes patched & painted on 6/19/14.</p>	07/11/2014			

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	<p>c.) The resident laundry room was observed to have hair and debris built up in the bleach dispensers of 2 of 2 washing machines and the fabric softener dispenser of 1 of 2 washing machines. Dirt and debris was also observed on the sweeper and 2 of 2 dust pan and brushes. 2 window sills in the laundry room were observed to be dirty.</p> <p>d) The walls outside of the private dining room were observed to be chipped and gauged. Three nail holes were present.</p> <p>On 6/12/2014 at 1:50 p.m., during the environmental tour with the Administrator, she indicated the repairs needed to be completed.</p>		<p>How will the facility identify other residents with the potential to be affected by the same alleged deficient practice and what corrective action will be taken?</p> <p>No other residents were identified to have been affected by the alleged deficient practice.</p> <p>a&d) A regular schedule for maintenance has been established for painting and repair of gouges & scuffmarks for each of the hallways of the community. The doors (in the resident and common area) and walls will be checked monthly, and repairs made as needed.</p> <p>b) All doorways and entries are now on a monthly schedule and weather stripping will be repaired or removed as needed.</p> <p>c) Resident laundry room has a daily and weekly schedule for cleaning and maintenance, including all surfaces and window sills. Associates will sign off as cleaning jobs are completed.</p> <p>What measures will be put in place or what systemic changes will the facility make to ensure the alleged deficient practice does not recur?</p> <p>a-d) The Health and Wellness Director and/or Executive Director will check the schedules for</p>				

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R000154	<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. Based on observation and interview, the facility failed to ensure that kitchen equipment was free from litter and debris in 1 of 2 freezers in 1 of 1 kitchens in the facility. This deficient practice had the potential to impact 39 residents out of 39 residents.</p> <p>Findings include:</p> <p>During the tour of the kitchen on 6/11/2014 at 9:30 a.m., the following observation was made:</p>	R000154	<p>sign-offs, and inspect all areas of the community for compliance on a weekly & monthly basis. When deficiencies are notes, corrective action will be taken and staff in-serviced on procedures to ensure proper cleaning and maintenance practices are occurring.</p> <p>By what date will these systemic changes be implemented?</p> <p>· 7-11-14</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?</p> <p>· No residents were identified to be affected by the alleged deficient practice.</p> <p>· Ice cream designated freezer was immediately cleaned on 6/11/14, prior to surveyors exiting the community.</p>	07/11/2014

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	<p>The ice cream designated freezer contained 3 ice cream tubs and 3 individual cups of ice cream in a freezer which had stains and debris on bottom of freezer.</p> <p>An interview on 6/11/2014 at 10:30 a.m., with the Lead Cook, she indicated the freezer should have been clean and free of debris and stains.</p>		<p>What measures will be put in place or what systemic changes will the facility make to ensure the alleged deficient practice does not recur?</p> <p>·Ice cream freezer is on regular cleaning schedule to be checked weekly and cleaned as needed.</p> <p>How will the facility identify other residents with the potential to be affected by the same alleged deficient practice and what corrective action will be taken?</p> <p>·Ice cream freezer is on regular cleaning schedule to be checked weekly and cleaned as needed.</p> <p>How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place?</p> <p>·Dietary Services Manager will check cleaning sign-off at least monthly, with Executive Director doing surprise inspections and checking sign-offs on a weekly basis.</p>		

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R000156	<p>410 IAC 16.2-5-1.5(m) Sanitation and Safety Standards - Deficiency (m) The facility's food supplies shall meet the standards of 410 IAC 7-24.</p> <p>Based on observation, record review and interview, the facility failed to ensure that food was labeled, dated and stored in the freezer, dry storage area and refrigerator in one of one kitchens in the facility. This deficient practice had the potential to impact 39 residents out of 39 residents.</p> <p>Findings include:</p> <p>During the tour of the kitchen on 6/11/2014 at 9:30 a.m., the following observations were made:</p> <p>1. The freezer was observed to have open and undated items: 1 sausage patty package ,1 package of onions, 1 package of chicken breasts, 1 package of biscuits, 1 fish patty package, 1 beef tenderloin package, and 1 sausage links package.</p> <p>2. The dry storage area was observed to have open and undated items: 1 package of English muffins, 1 package</p>	R000156	<p>By what date will these systemic changes be implemented?</p> <p>·7-11-14</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?</p> <p>· No residents were identified to be affected by alleged deficient practice.</p> <p>· On 6/11/14, freezer items that were open and undated were immediately removed and disposed of.</p> <p>· On 6/11/14, dry storage items that were open and undated were immediately removed and disposed of.</p> <p>· On 6/11/14, refrigerator items that were open and undated were immediately removed and disposed of.</p> <p>How will the facility identify other residents with the potential to be</p>	07/11/2014

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	<p>of dinner rolls, 1 package of rice crisp cereal, 1 package of shredded wheat cereal, and 1 package of raisin bran cereal: 1 white rice and 2 pasta noodle bins were not dated; 1 flour and 1 sugar bin were opened and lids would not seal bins; 1 bag of sugar, 1 bag of salt and 1 bag of cornmeal were open and not sealed.</p> <p>3. The refrigerator was observed to have items open and not dated: 1 salami roll, 1 package of cooked diced chicken, 1 cheese package and 1 package of diced tomatoes.</p> <p>During an interview on 6/11/2014 at 10:30 a.m., with the Lead Cook, she indicated all items should be labeled in the freezer, dry storage area and the refrigerator. She indicated open food should have been sealed and dated.</p> <p>Record review on 6/12/2014 at 2:00 p.m., the facility policy for "Food Storage," undated, indicated items should be dated before being stored, all prepared food should be dated, all frozen food should be labeled and dated, and all opened items should be sealed and dated.</p>		<p>affected by the same alleged deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · No residents were identified to be affected by alleged deficient practice. · An audit of all food storage will be completed by Dietary Services Manager and Lead Cook to verify & correct storage and dating of all foods. · All food storage will be dated before being stored, all prepared food will be dated, all frozen food will be labeled and dated and all open items will be sealed and dated. <p>What measures will be put in place or what systemic changes will the facility make to ensure the alleged deficient practice does not recur?</p> <ul style="list-style-type: none"> · The Dietary Services Manager will re-in-service all other cooks on the correct labeling and dating of all food items. The Lead Cook, under supervision of the Dietary Services Manager, will perform weekly audits and will report findings to the Executive Director. Executive Director will make surprise inspections at least twice monthly to ensure proper labeling and storage practices are in place. 				

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			<p>How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place?</p> <p>The Dietary Services Manager and Executive Director will discuss practices weekly in Department Head Meeting, and will write up associates who do not comply with correct practices.</p> <p>By what date will these systemic changes be implemented?</p> <p>7-11-14</p>		