

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155202	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/04/2015
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NAME OF PROVIDER OR SUPPLIER WATERS OF GREENCASTLE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1601 HOSPITAL DR GREENCASTLE, IN 46135
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: August 31 and September 1-4, 2015.</p> <p>Facility number: 000109 Provider number: 155202 AIM: 100266290</p> <p>Census bed type: SNF/NF: 81 Total: 81</p> <p>Census payor type: Medicare: 14 Medicaid: 43 Other: 24 Total: 81</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 09/09/2015 by 29479.</p>	F 0000	Preparations and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission of agreement by this facility of the facts alleged or conclusion set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws. The facility respectfully requests paper compliance for this citation.	
F 0371 SS=E Bldg. 00	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or</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>considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observation, interview, and record review, the facility failed to ensure adequate sanitation of drinking glasses and failed to ensure food was served in a sanitary manner for 2 of 2 kitchen observations and 1 of 2 dining observations. This deficient practice had the potential to affect 80 of 81 residents receiving food served from the kitchen.</p> <p>Findings include:</p> <p>1. On 8/31/15 at 10:40 a.m., during initial kitchen tour, a thick white cloudy substance was observed on the inside surface of 5 plastic drinking cups stored on a rack of clean dishes.</p> <p>On 9/2/15 at 9:28 a.m., the Dietary Manager removed a plastic drinking cup with cloudy residue from the rack of clean dishes. She attempted to wipe the residue from the interior of a drinking glass with a paper towel. The residue remained on the inner surface after it was wiped. The Dietary Manager indicated the city water was "very hard" and indicated lime build-up had been an ongoing issue. She indicated staff ran 1 gallon of a de-liming solution in the dish machine once every week. She indicated</p>	F 0371	<p>It is the intent of this facility to store, prepare, distribute and serve food under sanitary conditions. Corrective Actions:</p> <p>a. New Water Softner installed in dietary kitchen. b. Dishwasher de-limed and placed on cleaning schedule two times a week vs. 1 time a week. c. Replaced dishware with new dishware. d. In-serviced all dietary staff on Ice Handling and Cleaning. e. Implemented a cooler with a scoop handle for dietary staff to utilize. f. In-serviced all staff since the survey on Safe Handling of Tableware. Others Identified: a. 100% audit completed of all dishware - Removed dishware that was stained. Any resident who received food prepared in the dietary department has a potential to be affected by this. Systems in Place: a. New facility staff are educated in orientation on Ice Handling and Cleaning/Safe Handling of Tableware. b. Any staff who fail to comply with inservice/education will be further educated and/or progressively disciplined as indicated. Monitoring:a. Dietary Manager/Designee will monitor meal delivery to ensure safe handling of tableware 3 times a week for 12 weeks, 2 times a wee</p>	09/21/2015

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	<p>the kitchen staff also soaked the plastic drinking cups frequently to remove the lime build-up. She indicated cups were thrown away when they were no longer able to remove the lime build-up.</p> <p>On 9/2/15 at 11:10 a.m., the Dietary Manager provided a stack of 6 plastic cups that had been soaked in the de-liming solution. A thick white cloudy substance was observed in 1 of the 6 plastic drinking cups.</p> <p>On 9/4/15 at 10:25 a.m., the Dietary Manager provided the manufacturers' information on the "ChemPro Professional-Lime Solvent Cleaner." The instructions for use indicated, "To remove hard water film, mineral deposits from...dishmachines...use 24 ounces (3 cups) per gallon of water...."</p> <p>A "Kitchen Daily Cleaning Schedule," indicated glasses were "de-limed" weekly and indicated the process was completed on August 5, 12, 18, and 26, 2015.</p> <p>A policy, identified as current and titled, "Dishwashing: Machine," was provided by the Dietary Manager on 9/4/15 at 11:25 a.m. The policy indicated, "The Dining Staff will maintain the operation of the dishwashing machine...to ensure effective cleaning and sanitizing of all</p>		<p>for 8 weeks, and 1 time a week for 4 weeks. Random monitoring will occur ongoing.b. Dietary Manager\Designee will monitor tableware\dishware will be free from stains or build up 3 times a week for 12 weeks, 2 times a week for 8 weeks and 1 time a week for 4 weeks. Random monitoring will occur ongoing.c. Dietary Manager\Designee will monitor ice handling and cleaning 3 times a week for 12 weeks, 2 times a week for 8 weeks and 1 time a week for 4 weeks. Random monitoring will occur ongoing.d. Administrator\Designee will review all audits\proficiency's as completed daily in QA stand up meeting. Any issues will be immediately addressed and corrected.e. Results\issues identified will be discussed with the IDT at monthly QA meetings and with the Medical Director at the Quarterly QA meeting and/or as needed for determination for ongoing monitoring and/or changes to the QA meeting.</p>	

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	<p>tableware...Procedure: 1. Tableware...should be cleaned and sanitized...5. Remove any built up debris, lime or scale as necessary or generally complete a thorough de-liming per cleaning schedule or one-time weekly...."</p> <p>A policy, identified as current and titled, "Handling Tableware," was provided by the Dietary Manager on 9/4/15 at 11:32 a.m. The policy indicated, "Dining Services staff will provide clean, well maintained tableware...Procedure: 3. All tableware will be in good condition, be free from ...permanent stains...."</p> <p>2. On 8/31/15 at 12:04 p.m., Dietary Aide #1 served 7 plates of food to residents. The Aide carried the plates with her thumb in contact with the surface area of the plate where food was scooped when residents removed food for eating. The ice scoop was stored with the handle in contact with the ice. The Aide served ice during the meal service after the handle touched the ice.</p> <p>On 9/4/15 at 9:22 a.m., the Dietary Manager indicated hands were not to be in contact with the interior of the plates. She indicated the ice scoop should not have been stored in the ice bucket with the handle in contact with the ice.</p> <p>A facility policy, titled "Dining Servers:</p>			

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F 0431 SS=D Bldg. 00	<p>Guidelines for Safe Handling of Tableware," identified as current by the Dietary Manager on 9/4/15 at 10:25 a.m., indicated, "...Plates are handled by the rim with no bare hand contact with the food contact area"</p> <p>A facility policy, identified as current, titled "Ice Handling and Cleaning," provided by the Dietary Manager on 9/4/15 at 10:25 a.m., indicated, "...Ice buckets, other containers, and scoops will be kept clean, and will be stored and handled in a sanitary manner. Scoops will be stored in a protected manner, and so that the handle does not make contact with the ice "</p> <p>3.1-21(i)(3)</p> <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</p>						

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	<p>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 observation, interview, and record review the facility failed to ensure 2 vials of Tuberculin test solution were not expired for 2 of 3 refrigerators utilized for medication storage.</p> <p>Findings include:</p> <p>During an observation on 9/4/15 at 10:12 a.m., a vial of Aplisol solution (used for Tuberculin test) was in the Clearwater Cove's refrigerator with an open date of 7/28/15.</p> <p>During an observation on 9/4/15 at 1:20 p.m., a vial of Aplisol solution was in the Misty Lane's refrigerator with an open</p>	F 0431	<p>It is the intent of this facility to store medication appropriately and discard expired medication accordingly. Action Taken: a. In-service nursing staff on how to open and date multi-dose vials and when to discard. b. All medications in Clearwater Cove and Misty Lane fridge are current and safe for use. Others Identified: a. 100% Audit completed and no other findings. Systems in Place: a. Nursing staff will be educated upon orientation on how to open and date multi-dose vials and when to discard. b. All current staff were educated as to the policy and procedure for opening, dating, and discarding vials. Any staff who fail to comply with the</p>	09/21/2015

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	<p>date of 7/25/15.</p> <p>During an interview on 9/4/15 at 1:20 p.m., LPN #2 (Licensed Practical Nurse) indicated a vial of Aplisol was good for 30 days from the opened date and then should have been discarded.</p> <p>During an interview on 9/4/15 at 2:03 p.m., the ADON (Assistant Director of Nursing) indicated Aplisol vials were expired after 30 days from the opened date. She indicated the facility followed the manufacture's recommendations.</p> <p>On 9/4/15 at 2:02 p.m., the ADON provided a pharmalogical insert, dated May 2002, identified as the current policy the facility uses for Aplisol. The insert included but was not limited to, "...Dosage and Administration...Vials in use for more than 30 days should be discarded...."</p> <p>3.1-25(o)</p>		<p>points of the inservice will be further in-serviced and/or progressively disciplined as indicated. Monitoring: a. DON\Designee will monitor vials\medication 3 times a week for 12 weeks, 2 times a week for 8 weeks and 1 time a week for 4 weeks. Random monitoring will occur ongoing. b. Administrator \Designee will review all audits\proficiency's as completed in daily QA stand up meeting. Any issues will be immediately addressed and corrected. c. Results\issues identified will be discussed with IDT at monthly QA meeting and with the Medical Director at the Quarterly QA meeting and/or as needed for determination for ongoing monitoring and/or changes to the QA meeting.</p>	