

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 10/04/2012	
NAME OF PROVIDER OR SUPPLIER STERLING HOUSE OF KOKOMO				STREET ADDRESS, CITY, STATE, ZIP CODE 3025 W SYCAMORE ST KOKOMO, IN 46901			
(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	<p>This visit was for a State Licensure Survey.</p> <p>Survey Dates: October 3, 4, 2012</p> <p>Facility Number: 011075 Provider Number: 011075 Aim Number: N/A</p> <p>Survey Team: Tammy Alley RN TC Toni Maley BSW</p> <p>Census Bed Type: Residential: 36 Total: 36</p> <p>Census Payor Type: Other: 36 Total: 36</p> <p>Sample: 7</p> <p>These state findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review 10/04/12 by Suzanne Williams, RN</p>			R0000	<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 October 4, 2012. 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>		

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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R0273	<p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>Based on observation and interview, the facility failed to ensure the kitchen countertops, floor and stove were maintained in good repair and clean condition. This deficient practice had the potential to impact 36 of 36 residents who reside in the facility and eat food served from the kitchen.</p> <p>Findings Include:</p> <p>During the 10/3/12, 9:30 a.m. kitchen sanitation tour the following concerns were observed:</p> <p>a.) The food preparation island counter located in the center of the food preparation area had two quarter sized areas where the Formica covering had been worn down exposing the wood underneath the Formica. The edges of the counter were chipped and marred on all four sides.</p> <p>b.) The stove door faces were splattered with black and brown sticky residue. The stove back splash had black and brown residue splattered</p>	R0273	<p>R_273: Food and Nutritional Services- Deficiency What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice? a) The food preparation island countertop was cleaned on 10-03-12 and sanitized and is on the cleaning schedule to be cleaned and sanitized after each use. As for its state of disrepair, it is scheduled to be replaced. Executive Director is getting price quotes and replacement will be done before the end of the year. b) The stove door faces were cleaned on 10-04-12, and the stove was placed on a cleaning schedule to be cleaned after each use. The grill was cleaned on 10-04-12 and will be cleaned after each use. The hood vent cover was cleaned on 10-04-12 and is on a monthly cleaning schedule to be cleaned when all visible surfaces of the hood & vents are cleaned. c) The floor in the dry storage area was cleaned on 10-04-12 and placed on the daily cleaning schedule. How will the facility identify other residents with the potential to be affected by the same alleged deficient practice and what corrective</p>	11/04/2012			

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	<p>over approximately one half of the surface. The edge on the grill section had a thick, heavy, black greasy residue. The hood cover had a heavy build up of gray and black dust around the lip.</p> <p>c.) The flooring in the dry storage area at the entry way threshold and corners had a heavy dark residue and dotted splatter out from the edge.</p> <p>During a 10/3/12, 9:40 a.m. interview, the Food Services Supervisor indicated the stove hood vent was not on a cleaning schedule and the other areas could use attention.</p> <p>During a 10/4/12, 11:00 a.m. interview, the Administrative Assistant indicated on average every resident eats a minimum of one meal a day prepared in the facility kitchen.</p>		<p>action will be taken?</p> <ul style="list-style-type: none"> ·All residents and associates have the potential to be affected by the alleged deficient practice. ·The Dietary Services Manager will be retrained by the Executive Director/Designee on standards and expectations for cleaning & cleaning schedules. Daily, weekly, monthly and quarterly cleaning schedules will be utilized and implemented. Defective or damaged surfaces and equipment will be repaired or replaced in a timely fashion in order to insure resident and associate safety. <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"> ·All dietary staff will be re-educated by the Dietary Manager on all standards & expectations for cleaning and maintaining cleaning schedules. 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? ·Observations and the Cleaning Schedule and "Standards and Expectations" Checklist will be utilized by the Dietary Manager for the next 30 days to monitor compliance with acceptable standards. The results of these audits will be kept in a location determined by the Executive Director, and will be reviewed 				

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			weekly. Additional recommendations and follow-up will be determined by the Executive Director. After the first initial 30 days, the Executive Director will continue monitoring on a monthly basis and ongoing. By what date will these systemic changes be implemented? 11-04-12		