

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155280	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/18/2015
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NAME OF PROVIDER OR SUPPLIER WATERS OF DILLSBORO-ROSS MANOR, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 12803 LENOVER ST DILLSBORO, IN 47018
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F 0000 Bldg. 00	<p>This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00184636 completed on November 6, 2015.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00187979.</p> <p>Complaint IN00184636 - Not corrected.</p> <p>Survey date: December 17, 2015</p> <p>Facility number: 000178 Provider number: 155280 AIM number: 100273840</p> <p>Census bed type: SNF/NF: 85 Total: 85</p> <p>Census payor type: Medicare: 9 Medicaid: 62 Other: 14 Total: 85</p> <p>Sample: 4</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	Preparation 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 conclusions 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.	
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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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F 0371 SS=F Bldg. 00	<p>QR completed by 34849 on December 23, 2015.</p> <p>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 correct deficiencies related to storing and serving food under sanitary conditions related to labeling and storing food, refrigerator and freezer temperatures and hand washing. These practices had the potential to impact 85 of 85 residents who had meals prepared in facility kitchens.</p> <p>Findings include:</p>	F 0371	<p>It is the policy of this facility to store and serve foods under sanitary conditions related to labeling and storing food, refrigerator and freezer temperatures and hand washing. Currently, dietary staff wash their hands upon entrance to the dietary kitchen as well as when indicated based on their activity while in the dietary kitchen. They wash their hands per accepted policy and procedure. The Freezer Room Refrigerator thermometer indicates temperatures within acceptable ranges daily as per policy. This is documented. There is no brown, wilted or soggy lettuce stored in</p>	01/15/2016

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	<p>An initial tour of the main kitchen was performed with the Executive Director (ED) and Dietary Manager (DM) on 12/17/2015 at 10:08 a.m. The following observations were made:</p> <p>1) Dietary Aide # 1 was observed performing handwashing for 15 seconds.</p> <p>2) Dietary Aide # 2 was observed performing handwashing for 6 seconds.</p> <p>3) Freezer Room refrigerator thermometer indicated a temperature of 42 F (degrees Fahrenheit).</p> <p>4) One of three large clear bags of chopped lettuce was observed to have areas of brown, wilted, and soggy-appearing lettuce. There was no date on the plastic bag.</p> <p>5) A clear, plastic container on the portable/rolling salad bar by the doorway, which the Dietary Manager indicated was to be served for lunch that day, was observed to have brown, wilted, and soggy-appearing lettuce.</p>		<p>any facility refrigerator nor used in the portable rolling salad bar. As stated prior, refrigerator/freezer temps are taken and logged daily as per policy. The Ross Manor Refrigerator #1 is maintained at an acceptable temperature. Any foods including lettuce are discarded if not opened and used by the manufacturer's expiration date. Further, any opened foods are carefully sealed and clearly labeled and dated as per policy to be sure they are discarded and not used beyond the accepted "use by" date per acceptable policy. The Refrigerator/Freezer Temperature Logs indicate that temperatures are checked and documented each evening and are within the acceptable range for refrigerators and freezers. Note: Any concerns are reported immediately to the Administrator and the Maintenance Supervisor to be addressed immediately. This too is documented. The entire seal for the Ross Manor Refrigerator in dietary is properly sealing. The doors to dietary are kept closed except for the minimal time required to enter and exit. As stated prior, all foods including ice cream are labeled and dated when opened so as not to use them after their "use by" date per policy. Internal temps of refrigerated/frozen foods are monitored/checked/logged as indicated per policy. Foods/Drinks in any form are not</p>	

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	<p>6) The December, 2015 Refrigerator/Freezer Temperature Log indicated the evening refrigerator temperatures were not checked 2 of 16 days.</p> <p>An initial tour of the Ross Manor kitchen was made with the Administrator and Dietary Manager on 12/17/2015 at 10:30 a.m. The following observations were made:</p> <p>7) Refrigerator #1 temperature was observed to be 44 F. A large plastic bag of lettuce was observed with areas of brown, wilted, and soggy-appearing lettuce. The only date on the bag was a red manufacturer tag, which read, "Use through 12-05 [December 5]."</p> <p>8) Chopped lettuce in a clear plastic container was observed to have no label or date. Dietary Aide #3 indicated it was "salad bar lettuce."</p> <p>9) A clear plastic container with a shelled, hard-cooked egg was observed with no label.</p>		<p>placed in a foreign container bearing the name of another product. They are instead placed in a clear container that can be easily labeled and dated. Residents currently do not have concerns with lettuce being brown, wilted or soggy. Residents who reside in the facility and have the potential to consume food/drink from the dietary kitchen have the potential to be affected by this finding. Going forward the Administrator/Designee will monitor the dietary kitchen daily to ensure that the following is in place: a.) Dietary staff wash their hands appropriately and as per policy (friction for at least 20 seconds) upon entrance to the dietary kitchen and whenever indicated based on their tasks. b.) Refrigerator and Freezer temps are taken and documented each designated time on the logs and the logs are filled out completely. c.) Should a temp fall outside of the accepted parameters as per policy for either the Refrigerator or the Freezer the Administrator and Maintenance Supervisor were immediately notified and the concern was addressed. This too will be documented with action taken (by whom and when). d.) There is no brown/wilted/soggy lettuce being stored in the refrigerator nor in the portable salad bar. e.) All food items are labeled and dated as per policy.</p>	

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	<p>10) The Refrigerator/Freezer Temperature Log for December, 2015 indicated the evening refrigerator and freezer temperatures were not checked on 12/2/2015 or 12/9/2015. No temperatures were documented for 12/6/2015. Refrigerator temperatures (which the log indicated were to be "34 - 41 F) were documented to be 42 F four of sixteen days. The 12/2/2015 morning freezer temperature (which the log indicated was to be 0 F) was documented to be 2 F. Refrigerator temperatures were documented to be 41 F 10 of 16 days. The log had columns indicating, "Action Taken" and "Issue Resolved/By Date", both of which were blank.</p> <p>On 12/17/2015 at 10:35 a.m., Dietary Aide # 3 indicated the seal for the upper and lower left side doors of the far right end of the Ross Manor refrigerator had not been working properly/sealing when the door was closed for approximately three days.</p> <p>On 12/17/2015 at 10:38 a.m., the back door of the Ross Manor kitchen leading out to the hallway was observed to be</p>		<p>f.) No food items are placed in a "foreign" container not representative of the actual contents. g.) All dietary doors are kept closed except for the minimal time required to enter or exit through them. They are not propped open. h.) Internal food item temps are taken and logged as appropriate and indicated per policy. Further, 10 residents will be interviewed weekly by the Administrator-Dietary Manager/Designee during various meal times weekly as to satisfaction with their food especially lettuce. Any concerns will be immediately addressed/corrected to the resident's satisfaction. This monitoring will continue until 4 consecutive weeks of zero negative findings are achieved, Afterwards, the same monitoring will occur weekly with 3 residents at various meal times. This monitoring will continue for a period of not less than 6 months to ensure ongoing compliance. After that, random monitoring will occur. At a directed inservice for the dietary staff held on 1/8/2016 all of the aforementioned topics were reviewed (a.through h.) See the following: a.) Hand hygiene in the dietary kitchen/department b.) Refrigerator/Freezer temps (checked/logged) c.) What to do if a refrigerator/freezer temp falls outside of the acceptable parameters d.) Food items</p>	

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	<p>propped open with a mop head.</p> <p>During a second tour of the main kitchen on 12/17/2015 at 12:12 p.m., a large brown tub of strawberry ice cream was observed with no date. The DM indicated she did not know when the ice cream was opened.</p> <p>On 12/17/2015 at 12:24 p.m., the DM indicated she did not routinely check the internal temperatures of refrigerated or frozen foods and indicated she did not know she was supposed to.</p> <p>During an observation of the Ross Manor refrigerator on 12/17/2015, a one gallon plastic container indicating "[brand name] whipped cream" was observed with a lid indicating "[brand name] sour cream." There was no date or additional label on the container. Dietary Aide # 3 opened the lid and indicated the contents were "strawberry yogurt."</p> <p>On 12/17/2015 at 12:15 p.m., Dietary Aide #3 indicated she informed maintenance when the refrigerator temperature needs to be adjusted.</p>		<p>(labeled/dated) e.) Opened food items (labeled/dated/proper containers for storage) f.) "Use by" dates when to discard g.) Doors to the dietary department/kitchen not to be propped open h.) Internal food temps When? How? Parameters? i.) General Food Safety Practices j.) Q & A Any staff who fail to comply with the points of the inservice will be further educated and/or progressively disciplined as indicated. At the monthly QA meetings the results of the monitoring will be reviewed. Any concerns will have been addressed/corrected as found. Any patterns will be identified and addressed via an Action Plan written by the committee. Any Action Plans will be monitored by the Administrator weekly until resolved.</p>	

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	<p>Dietary Aide # 3 indicated, "What exactly is the temp [temperature] supposed to be? I've asked this a thousand times."</p> <p>On 12/17/2015 at 12:17 p.m., the DM indicated Dietary staff is to inform the DM and Maintenance when refrigerator temperatures require adjusting. She indicated, "It [refrigerator temperatures being checked/temperatures adjusted] falls on me."</p> <p>On 12/17/2015 at 12:38 p.m., Resident H indicated the lettuce/salad he received was "sometimes brown and mushy."</p> <p>The current Glove and Handwashing Procedures Policy and Procedure was provided by the Administrator on 12/17/2015 at 10:02 a.m. The procedure indicated, "...2. The proper procedure for washing hands is as follows: ...c. scrub 15-20 seconds or more...3. All employees will wash hands upon entering the kitchen from any other location...and between all tasks. 4. Employees will wash hands before and after handling foods...."</p>			

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	<p>The current Food Storage Policy and Procedure, provided by the Administrator on 12/17/2015 at 10:02 a.m., indicated, "Policy: Food shall be stored...using appropriate methods to ensure the highest level of food safety. Procedure: ...Label all food items held for longer than twenty four hours. The label must include the...date by which is should be sold, consumed, or discarded...Keep potentially hazardous foods out of the temperature danger zone (41 F - 135 F)...Set refrigerators to the proper temperature....Conduct random temperature checks of food items...Keep freezer at a temperature that ensures products will remain frozen (0 F)...Wrap food properly. Never leave any food item uncovered and not labeled...Check freezer temperature regularly....."</p> <p>The current Date Marking Policy and Procedure was provided by the Administrator on 12/17/2015 at 10:02 a.m. The procedure indicated, "...2. Date marking for refrigerated storage food items: ...Once a case is opened, the individual, refrigerated food items are dated with the date the item was received</p>			

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	<p>into the facility and placed in proper storage...."</p> <p>This deficiency was cited on November 6, 2015. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-18(1) 3.1-21(i)(2) 3.1-21(i)(3)</p>			