

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 07/03/2013
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NAME OF PROVIDER OR SUPPLIER WABASH BICKFORD COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 3037 W DIVISION RD WABASH, IN 46992
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R000000	<p>This visit was for a State Residential Licensure Survey</p> <p>Survey dates: July 1, 2013, July 2, 2013, and July 3, 2013.</p> <p>Facility number: 003466 Provider number: 003466 AIM: na</p> <p>Survey team: Linn Mackey, RN, TC Toni Maley, BSW Karen Koeberlein, RN</p> <p>Census Bed Type: Residential: 14 Total: 14</p> <p>Census payor type: Other: 14 Total: 14</p> <p>Residential sample: 7</p> <p>These state findings are cited in accordance with 410 IAC 16.2</p> <p>Quality Review completed by Debora Barth, RN.</p>	R000000		
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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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R000033	<p>410 IAC 16.2-5-1.2(h)(1-2) Residents' Rights - Noncompliance (h) The facility must furnish on admission the following:</p> <p>(1) A statement that the resident may file a complaint with the director concerning resident abuse, neglect, misappropriation of resident property, and other practices of the facility.</p> <p>(2) The most recently known addresses and telephone numbers of the following:</p> <p>(A) The department. (B) The office of the secretary of family and social services. (C) The ombudsman designated by the division of disability, aging, and rehabilitation services. (D) The area agency on aging. (E) The local mental health center. (F) Adult protective services.</p> <p>The addresses and telephone numbers in this subdivision shall be posted in an area accessible to residents and updated as appropriate.</p> <p>Based on observation, interview, and record review, the facility failed to provide and post contact information for local area agencies who provide service for individuals who reside in assisted living facilities. This deficient practice had the potential to impact 14 of 14 residents who resided in the facility.</p> <p>Findings include:</p> <p>On 7/2/13 at 11:00 a.m., the facility was observed for posting of local area agencies. No posting could be</p>	R000033	<p>R 033 Residents' Rights</p> <p><u>Corrective Action for resident affected:</u></p> <p>No resident was found to have been affected by the deficient practice.</p> <p><u>Corrective Action Taken:</u></p> <p>The Director will ensure a list of contact information, as required,</p>	07/20/2013			

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	<p>located.</p> <p>During a 7/2/13, 11:15 a.m., interview, the Administrator indicated she could not find a posting for local area agencies anywhere in the facility.</p> <p>Review of the facility, current, resident, admission packet, which was provided by the Administrator on 7/2/13 at 11:20 a.m., indicated the packet lacked a list of contact information for local area agencies.</p> <p>During a 7/2/13, 11:45 a.m., interview, the Administrator indicated she found a list of local area agencies that was in a file folder in her office. She indicated she would now include the information in the admission packet and would now post the information in a prominent location.</p>		<p>is included in the Admission Packet and posted in a prominent location within the Branch.</p> <p><u>Measures to ensure issues do not recur:</u></p> <ul style="list-style-type: none"> The Director was re-educated on the need for contact information to be given to residents at the time of move-in and also posted in the Branch. The Director will review all new residents' move-in paperwork to ensure that the necessary information is given. <p><u>Monitoring to ensure issue does not recur:</u></p> <p>The Divisional Director of Operations will audit files at least twice a year to ensure contact information is being given to residents.</p> <p><u>Date of Completion:</u></p> <p>7/20/2013</p>				

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R000042	<p>410 IAC 16.2-5-1.2(p) Residents' Rights - Noncompliance (p) Residents have the right to the examination of the results of the most recent annual survey of the facility conducted by the state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. Based on observation, interview and record review, the facility failed to post the most current annual State Department of Health survey results. This deficient practice had the potential to impact 14 of 14 residents.</p> <p>Findings include:</p> <p>During a 7/3/13, 11:05 a.m., observation, there was a sign which indicated survey results were posted in the middle drawer of the side board. The survey results located in the middle drawer were not the results from the most current annual survey in 2012 and were instead the results for 2011, dated 7/14/11.</p> <p>During a 7/4/13, 11:15 a.m., interview, the Administrator indicated she was unable to find a copy of the 2012 survey results anywhere in the facility. She indicated she would get on line and print a copy of the 2012 survey for posting.</p>	R000042	<p>R 042 Residents' Rights</p> <p><u>Corrective Action for resident affected:</u> No resident was found to have been affected by the deficient practice.</p> <p><u>Corrective Action Taken:</u> The Director will ensure that the most recent State survey results are made available to all residents.</p> <p><u>Measures to ensure issues do not recur:</u> The Director has posted the most recent survey results.</p> <p><u>Monitoring to ensure issue does not recur:</u></p>	07/20/2013	

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			<p>The Divisional Director of Operations will check at least twice a year to ensure current survey results remain posted.</p> <p><u>Date of Completion:</u> 7/20/2013</p>		

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R000270	<p>410 IAC 16.2-5-5.1(c)(1-3) Food and Nutritional Services - Deficiency (c) The facility must meet: (1) daily dietary requirements and requests, with consideration of food allergies; (2) reasonable religious, ethnic, and personal preferences; and (3) the temporary need for meals delivered to the resident 's room. Based on observation, interview and record review, the facility failed to ensure a resident with a low potassium diet received the daily nutrition needed to meet her dietary needs for 1 of 1 resident reviewed with specialized dietary needs (Resident #10).</p> <p>Findings include:</p> <p>During an interview with Resident #10 on 7/3/13 at 9:30 a.m., Resident #10 stated "My doctor said I can't have foods with potassium." Resident #10 then displayed a list, given to her from her physician, of foods with low levels of potassium she can have, another list of foods with medium levels of potassium she can occasionally have, and a list of foods with the highest levels of potassium she should not have. Resident #10 then stated,"they gave me ham and potatoes the other day for dinner with a piece of ham only as big as my pinky and the rest potatoes, and I couldn't eat the potatoes."</p> <p>Review of Resident #10's clinical record</p>	R000270	<p>R 270 Food and Nutritional Services</p> <p><u>Corrective Action for resident affected:</u></p> <p>No resident was found to have been affected by the deficient practice.</p> <p><u>Corrective Action Taken:</u></p> <p>Resident #10's low potassium diet order has been discontinued.</p> <p><u>Measures to ensure issues do not recur:</u></p> <ul style="list-style-type: none"> · The resident will assume responsibility for making appropriate choices from Bickford's menu. · The Kitchen staff will make available appropriate substitutions based on the 	07/20/2013			

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	<p>on 7/3/13 at 10:30 a.m., indicated current diagnoses included but were not limited to, cardiac pacemaker, diabetes mellitus-Type 2, gastro esophageal reflux disease, and knee replacement.</p> <p>Resident #10 had a current 7/1/13 physician order for a low potassium diet.</p> <p>During an observation on 7/2/13, at 12:15 p.m., Resident #10 received her lunch tray which included broccoli, cauliflower, and carrots. An alternate low-potassium vegetable was not offered. Resident #10 was not offered a starch replacement for the potatoes which were served to the other residents.</p> <p>During an interview on 7/3/13, at 11:15 a.m., the Director of Nursing (DoN), she was asked if the dietary department was aware of Resident #10 and her current dietary restrictions. The DoN indicated she gave a copy of the dietary guidelines to the dietary staff and told them to be advised.</p> <p>During an interview on 7/3/13 at 11:20 a.m., the Food Services Manager was asked if she was aware of the dietary restrictions for Resident #10. She stated, "Yes I'm aware of the potassium restriction but the resident takes care of a lot of it herself." The Food Services</p>		<p>resident's choice.</p> <p>Resident #10 will be instructed on the diet provided and substitutions available.</p> <p><u>Monitoring to ensure issue does not recur:</u></p> <p>The Divisional Director of Resident Services will audit at least twice a year to ensure diet orders are only those offered by Bickford and that residents are receiving their diet as ordered.</p> <p><u>Date of Completion:</u></p> <p>7/20/2013</p>				

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	<p>Manager was then asked about her system of documentation of Resident #10 daily high potassium food intake. She stated "I don't keep track of what the resident had at meals. The menu the resident fills out is all I have."</p> <p>A Current, policy titled "Diet orders," which was provided by the Administrator on 7/3/13 at 11:50 a.m. indicated the following: "Any diet order for which there is no menu or directive how to serve must be referred to the Consultant -Dietitian. The Consultant -Dietitian provides verbal direction, followed by written menu specifics; I.e., renal diet. This will be done and faxed to the residence by the Consultant-Dietitian."</p> <p>A Current, policy titled "Diet orders" which was provided by the Administrator on 7/3/13 at 11:50 a.m. indicated the following: "Subject: Renal diet Procedure Substitute cooked buttered noodles at noon and evening meals. May serve standard portion if french fries are on menu, count as vegetable serving for this meal, add a serving of plain jello to meal."</p> <p>On an attached list of food to avoid was Broccoli.</p>						

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R000272	<p>410 IAC 16.2-5-5.1(e) Food and Nutritional Services - Deficiency (e) All food shall be served at a safe and appropriate temperature.</p> <p>Based on observation, interview and record review, the facility failed to ensure food was served at safe, appropriate temperatures. This deficient practice had the potential to impact 14 of the facility's 14 residents.</p> <p>Findings include:</p> <p>1.) During the 7/2/13, 9:20 a.m., kitchen sanitation tour the following food temperature concerns were noted:</p> <p>The large reach-in refrigerator had an internal thermometer which registered 48 degrees Fahrenheit (F). The refrigerator contents included, but were not limited to, a case of yogurt, a case of mushrooms, a jar of mayonnaise, 12 cans of whipped cream, 2 packages of hot dogs, a case of eggs in shells, 3 cartons of liquid eggs, and 1/2 gallon of sour cream. By request, Cook #2 removed a carton of liquid eggs and tested the temperature of the food product. The liquid eggs measured 50 degrees F. During an interview at this time, Cook #2 indicated she did not know what temperature the reach in refrigerator was supposed to be. She indicated she did not monitor the temperatures and record them on a log, however she</p>	R000272	<p>R 272 Food and Nutritional Services #1 <u>Corrective Action for resident affected:</u> No resident was found to have been affected by the deficient practice. <u>Corrective Action Taken:</u> Kitchen Manager and staff will ensure that temperatures are recorded on the Logs provided and are within acceptable parameters. <u>Measures to ensure issues do not recur:</u> · All kitchen staff will be educated on how to read the thermometer and on appropriate temperatures. · All kitchen staff will be instructed to notify the Director if equipment cannot maintain appropriate temperatures. <u>Monitoring to ensure issue does not recur:</u> The Director will ensure logs are completed by monitoring 5 times per week for 1 month, then weekly thereafter. <u>Date of Completion:</u> 7/20/2013 R 272 Food and Nutritional Services #2</p> <p><u>Corrective Action for resident affected:</u> No resident was found to have been affected by the deficient practice.</p>	07/20/2013			

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	<p>showed a log for recording refrigerator temperatures. The log was blank for 7/1/13 and 7/2/13.</p> <p>2.) During the 7/3/13, 11:55 a.m. to 12:45 p.m., lunch meal service, when the meal service began, the meat entree items were removed from the oven and placed on a cold griddle for serving.</p> <p>On 7/3/13, at 12:05 p.m., Cook #2 began to serve food items. She did not take the temperature of the food before she began to serve it. During an interview at this time, Cook #2 indicated she had not tested the food prior to service but she should have. At this time Cook #2 did not take the food temperature nor did she take a temperature any time during the meal service. Food temperatures were not obtained until requested at the end of the meal.</p> <p>A temperature and taste food test tray were obtained on 7/3/13, 12:45 p.m. The food items were tested by Cook #2 and the following food temperature concerns were noted: baked beef stew: 90 degrees Fahrenheit (F) chicken pasta: 70 degrees F spaghetti squash: 50 degrees F Mashed potatoes: 60 degrees F California blend vegetables: 70 degrees F</p>		<p><u>Corrective Action Taken:</u></p> <p>Kitchen Manager and staff will ensure that food temperatures are recorded on the Production Sheets during all three meals.</p> <p><u>Measures to ensure issues do not recur:</u></p> <ul style="list-style-type: none"> · All kitchen staff will be educated on appropriate hot and cold food temperatures. · All kitchen staff will be instructed on how to complete the Production Sheet temperature log. <p><u>Monitoring to ensure issue does not recur:</u></p> <ul style="list-style-type: none"> · The Director will ensure Production Sheet temperatures are completed and meet appropriate temperatures by monitoring 5 times per week for 1 month, then weekly thereafter. · The Director will also monitor the issue by resident response to food temperatures at Resident Council meetings 				

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	<p>All food items were lukewarm and cold to taste.</p> <p>During a 7/3/13, 12:40 p.m., interview, Cook #2 indicated hot protein items such as meat should be 165 degrees F when served. She additionally indicated she had held the meat entree items without any warming source during the meal service.</p> <p>The January 7, 2013, Resident Council minutes contained the following food temperature/palatability concerns: "Old Business: Bacon is raw..."</p> <p>The February 4, 2013, Resident Council minutes contained the following food temperature/palatability concerns: "[Resident name] stated that his food is cold when he receives it..."</p> <p>The May 6, 2013 Resident Council minutes contained the following food temperature/palatability concerns: "Several residents complained to [the Ombudsman] about the food. Cold, too spicy, cooks are not following needed diets... Toughness of meat, vegetables too hard..."</p> <p>The June 5, 2013, Meeting with the corporate Chef minutes contained the following food temperature/palatability</p>		<p><u>Date of Completion:</u></p> <p>7/20/2013 and on-going</p>				

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	<p>related concerns:</p> <p>"Several family members stated that the residents just want plain old food: Meat and Potatoes, Gravy, noodles, Chicken and Beef. [Family name] said that the food was burned really bad a week ago and her mother could not eat it....meat is tough and dry. And sometimes are cold...."</p> <p>During a 7/3/13, 9:00 a.m., interview, Resident #2 indicated the facility served hot food cold on a regular bases. She additionally indicated many of her friends had moved away from the facility due to dissatisfaction with the food especially food being served cold. She indicated food concerns were regularly discussed in Resident Council.</p> <p>During a 7/3/13, 9:30 a.m. interview with Resident #10, resident was asked about the food and was it served at a temperature she liked. The resident stated, "It's not hot enough most of the time."</p> <p>A current, 10/08, facility policy titled." Bickford Policy with Procedures For Food Service Department," which was provided by the Administrator on 7/3/13 at 11:50 a.m., indicated the following: "Subject: Adherence to Correct Food Temperatures. Policy All foods served to residents are held at</p>			

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	<p>correct temperatures to ensure palatability and minimal bacteria growth.</p> <p>Procedure Hot foods are served at proper temperatures: Meat: 150 degrees to 160 degrees Fahrenheit. Vegetables: 160 degrees to 170 degrees Fahrenheit....</p> <p>Cold Food Service Cold food remains in the refrigerator at 41 degree until placed at tray line or salad bar as close to serving time as possible but no more than 10 minutes prior to meals. Routine food temperature checks are done by the Dietary Manager and/or cook on duty."</p> <p>During a 7/3/13, 4:15 p.m., interview, The Administrator indicated the facility currently has 14 residents and all 14 residents received meals which were prepared in the facility kitchen.</p>			

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R000273	<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, interview, and record review, the facility failed to ensure food was served in a safe, sanitary manner. This deficient practice had the potential to impact 14 of 14 residents.</p> <p>Findings include:</p> <p>During the 7/2/13, 9:20 a.m., kitchen sanitation tour the following concerns were observed:</p> <p>a.) The trash can located by the hand washing sink had a broken foot pedal and the lid would not raise without being lifted by hand.</p> <p>b.) The large reach in refrigerator had an internal thermometer which registered 48 degrees Fahrenheit (F). The refrigerator contents included, but were not limited to, a case of yogurt, a case of mushrooms, a jar of mayonnaise, 12 cans of whipped cream, 2 packages of hot dogs, a case of eggs in shells, 3 cartons of liquid eggs, and 1/2 gallon of sour cream. By request Cook #2 removed a carton liquid eggs and tested the temperature of the food</p>	R000273	<p>R 273 Food and Nutritional Services</p> <p><u>Corrective Action for resident affected:</u></p> <p>No resident was found to have been affected by the deficient practice.</p> <p><u>Corrective Action Taken:</u></p> <p>Director will ensure that residents receive food that is served in a safe, sanitary manner.</p> <p><u>Measures to ensure issues do not recur:</u></p> <ul style="list-style-type: none"> · Kitchen Manager removed trash can with a broken foot pedal. · Kitchen Manager will ensure that daily temperatures are recorded on the Refrigerator/Freezer Log. 	07/20/2013			

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	<p>product. The liquid eggs measured 50 degrees F. During an interview at this time, Cook #2 indicated she did not know what temperature the reach in refrigerator was supposed to be. She indicated she did not monitor the temperatures and record them on a log, however she showed a log for recording refrigerator temperatures. The log was blank for 7/1/13 and 7/2/13.</p> <p>c.) The small single door white reach in refrigerator had dried spills and food residue all over the bottom ledge.</p> <p>d.) The drip pan, located under the burners of the stove, was soiled with brown and black burnt on food residue. At this time Cook #2 indicated she was unaware the tray was removable and she had never cleaned it. Cook #2 indicated she was currently the only dietary person on duty this shift.</p> <p>During the 7/3/13, 11:55 a.m. to 12:45 p.m., lunch meal service the following concerns were observed:</p> <p>Cook #2 donned gloves without washing her hands first. With her gloved hand, Cook #2 then touched, stove knobs, cabinet handles, refrigerator doors, and counter tops. Cook #2 then touched the food contact surface of the plates and</p>		<ul style="list-style-type: none"> · All kitchen staff will be trained on proper cleaning procedures and Kitchen Manager will ensure all cleaning is completed on the weekly Kitchen Cleaning Task Sheet. · All kitchen staff will be trained on proper hand washing, glove use and food handling practices. Director will ensure that these practices are followed. · Kitchen staff on duty when the food order arrives will ensure that cold foods are stored promptly. · Kitchen staff will be educated on how to read the dishwasher temperature, what appropriate temperatures are, where to record temperatures and ensure that daily temperatures are recorded on the Dishwasher Temperature Log <p><u>Monitoring to ensure issue does not recur:</u></p> <ul style="list-style-type: none"> · Kitchen Manager will inform Director of any broken equipment in the kitchen when it occurs. · Kitchen Staff will notify the Director if equipment is unable to maintain appropriate temperatures. 				

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	<p>bowls repeatedly with her contaminated gloved hands.</p> <p>Cook #2 left the food service area wearing gloves. She returned to the food service area, removed her gloves and put on new gloves without washing her hands first. The method she used to remove her soiled gloves and place on new gloves resulted in the external area of the new gloves being contaminated by her soiled hands. Cook #2 then once again touched cabinet handles, counter tops and refrigerator doors then made contact with the food contact surface of plates and bowls.</p> <p>At 12:10 p.m., a refrigerated food shipment was found in the back hallway of the dietary department. At this time, Cook #2 indicated she had received the food shipment prior to lunch but had not had time to put it away before meal service. The following refrigerated food items were sitting un-refrigerated in the hallway:</p> <p>a case of ground beef wheat dinner rolls ready to bake gallons of 2% milk a case of turkey breasts ready to bake pie crust.</p> <p>At 12:20 p.m., Cook #2 began to serve the desserts. She donned gloves without</p>		<ul style="list-style-type: none"> · Director will monitor kitchen for cleanliness and Kitchen Cleaning Task Sheet to ensure completion. · Director will observe staff in the kitchen during food preparation and serving to ensure proper techniques are used. · Director will observe food shipment arrivals to ensure cold foods are stored promptly. · Director will check dishwasher temperature log weekly. Kitchen staff will notify Director if equipment is not able to reach the necessary temperatures. - <p><u>Date of Completion:</u></p> <p>7/20/2013 and on-going</p>				

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	<p>washing her hands. She then opened a cabinet and got out knives and scoops. She left the room and returned with bananas. She touched the counter top and cabinet handles with her gloved hands. With the same contaminated gloves, she peeled the bananas, held the bananas, sliced them and put them on a plate.</p> <p>During an observation on 7/2/13 at 12:30 p.m. Employee # 1 was observed putting away meat products while wearing gloves. Employee #1 then reached into a cabinet and removed a plate. She then removed pie from the refrigerator, cut a piece of pie, placed in on the plate, and put the pie in the microwave. She then picked up the whip cream and put it on the pie. Then she gave the pie to the server. Employee #1 was not observed to change her gloves or wash her hands during this observation.</p> <p>During a 7/2/13, 12:00 p.m. lunch observation, Staff #3, who was passing meal trays, was observed touching the plate where the food was placed. Staff #3 was then observed hand washing. The handwashing did not meet the 20 second time requirements posted above the sink.</p> <p>Observation on 7/2/13 at 3:40 p.m., Cook #7 was asked to demonstrate the use of the dishwasher. The dishwasher rinse cycle reached 174 degrees F, and was</p>						

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	<p>then rechecked two more times and reached 174 degrees F each time. Cook #7 then retrieved the log book for the dishwasher temperatures, and the log book was blank. The Administrator was made aware at 3:40 p.m. of dishwasher temperatures under 180 degrees F, and the lack of log books.</p> <p>Interview on 7/2/13 at 3:45 p. m., the Administrator stated "We have a new tool we just started to use. No routine water temps have been taken thus far for dishwasher wash or rinse." A current, 10/08, facility policy titled." Bickford Policy with Procedures For Food Service Department," which was provided by the Administrator on 7/3/13 at 11:50 a.m., indicated the following: "Subject: Adherence to Correct Food Temperatures. Policy All foods served to residents are held at correct temperatures to ensure palatability and minimal bacteria growth. Procedure Hot foods are served at proper temperatures: Meat : 150 degrees to 160. degree Fahrenheit. Vegetables: 160 degrees to 170 degrees Fahrenheit.... Cold Food Service</p>						

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	<p>Cold food remains in the refrigerator at 41 degree until placed at tray line or salad bar as close to serving time as possible but no more than 10 minutes prior to meals.</p> <p>Routine food temperature checks are done by the Dietary Manager and/or cook on duty.</p> <p>Subject: Preventing Contamination from the Hands Procedure Ready-to-eat foods are handled with suitable utensils as deli tissue, spatula tongs, single-use gloves or dispensing equipment.</p> <p>Bare hand and arm contact is minimized with exposed food that is not in a ready to eat form....</p> <p>Subject: Dish Washing-Cleaning Policy All items of equipment are cleaned and sanitized in accordance with the guidelines established by the U.S. Department Of Health and Human Services as stated in the " Food Service Code Manual", 1997.</p> <p>Procedure Watch gauge during the last 12 seconds of the wash cycle when when it should go to 180 degree Fahrenheit. If the temperatures are not correct please report to the Dietary Manager."</p> <p>A Current form titled "Serving Food,"</p>			

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	<p>was provided by the Administrator on 7/3/13 at 10:40 a.m..indicated the following: "The biggest threat to food that is ready to be served is contamination. Your kitchen and service staff must know how to serve food in ways that keep it safe. Handle ready to eat food. with tongs, deli sheets, or gloves. Hold dishes by the bottom or edge.... When to Change to Change Gloves Food handlers must change gloves at all these times. As Soon as they become soiled or torn. Before beginning a different task. At least every four hours during continual use, and more often if necessary. After handling raw meat, seafood, or poultry and before handling ready to eat food."</p> <p>During a 7/3/13, 4:15 p.m., interview, the Administrator indicated this was the process for training new dietary personal. She also indicated the facility currently had 14 residents and all 14 residents received meals which were prepared in the facility kitchen.</p>			

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R000274	<p>410 IAC 16.2-5-5.1(g)(1-3) Food and Nutritional Services - Noncompliance</p> <p>(g) There shall be an organized food service department directed by a supervisor competent in food service management and knowledgeable in sanitation standards, food handling, food preparation, and meal service.</p> <p>(1) The supervisor must be one (1) of the following:</p> <p>(A) A dietitian.</p> <p>(B) A graduate or student enrolled in and within one (1) year from completing a division approved, minimum ninety (90) hour classroom instruction course that provides classroom instruction in food service supervision who has a minimum of one (1) year of experience in some aspect of institutional food service management.</p> <p>(C) A graduate of a dietetic technician program approved by the American Dietetic Association.</p> <p>(D) A graduate of an accredited college or university or within one (1) year of graduating from an accredited college or university with a degree in foods and nutrition or food administration with a minimum of one (1) year of experience in some aspect of food service management.</p> <p>(E) An individual with training and experience in food service supervision and management.</p> <p>(2) If the supervisor is not a dietitian, a dietitian shall provide consultant services on the premises at peak periods of operation on a regularly scheduled basis.</p> <p>(3) Food service staff shall be on duty to ensure proper food preparation, serving, and sanitation.</p> <p>Based on observation, interview, and record review, the facility failed to</p>	R000274	R 274 Food and Nutritional	07/20/2013			

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	<p>employee a food services manager who was knowledgeable in sanitation, food handling, food preparation and meal service. This deficient practice had the potential to impact 14 of 14 residents.</p> <p>Findings include:</p> <p>Review of the Food Services Manager employee record on 7/3/13, at 10:00 a.m., indicated the Food Services Manager had no previous experience in food service management nor did she have a verification of having attended any type of food service education program.</p> <p>During a 7/3/13, 10:15 a.m. interview, the Food Services Manager indicated she had no previous food services experience and she was not yet enrolled in a food services program.</p> <p>During a 7/3/13, 10:30 a.m., interview, the Administrator indicated the Food Services Manager did not have previous dietary/food service experience and was not currently enrolled in a food service program. The Administrator indicated the facility thought they had a longer period of time to enroll her in class. The Administrator indicated she was aware of the resident dissatisfaction with the food service and that there had been multiple food sanitation and distribution issues on</p>		<p>Services</p> <p><u>Corrective Action for resident affected:</u></p> <p>No resident was found to have been affected by the deficient practice.</p> <p><u>Corrective Action Taken:</u></p> <p>Bickford will ensure that the Kitchen Manager is trained in sanitation, food handling, food preparation and meal service.</p> <p><u>Measures to ensure issues do not recur:</u></p> <p>The Kitchen Manager will be enrolled in the next available ServSafe course and will obtain certification from them.</p> <p><u>Monitoring to ensure issue does not recur:</u></p> <ul style="list-style-type: none"> · The Director will ensure that the Kitchen Manager maintains current certification from ServSafe or a comparable food safety and sanitation course. · The Director of Dining 				

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	7/2/13. During a 7/3/13, 4:15 p.m., interview, The Administrator indicated the facility currently had 14 residents and all 14 residents received meals which were prepared in the facility kitchen.		Services will provide on-going training and instruction to the Kitchen Manager and the RD will also consult on an annual basis. Date of Completion: 7/20/2013 and on-going		