

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 11/25/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER STERLING HOUSE OF PORTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 3444 SWANSON RD PORTAGE, IN 46368
---	---

(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
R000000	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey date: November 25, 2013</p> <p>Facility number: 010889 Provider number: 010889 AIM number: NA</p> <p>Survey team: Lara Richards, RN, TC Cynthia Stramel, RN Yolanda Love, RN Julie Ferguson, RN</p> <p>Census bed type: Residential: 38 Total: 38</p> <p>Census payor type: Other: 38 Total: 38</p> <p>Sample: 8</p> <p>This State residential finding is cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on November 27, 2013, by Janelyn Kulik, RN.</p>	R000000	<p>The following is the Plan of Correction for Sterling House of Portage in regards to the Statement of Decifiency for the annual survey completed on November 25, 2013. 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 improvement 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.

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 11/25/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER STERLING HOUSE OF PORTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 3444 SWANSON RD PORTAGE, IN 46368
---	---

(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

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 11/25/2013	
NAME OF PROVIDER OR SUPPLIER STERLING HOUSE OF PORTAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 3444 SWANSON RD PORTAGE, IN 46368			
(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			
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.</p> <p>Based on observation, interview and record review, the facility failed to ensure the kitchen was maintained in good repair related to not monitoring dishwasher temperatures due to a broken temperature gauge on the dishwasher. This had the potential to effect 38 residents who received meals from the kitchen.</p> <p>Findings include:</p> <p>The initial kitchen tour was done with the Dietary Manager on 11/25/13 at 8:55 a.m. The dishwasher was observed to have two temperature gauges, one for the wash cycle and one for the rinse cycle. The temperature gauge for the rinse cycle was not registering the correct temperature.</p> <p>Interview with the Dietary Manager at the time, indicated the gauge for the rinse cycle was broken. She indicated she had called the manufacturer and that a representative had been out within the past two weeks to look at the</p>	R000154	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?The gauge for the rinse cycle was replaced on 11/29/2013 and remains in good working order.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?The Dining Service Director will monitor the gauges to be in good repair, and temperature logs to ensure that the logs are being completed per facility policy. If the gauges are not in good repair the E.D. and Maintenance Technician will be notified to repair, and the Dining Service Director will initiate the usage of strips until repair is complete.What measures will be put in place or what systemic changes will the facility make to ensure the alleged deficient practice does not recur?All dining service staff will be in-serviced by 12/13/13 by the Executive Director on the Policy Washing and Sanitizing Dishes, including recording accurate temperatures or if using the test strips recording that the test strip has turned the</p>	12/13/2013			

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 11/25/2013	
NAME OF PROVIDER OR SUPPLIER STERLING HOUSE OF PORTAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 3444 SWANSON RD PORTAGE, IN 46368			
(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			
	<p>dishwasher. She indicated the representative had given them test strips to use to check the temperature. The test strip would turn from black to orange if the temperature in the dishwasher was 180 degrees or above. She indicated one pack of 25 test strips had been given to them. There were 15 test strips left in the package, 10 had been used. She indicated staff may only be testing the dishwasher one time a day. She indicated the temperature should be taken and recorded each meal.</p> <p>On 11/25/13 at 12:30 p.m., the Dish Machine Temperature/ Sanitizer Logs for October and November, 2013 were reviewed. The temperature was recorded for the wash and rinse cycles for breakfast, lunch and dinner through November 24, 2013. All rinse temperatures were recorded as being between 188 and 210 degrees.</p> <p>Further interview with the Dietary Manager at that time, indicated she was unsure how staff were getting the rinse temperatures when the gauge was broken and the test strips did not indicate a specific temperature.</p> <p>A policy titled Washing and Sanitizing Dishes was received on 11/25/13 at</p>		<p>bright orange (indicating the dishwasher is maintaining the proper temperature) and when finished with the test strip, sign, date and place the strip in dishwasher temperature log. 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?The contracted Dietary Consultant on her monthly visits will monitor the dishwasher temperature logs and gauges.</p>				

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 11/25/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER STERLING HOUSE OF PORTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 3444 SWANSON RD PORTAGE, IN 46368
---	---

(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
	2:00 p.m. from the Dietary Manager. The policy indicated "3. Ensure that the machine reaches the proper temperature...rinse water must reach 180 (degrees)". The policy also indicated, "4. Low and High temperature dish machines temperatures must be taken and recorded on the temperature log."			