

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  04/26/2013
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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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F000000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00123030.</p> <p>Complaint IN00123030 - Substantiated. Federal/state deficiencies related to the allegations are cited at F157.</p> <p>Survey dates: April 15, 16, 17, 18, 19, 22, 23, 24, 25, and 26, 2013</p> <p>Facility number: 000178 Provider number: 155280 AIM number: 100273840</p> <p>Survey team: Diana Sidell RN, TC Gordon Tyree RN (April 15, 16, 17, 18, and 19, 2013)</p> <p>Census bed type: SNF/NF: 97 Total: 97</p> <p>Census payor type: Medicare: 15 Medicaid: 71 Other: 11 Total: 97</p> <p>These deficiencies reflect state</p>	F000000	<p>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 the state and federal laws. The facility respectfully requests paper compliance for this citation.</p>	
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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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	findings cited in accordance with 410 IAC 16.2.  Quality review 5/02/13 by Suzanne Williams, RN				

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F000157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to notify the family and physician after two episodes of loose stools and the need for an antidiarrheal medication. This</p>	F000157	<p><u>It is the intent of this facility to immediately inform the residents, resident's physician and if known,</u></p>	05/20/2013			

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	<p>affected 1 of 26 residents reviewed for family and physician notification. (Resident #A)</p> <p>Findings include:</p> <p>Resident #A's record was reviewed on 4/19/13, at 12:30 p.m. The record indicated Resident #A had diagnoses that included, but were not limited to, diabetes type 2, depression, high blood pressure, osteoarthritis, congestive heart failure, and high cholesterol.</p> <p>Nurse's notes dated 1/10/13 at 1:15 a.m. indicated: "TPR (temperature, pulse, respirations) - 98.4, 80, 18 BP (blood pressure) 126/66. Pt (patient) resting in bed, has had several loose stools the past few hours. Call light in reach."</p> <p>Nurse's notes dated 1/10/13 at 9:00 a.m. indicated: "T 98.2 p 80 R 18 BP 140/70 Res [with] lg (large) amt (amount) of loose stools. Imodium (antidiarrheal medication) given [no] c/o (complaints of) nausea."</p> <p>Physician's admission orders dated 1/3/13 had no order for imodium and telephone orders obtained between 1/3/13 and 1/10/13 failed to indicate an order for imodium.</p>		<p><b><u>notify the resident's legal representative or interested family member to any and all changes pertaining to the resident.</u></b></p> <p>-</p> <p><b><u>1. Actions Taken:</u></b></p> <p>a. Resident is no longer in the facility.</p> <p>b. An audit was conducted to ensure no other Residents issues where found that had not been addressed and proper notifications made.</p> <p>c. Nursing staff has been re-educated on notification of conditions change, room change and any other pertinent information that the resident, family and physician should be notified about.</p> <p><b><u>2. Others Identified:</u></b></p> <p>a. No other residents were affected.</p>		

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	<p>There was no documentation in the record that indicated the family or physician had been notified of the loose stools until 1/13/13 with a Nurse's note dated 1/13/13 at 3:00 p.m.: "Resident c/o having loose stools. MD notified order for imodium. Daughter visiting &amp; made aware."</p> <p>A physician's telephone order dated 1/13/13 at 3:00 p.m. indicated: "Imodium 4 mg (milligrams) now then 2 mg after each loose stool not to exceed 8 mg daily prn (as needed) [for] loose stools."</p> <p>A policy and procedure for "Physician Notification of Resident Change of Condition", with an initial date of 7/11/11, was provided by Assistant Director of Nursing #1 on 4/26/13 at 11:10 a.m. The policy indicated but was not limited to: "Guideline: It is the intent of the facility for the attending physician to be notified of a change in a resident's condition by licensed personnel as warranted...Procedure: 1. Physician notification is to include but is not limited to...Emesis/diarrhea-more than 2 occurrences in 24 hours...2. Make an entry into Nurse's notes regarding condition/physician</p>		<p><b><u>3. Measures Taken:</u></b></p> <p>a. Charge Nurse on each Unit will observe for change of condition and medical conditions of residents. If change of condition is noted and orders requested all parties to be notified as listed on the face sheet. This information is also to be noted on the 24 hour report to be reviewed by the next shift and to be reviewed at morning QA meeting.</p> <p>b. The Director of Nursing or designee re-educated nursing staff notification of change of condition and who is to be notified. A 24 hour report will be utilized to ensure this occurs; this tool will be reviewed in the daily QA meeting. Any negative findings will be immediately addressed. This will be reviewed daily five days a week per the QA team.</p> <p><b><u>4. How Monitored:</u></b></p>	

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	<p>notification and change in physician's orders."</p> <p>A policy and procedure for "Family/Responsible Party Notification of change in Resident Condition", with an initial date of 2/28/12, was provided by Assistant Director of Nursing #1 on 4/26/13 at 11:10 a.m. The policy indicated but was not limited to: "Guideline: It is the intent of the facility to have a family member or responsible party made aware of a change in a resident's condition by licensed nursing personnel as warranted...Procedure: A family member or responsible party will be notified of any significant change in a resident's condition/status. Change of status: Examples of these issues include; change in medical and/or mental status, change in medications and/or dosages, transfer/discharges, etc...."</p> <p>This Federal tag relates to Complaint IN00123030.</p> <p>3.1-5(a)(3)</p>		<p>a. The CEO/Designee will review all 24 Hour Report in the Daily QA meeting to ensure all issues were resolved and at the quarterly QA meeting with the Medical Director.</p> <p>b. <b>Change</b> of Condition will be reviewed 5 days per week on going, DON or Designee will review 4 changes of condition records for 4 weeks, then one weekly for 4 weeks then monthly thereafter.</p> <p><u>5.</u> This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 05-20.13.</p>		

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F000309 SS=D	<p><b>483.25</b>  <b>PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</b>  Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview, the facility failed to ensure a resident received an as needed medication when requested. This affected 1 of 26 residents reviewed for necessary care and services. (Resident #15)</p> <p>Findings include:</p> <p>Resident #15's record review was done on 4/23/13 at 2:15 p.m. The record indicated Resident #15 was admitted with diagnoses that included, but were not limited to, chronic obstructive pulmonary disease, high blood pressure, arthritis, diverticulosis, coronary artery disease, anxiety with depression, dementia, and pneumonia.</p> <p>Nurse's notes dated 1/17/13 at 1:27 p.m. indicated: "Res returned from [local hospital] per [local ambulance service]...."</p> <p>Nurse's notes dated 1/17/13 at 4:30</p>	F000309	<p>It is the intent of this facility to provide the necessary care and services to attain or maintain the highest practicable physical mental, and psychosocial well-being in accordance with the comprehensive assessment and plan of care</p> <p><b><u>1. Actions Taken:</u></b></p> <p><b>a.</b> Staff has been re-educated that if and when a resident request a PRN medication and the request falls within the parameter of the orders the medication is to be given as ordered.</p> <p><b><u>2. Others Identified:</u></b></p> <p><b>a.</b> No other residents were affected.</p> <p>-</p> <p><b><u>3. Measures Taken:</u></b></p>	05/20/2013			

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	<p>p.m. indicated: "Res anxious yelling out worried about her nerves. States "I've not had a nerve pill all day". [Resident's physician] visiting, orders verified &amp; I explained he wanted her to try to get by [without] them as able. Res agreed by stated (sic) that she still needed one now...."</p> <p>Physician's readmission orders dated 1/17/13 indicated an order for Xanax, 1 milligram, by mouth, twice a day as needed for anxiety.</p> <p>Nurse's notes dated 1/18/13 at 8:00 a.m. indicated: "[Spoke with Resident's physician], Res very anxious this A.M. requesting Xanax &amp; N.O.'s (new orders) rec'd, (received) family not[ified]/updated...."</p> <p>Physician's new telephone orders, dated 1/18/13 at 8:00 a.m., indicated: "Xanax 1 mg (milligram) PO (by mouth) BID (twice a day) routine for anxiety, D/C (discontinue) PRN (as needed) Xanax."</p> <p>During an interview, on 4/26/13 at 3:15 p.m., the DON indicated the nurse should have given the prn medication.</p> <p>A Policy and Procedure, last updated on 6/19/2012, was provided by</p>		<p>a. Staff has been re-educated that if and when a resident request a PRN medication and therequest falls within the parameter of the orders the medication is to be given as ordered.</p> <p><b>4. How Monitored:</b></p> <p>a. <b>DON</b> or Designee will review 5 PRN orders weekly for 4 weeks to assure PRN's are given when requested, then 1 order weekly for 3 months then monthly thereafter.</p> <p>-</p> <p><b>5.</b> This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 05-20.13.</p>	

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	<p>Assistant Director of Nurse's #1 on 4/26/13 at 11:10 a.m. The policy included, but was not limited to, "Policy: Medications are administrated as prescribed, in accordance with good nursing principles and practices and only by persons legally authorized to do so. Personnel authorized to administer medications do so only after sufficient information regarding the resident's condition and expected outcomes of medication, usual dose, parameters and routes, contraindications, allergies, sensitivities, and side effects. "Procedures...2. Medications are administered in accordance with written orders of the attending physician...."</p> <p>3.1-37(a)</p>			

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F000329 SS=D	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on record review and interview, the facility failed to ensure each resident's drug regimen was free of unnecessary drugs in that 1 resident had no attempted dosage reductions for an antidepressant and antianxiety (Resident #17), and 2 residents had no attempted dosage reductions for antidepressants. (Residents #30 and 15) This affected 3 of 10 residents reviewed for unnecessary medications.</p>	F000329	<p>It is the intent of this facility that each resident be free from unnecessary drugs.</p> <p><b>1. Actions Taken:</b></p> <p><b>a. Resident #17</b> is on a drug reduction program through Geriatric Psychiatry St. Elizabeth resident #17 had a Seroquel reduction and then on 5/9/13 the Seroquel was totally DC'd. If Resident is</p>	05/20/2013

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	<p><b>Findings include:</b></p> <p>1. Resident #17's record was reviewed on 4/23/13 at 3:10 p.m. The record indicated Resident #17 had diagnoses that included, but were not limited to, coronary artery disease, high blood pressure, depression, anxiety, osteoarthritis, Parkinson's disease, decreased bowel motility, anemia, hypothyroidism, gastroesophageal reflux disease, indigestion, seizure disorder, hyperlipidemia, coronary artery disease, osteoporosis, and mood disorder with impulse control.</p> <p>Physician's monthly rewrite orders dated 4/1/13 through 4/30/13 indicated an order for: "Buspirone (Buspar) tab[let] 5 mg (milligrams) take 1 tablet by mouth once daily (DX (diagnosis): Anxiety)", with a start date of 11/4/10, and an order for "Escitalopram (Lexapro) tab[let] 20 mg, take 1 tablet by mouth once daily (DX: Depression)", with a start date of 8/14/08.</p> <p>No dose reductions were documented in the resident's record and during an interview on 4/26/13 at 2:56 p.m., the Director of Nurses (DON) indicated this resident has had no attempted dose reductions on the Buspar or</p>		<p>stable after this reduction the Buspar and Lexapro will be reduced Resident would be at risk for decompensating at this time. Reduction will be done slowly and over time. Resident #30 has had a reduction in her Cymbalta from 60 mg to 30 mg. Resident # 15 has had a reduction of the Remeron from 15 mg to 7.5 mg. Social Service will review Residents behavior sheets and review residents for any negative reaction to reduction.</p> <p><b>2. Others Identified:</b></p> <p>a. No other residents were affected.</p> <p><b>3. Measures Taken:</b></p> <p>a. <b>Resident</b> #17 is on a drug reduction program through Geriatric Psychiatry St. Elizabeth resident #17 had a Seroquel reduction and then on 5/9/13 the Seroquel was totally DC'd. If Resident is stable after this reduction the Buspar and Lexapro. Resident would be at risk for decompensating. Reduction will be done slowly and over time. Resident #30 has had a reduction in her Cymbalta from 60 mg to 30 mg.</p>		

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	<p>Lexapro.</p> <p>2. Resident #30's record was reviewed on 4/23/13 at 11:00 a.m. The record indicated Resident #30 was admitted with diagnoses that included, but were not limited to, confusion, sleep apnea, history of breast cancer, bladder stent, and anxiety.</p> <p>Physician's monthly rewrite orders dated 4/1/13 through 4/30/13 indicated an order for "Cymbalta cap[sule] 60 mg take 1 capsule by mouth once daily DX: dementia/dysthymic disorder *do not crush*", with a start date of 11/03/11.</p> <p>No dose reductions were documented in the resident's record and during an interview on 4/26/13 at 2:56 p.m., the DON indicated this resident had no attempted dose reductions on the Cymbalta.</p> <p>3. Resident #15's record was reviewed on 4/23/13 at 2:15 p.m. The record indicated Resident #15 was admitted with diagnoses that included, but were not limited to, chronic obstructive pulmonary disease, high blood pressure,</p>				<p>Resident # 15 has had a reduction of the Remeron from 15 mg to 7.5 mg. Social Service will review Residents behavior sheets and review residents for any negative reaction to reduction.</p> <p><b>4. How Monitored:</b></p> <p><b>a. Resident's</b> behavior sheets will be reviewed daily X 5 for 4 weeks by Social Service or Designee for any change in behaviors and review residents for any negative reaction to reduction, then weekly X 4 weekly and then regular quarterly review thereafter.</p> <p>-</p> <p><b>5.</b> This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 05-20.13.</p>		

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	<p>arthritis, diverticulosis, coronary artery disease, anxiety with depression, dementia, and pneumonia.</p> <p>Physician's monthly rewrite orders dated 1/01/13 through 1/31/13 indicated an order for "Mirtazapine tab 15 mg (For: Remeron) take 1 tablet by mouth once daily (DX: depression)", with a start date of 4/19/12.</p> <p>Resident #15 was sent to a local hospital on 1/11/13 with pneumonia, then re-admitted on 1/17/13 with continued orders for the Remeron 1 by mouth once daily.</p> <p>No dose reductions were documented in the resident's record and during an interview on 4/26/13 at 2:56 p.m., the DON indicated this resident had no attempted dose reductions on the Remeron.</p> <p>A policy and procedure for "Behavior Management Psychotropic Medication Protocol", with a last review date of 9/25/12, was provided by the Director of Nurses on 4/26/13 at 11:08 a.m. The policy included, but was not limited to, "Policy...Residents who receive antipsychotic, anti-depressant, sedative/hypnotic, or anti-anxiety</p>			

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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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	<p>medications are to be maintained at the safest, lowest dosage necessary to manage the resident's condition. Residents will be reviewed at a minimum of quarterly for effectiveness and monitored for side effects of these medications and will receive gradual dose reductions, unless clinically contraindicated, in an effort to discontinue these drugs...4. Existing Residents on Antidepressants...b) The committee will continue to identify symptoms of depression by review of the Depression assessment completed at least quarterly. The Committee will recommend the initiation, when applicable, of a gradual dose reduction, unless clinically contraindicated, in an effort to maintain the resident at the lowest possible dose or to discontinue the medication...5...b) For residents receiving Anxiolytics, daily use will be less than four months unless an attempt at a GDR is unsuccessful. For drugs in this category, a GDR should be attempted at least twice within one year before one can conclude that any further GDR is clinically contraindicated...."</p> <p>3.1-48(a)(2)</p>			

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F000356 SS=B	<p><b>483.30(e) POSTED NURSE STAFFING INFORMATION</b></p> <p>The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> <li>o Facility name.</li> <li>o The current date.</li> <li>o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> <li>- Registered nurses.</li> <li>- Licensed practical nurses or licensed vocational nurses (as defined under State law).</li> <li>- Certified nurse aides.</li> </ul> </li> <li>o Resident census.</li> </ul> <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> <li>o Clear and readable format.</li> <li>o In a prominent place readily accessible to residents and visitors.</li> </ul> <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>Based on observation and interview, the facility failed to ensure the posted daily staffing included the facility name, the total number and actual hours of nursing staff, the resident census, and was posted in an area</p>	F000356	<p><b>F 356 POSTED NURSE STAFFING INFORMATION</b></p> <p><b>It is the intent of this facility to post the daily hours for public review.</b></p>	05/20/2013			

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	<p>readily accessible to residents and visitors. This affected 3 of 4 units and 61 of 97 residents in the facility and their visitors, for all days of the survey.</p> <p>Findings include:</p> <p>During the initial tour on 4/15/13 at 12:30 p.m., stations 1, 2, and 3 had a dry erase board with the date, and the names of the nurses and CNAs on duty written on the board. The facility name, total number and actual hours of nursing staff, and resident census was not included, and the posted staffing data was not in a maintainable form. The daily staffing was posted correctly on station 4; however, this unit was in a separate building from stations 1, 2 and 3.</p> <p>At station 2, RN #2 erased the names and wrote in the names for the staff for the day shift for 4/15/13, and indicated the names were incorrect.</p> <p>On stations 1, 2, and 3, the dry erase board was used for the staff posting every day of the survey on April 15, 16, 17, 18, 19, 22, 23, 24, 25, and 26.</p> <p>During an interview on 4/26/13 at 3:23 p.m., the DON indicated the staffing was posted in the employee</p>		<p><b>1. Actions Taken:</b></p> <p><b>a. Daily</b> staffing reports will be posted daily by the staffing coordinator. Each Unit will have the required information posted daily.</p> <p><b>2. Others Identified:</b></p> <p>a. No other residents were affected.</p> <p><b>3. Measures Taken:</b></p> <p><b>a. DON</b> or Designee will verify daily that the daily hours are posted for public review. DON will verify daily X5 for 4 weeks those hours are posted then weekly for 4 weeks and routinely after that.</p> <p><b>4. How Monitored:</b></p> <p><b>a. DON</b> or Designee will verify daily that the daily hours are post posted for public review. DON will verify daily X5 for 4 weeks those hours are posted then weekly for 4 weeks and routinely after that.</p> <p>-</p> <p><b>5.</b> This plan of correction constitutes our credible allegation of compliance with</p>		

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	<p>breakroom on a bulletin board.</p> <p>The daily nurse staffing data was observed to be on the bulletin board in the employee breakroom on 4/26 p.m. at 3:46 p.m. and contained all the required information.</p> <p>3.1-13(a)</p>		<p>all regulatory requirements.</p> <p>Our date of compliance is 05-20.13.</p>		

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F000371 SS=F	<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 ensure frozen and refrigerated foods were stored under sanitary conditions and freezers and refrigerator shelves were maintained. This affected 1 of 2 kitchens and had the potential to affect all 97 residents who resided in the facility.</p> <p>Findings include:</p> <p>During the initial tour on 4/15/13 at 11:10 a.m., with the Dietary Manager, the following was observed:</p> <ul style="list-style-type: none"> <li>- In the first reach in freezer on the left, multiple frozen crumbs were scattered on the bottom of the freezer floor and in the freezer gaskets that framed the doors.</li> <li>- The bottom metal heavy wire shelf sat on the floor of the freezer. The Dietary Manager indicated the metal brackets that held the shelf were missing.</li> <li>- In the middle freezer, both doors had crumbs in the door gaskets, and</li> </ul>	F000371	<p><b>F 371 FOOD PROCURE, STORE/PREPARE/SERVE – SANITARY</b> It is the intent of this facility to store, prepare, distribute and serve food under sanitary conditions. <b>1. Actions Taken:</b> <b>a. All</b> freezers bottoms were cleaned and gaskets were also cleaned. The wire shelf brackets were replaced in the freezer and in the refrigerator. <b>2. Others Identified:</b> <b>a.</b> No other residents were affected. <b>3. Measures Taken:</b> <b>a. All</b> freezers bottoms were cleaned and gaskets were also cleaned. The wire shelf brackets were replaced in the freezer and in the refrigerator. Cleaning schedules have been changed to weekly and the Dietary Manager will verify that Equipment is cleaned weekly for 4 weeks and then and then Monthly thereafter. Any negative finding will be addressed immediately. <b>4. How Monitored:</b> <b>a. All</b> freezers bottoms were cleaned and gaskets were also cleaned. The wire shelf brackets were replaced in the freezer and in the refrigerator. Cleaning schedules have been changed to</p>	05/20/2013			

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	<p>on the freezer floor.</p> <p>- The reach in refrigerator had crumbs on the floor of the refrigerator and the lowest heavy metal wire shelf sat on upside down "monkey" bowls due to no shelf brackets for the bottom shelf.</p> <p>During an interview on 4/26/13 at 5:00 p.m., the Director of Nurses indicated the freezers are cleaned monthly and are on a schedule. She provided a check off grid that staff initial after cleaning items, and this indicated the refrigerator and freezers were last cleaned on March 30, 2013.</p> <p>A policy for "Cleaning Rotation", with a last review date of 4/19/13, was provided by the Director of Nursing on 4/26/13 at 5:05 p.m. The policy included, but was not limited to, "Guideline: Equipment and utensils will be cleaned according to the following guidelines, or manufacturer's instructions. Procedure...4. items cleaned monthly: Refrigerators. Freezers...."</p> <p>3.1-21(i)(3)</p>		<p>weekly and the Dietary Manager will verify that Equipment is cleaned weekly for 4 weeks and then and then Monthly thereafter. Any negative finding will be addressed immediately. <u>5</u>. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 05-20.13.</p>		