

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155258	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/14/2015
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NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE MANOR HEALTH & LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 205 MARINE DR ANDERSON, IN 46016
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F 0000 Bldg. 00	<p>This survey was for a Recertification and State Licensure Survey.</p> <p>Survey dates: December 7, 8,10,11 and 14, 2015</p> <p>Facility number: 000160 Provider number: 155258 AIM number: 100267190</p> <p>Census bed type: SNF/NF: 61 SNF: 33 Total: 94</p> <p>Census payor type: Medicare: 22 Medicaid: 56 Other: 16 Total: 94</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by 11474 on December 16, 2015.</p>	F 0000		
F 0371 SS=D Bldg. 00	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY			

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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	<p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observation, interview and record review, the facility failed to ensure food, stored in pantry refrigerators, was properly labeled and/or sealed for 2 of 2 pantry refrigerators (200 and 300 hall) and failed to ensure the 300 hall refrigerator was free of spills. This deficient practice had the potential to impact 90 residents who may have stored food items in or received snacks from the refrigerators.</p> <p>Findings include:</p> <p>An observation of the 300 hall pantry refrigerator was made on 12/14/15 at 10:09 a.m., with the 300 Hall Unit Manager and LPN #1 present. There was a white carry out food container in the pantry refrigerator dated 12/13/15 with no name on it. LPN #1 indicated she did not know who the container belonged to. She indicated the refrigerator was only for resident's snacks and nourishments. The three shelves on the door of the refrigerator had numerous dried sticky areas from spills and/or drips on them. The bottom of the refrigerator and the vent under the door had dried spills on it.</p>	F 0371	<p>This plan of correction is to serve as Countryside ManorHealth and Living Community's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute anadmission by Countryside Manor Health and Living Community or its managementcompany that the allegations contained in the survey report are a true andaccurate portrayal of the provision of nursing care and other services in thisfacility. Nor does this submissionconstitute an agreement or admission of the survey allegations.</p> <p>F371 –483.35 – FOODPROCURE, SOTRE/PREPARE/SERVE - SANITARY</p> <p>What Correctiveaction(s) will be accomplished for those residents found to have been affectedby the deficient practice?</p> <p>The white carry out food container was discarded. All of the refrigerators inside and out werecleaned of spills and drips. The sixsandwiches that were unlabeled and undated were discarded. The 4 unlabeled and undated pies were alsodiscarded.</p> <p>How other residentshaving the</p>	12/18/2015

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	<p>LPN #1 indicated the dietary department was responsible for cleaning the pantry refrigerators.</p> <p>An observation of the 200 hall pantry refrigerator was made on 12/14/15 at 10:15 a.m. The 200 Hall Unit Manager was present during the observation. The pantry refrigerator contained a tray with six unlabeled and undated sandwiches in clear, open plastic bags. The sandwiches were crumpled and bent. The Unit Manager sniffed one of the sandwiches and identified them as ham sandwiches. There were also 4 open unlabeled and undated items in open plastic bags identified as pie by the Unit Manager. One piece of pie had a quarter of a piece of it broken off and laying out on the tray. LPN #2 stated "the sandwiches would stay fresher if the bags were sealed."</p> <p>During a 12/14/15, 10:19 a.m., interview with the Dietary Manager, she indicated the dietary department was responsible for cleaning the pantry refrigerators. She indicated the bags with the sandwiches and pie were placed in the refrigerator on 12/13/15 and should have been labeled, dated and closed.</p> <p>During an interview with the Administrator on 12/14/15 at 10:26 a.m., he indicated the pantry refrigerators</p>		<p>potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</p> <p>The pantry refrigerators in the community were inspected for undated and unlabeled items with none found. They were also all inspected for any sanitation issues and any found were corrected.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>Nursing and dietary staff have been re-educated on the "cleaning of the refrigerator" policy.</p> <p>The Dietary Manager or designee will inspect the pantry refrigerators on a daily basis to ensure all food is dated and labeled properly.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>The Dietary Manager or designee will utilize an audit tool to review the condition of the pantry refrigerators 5 times weekly for 4 weeks, then twice weekly for 5 months, and finally weekly for 6 months. Results of these audits will be reviewed at the monthly Quality Assurance Committee meeting and frequency and duration of reviews</p>				

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	<p>should be checked every morning.</p> <p>On 12/14/15 at 12:28 p.m., the Director of Nursing indicated four residents in the facility received nothing by mouth.</p> <p>The current 2012, "Cleaning of Refrigerators" policy was provided by the Administrator on 12/14/15 at 12:28 p.m. The policy indicated "...Refrigerators, including milk boxes, are kept clean and free of odors...Daily: 1. Spills and odors are avoided by covering, labeling and dating all items placed in the refrigerators. 2. Spills are wiped up immediately with a hot cleaning solution and rinsed with clean hot water...All food is covered labeled and dated...."</p> <p>3.1-21(i)(3)</p>		<p>will be adjusted as needed.</p> <p>Staff will be re-educated up to and including termination for failure to comply.</p> <p>We respectfully request a face to face IDR for this tag.</p> <p>Facility Administrator will be responsible for ensuring compliance.</p> <p>The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for 3 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will be increased as needed, if compliance is below 100%.</p> <p>Compliance date: 12/18/2015. The Administrator at Countryside Manor Health and Living Community is responsible in ensuring compliance in this Plan of Correction.</p>	