

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 11/26/2013
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NAME OF PROVIDER OR SUPPLIER WALKER HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 2216 N RILEY HWY SHELBYVILLE, IN 46176
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R000000	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey Dates: November 25 and 26, 2013</p> <p>Facility number: 004444 Provider number: 004444 AIM number: n/a</p> <p>Survey Team: Karina Gates, Generalist, TC Courtney Mujic, RN Tom Stauss, RN</p> <p>Census Bed Type: Residential: 25 Total: 25</p> <p>Census Payor Type: Other: 25 Total: 25</p> <p>Sample: 9</p> <p>These State findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on December 4, 2013, by Janelyn Kulik, RN.</p>	R000000		

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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R000116	<p>410 IAC 16.2-5-1.4(a) Personnel - Noncompliance (a) Each facility shall have specific procedures written and implemented for the screening of prospective employees. Appropriate inquiries shall be made for prospective employees. The facility shall have a personnel policy that considers references and any convictions in accordance with IC 16-28-13-3.</p> <p>Based on interview and record review, the facility failed to ensure employee references were checked, proper employee screening was performed, and resident abuse prevention training was performed for 1 of 5 employees reviewed for employee records. (Employee #12)</p> <p>Findings include:</p> <p>On 11/26/13 at 2: 14 p.m., during an employee record review, no employer references were observed for Employee #12 in the employee records. A CNA license was observed for Employee #12 in the employee record with an expiration date of 7/25/13. No employee training inservice or orientation documents regarding resident abuse prevention were observed for Employee #12 in the employee record.</p>	R000116	<p>Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency. R 116410 IAC 16.2-5-1.4(a)Personnel- NoncomplianceWhat corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice? No residents were found to be affected. Employee #12 is no longer employed at the community.How the facility will identify other residents having the potential to be affected by the</p>	01/06/2014			

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	<p>On 11/26/13 at 2:16 p.m., the facility's PSA (Personal Service Assistant) job description indicated the following: "Essential Position Duties..." ..."Provides resident services as indicated on the resident's assessment and service plan, including but not limited to bathing, grooming, medication administration, and providing assistance with other activities of daily living (ADL's)."</p> <p>On 11/26/13 at 2:19 p.m., during an interview with the Wellness Director, she indicated that all facility "PSA's" (Personal Service Assistant) are licensed as "CNA's" (Certified Nursing Assistant)</p> <p>On 11/26/13 at 2:23 p.m., during an interview, the administrator indicated that Employee #12's references "weren't done" and that she could not find a "current CNA license for her" other than the expired license. She indicated that the employee has worked for the facility and provided resident care since the employee's hiring.</p>		<p>same deficient practice and what corrective action will be taken?No other residents were found to be affected. The Resident Director conducted an employee audit of current employee files to ensure continued compliance with essential employee references, proper employee scening, and resident abuse training. There were no other findings at this time. What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?The Residence Director and Wellness Director were re-educated to our policy and procedure regarding the screening of prospective employees. The Residence Director and/or Designee will be responsible for ensuring that proper employee screening is performed, employee references are checked, and resident abuse prevention training is performed for employees to ensure continued compliance with R 116 410 IAC 16.2-5-1.4(a) Personnel. How will 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?The Residence Director and/or Designee will perform monthly audits of employee files to ensure continued compliance for a period of 6 months. Findings will be reviewed through the Walker</p>				

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			House QA process after 6 six months to determine the need for ongoing monitoring plan based on findings. Findings suggestive of compliance will result in cessation of the monitoring plan. The Regional Director of Operations and/or Designee will complete Quarterly site visits of the community to ensure continued compliance. By what date will the systemic changes be completed?01/06/2014		

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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 and interview, the facility failed to ensure food (ham) was served at the appropriate temperatures for 19 of 25 residents who ate ham during lunch on 11/25/13.</p> <p>Findings include:</p> <p>On 11/25/13 at 12:11 p.m., during a kitchen observation, ham was observed on a pan sitting on a stove behind the serving table in the main kitchen. The ham was being prepared by the Dining Services Coordinator and several slices of the ham were observed to have been cut. The Dining Services Coordinator then took several slices of the prepared ham and placed them on plates being prepared for the residents. The Dining Services Coordinator was observed taking a temperature of the ham being prepared for residents. He indicated the internal temperature of the slices of ham and of the unsliced portion of the cooked ham was 120 degrees Fahrenheit.</p> <p>On 11/25/13 at 12:15 p.m., during an</p>	R000272	<p>R 272410 IAC 16.2-5-5.1(e) Food and Nutritional Services- Deficiency What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice? No residents were found to be affected. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? No other residents were found to be affected. What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur? The Dining Services staff were re-educated to our policy and procedure and above referenced regulation regarding holding proper temperatures of food during meal service. The Residence Director and/or Designee will be responsible for ensuring that food is served at safe and appropriate temperatures to ensure compliance with R272 410 IAC 16.2-5-5.1(e) Food and Nutritional Services. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The Residence Director and/or Designee will perform random</p>	01/06/2014			

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	<p>interview, the Dining Services Coordinator indicated that the temperature of cooked ham should be "around 140 degrees."</p> <p>On 1126/13 at 1:26 p.m., during an interview, the Administrator indicated that cooked meat should be held at "around 140 or 145 degrees" and that 120 degrees was "way too low."</p>		<p>daily audits of food temperatures during meal service to ensure continued compliance for a period of 6 months. Findings will be reviewed through our Walker House QA process after 6 months to determine the need for an ongoing monitoring plan. Findings suggestive of compliance will result in cessation of the monitoring plan. The Regional Dietician and/or Designee will complete Quarterly site visits of community to ensure continued compliance. Random audits of meal service will be completed by the Dining Service Coordinator and/or Designee on all shifts. By what date will the systemic changes be completed?01/06/14</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 that stored foods for resident use were maintained within established expiration dates, foods stored in walk in coolers were labeled appropriately, and bulk food storage containers were without scoops for 1 of 1 kitchen observations.</p> <p>Findings include:</p> <p>On 11/25/13 at 12:52 p.m., during a kitchen observation, a pumpkin pie was observed in a cooler with a date of 11/15/13. The Dining Services Coordinator indicated the 11/15/13 date was the date the food was "probably put in there."</p> <p>On 11/25/13 at 12:52 p.m., during an interview, the Dining Services Coordinator indicated the pumpkin pie could have been given to residents and, "should not be in there because we only keep leftovers for three days."</p>	R000273	R 273410 IAC 16.2-5-5.1(f) Food and Nutritional Services- Deficiency What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice? No residents were found to be affected. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? No other residents were found to be affected. What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur? The Dining Service staff were re-educated to our policy and procedure regarding food storage. A random walking round of the kitchen will be completed daily by the Residence Director and/ or Designee to ensure continued compliance with the above referenced regulation. The walk- through will include checking coolers to ensure food is covered, labeled, and dated. It will also include that outdated or expired food will be discarded. The Residence Director and/or Designee will be responsible for ensuring that food preparation	01/06/2014			

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	<p>On 11/25/13 at 12:54 p.m., during a kitchen observation, a cooler next to the food prep table contained a package of ground beef wrapped in tin foil, and a package of pastrami in a clear plastic bag. Neither of these foods indicated an open date, use by date, or received date.</p> <p>On 11/25/13 at 12:54 p.m., the Dining Services Coordinator indicated he had no knowledge of when the pastrami and ground beef packages were last used or when they were placed in the cooler. He indicated they may have been in the cooler longer than the facility's policy for leftover meats which he indicated was "around 2 days."</p> <p>On 11/25/13 at 12:59 p.m., during a kitchen observation, 2 white, plastic containers containing white sugar and white flour respectively, were observed to be without expiration dates, or open, first used dates, on the containers in the dry food storage area. Also, 2 red bulk storage containers were observed on the floor of the dry storage area with lids secure. No labeling of the product stored in the containers was observed on or in the containers. One red container was labeled "1/10/13" and</p>		<p>and serving areas are maintained in accordance with state and local sanitation and safe food handling standards to ensure compliance with R273 410 IAC 16.2-5-5.1(f) Food and Nutritional Services. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The Residence Director and/or Designee will perform daily random audits of food storage areas to ensure continued compliance for a period of 6 months. Findings will be reviewed through our Walker House QA process after 6 months to determine the need for an ongoing monitoring plan. Findings suggestive of compliance will result in cessation of the monitoring plan. The Regional Dietician and/or Designee will complete Quarterly site visits of community to ensure continued compliance. By what date will the systemic changes be completed? 01/06/14</p>				

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	<p>the other container had a label showing "12/20/12."</p> <p>On 11/25/13 at 12:59 p.m., the Dining Services Coordinator indicated the two red bulk storage containers held graham cracker crumbs and bread crumbs. He indicated the container with the label "1/10/13" held "graham cracker crumbs" and the container dated "12/20/12" contained bread crumbs. He was not sure if the dates listed on the two red containers were expiration dates or first used dates.</p> <p>On 11/25/13 at 2:03 p.m., a "Food Storage Guide" was received from the administrator and she indicated it was the facility policy concerning food storage.</p> <p>On 11/25/13 at 2:10 p.m., the facility "Food Storage Guide" indicated the following: Pumpkin pies should be stored "at 32 to 40 F" (Fahrenheit) for no longer than "2 to 3 days." It also indicated that dried bread crumbs should be kept no longer than 6 months, flour should be kept in airtight containers and stored for "6 to 8 months", fresh, uncooked ground meat should be stored for "1 to 2 days", and "opened lunch meats" should be stored no longer than "3 to 5 days",</p>			

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