

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155207	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/07/2013
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NAME OF PROVIDER OR SUPPLIER NEW HAVEN CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 DALY DR NEW HAVEN, IN 46774
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F000000	<p>This visit was for the investigation of Complaint IN00124804.</p> <p>Complaint IN00124804 substantiated. Federal/state deficiency related to the allegation is cited at F364.</p> <p>Survey date: March 7, 2013</p> <p>Facility number: 000114 Provider number: 155207 Aim number: 100266640</p> <p>Survey team: Carol Miller RN, TC</p> <p>Census bed type: SNF/NF: 84 Total: 84</p> <p>Census payor type: Medicare: 6 Medicaid: 59 Other: 19 Total: 84</p> <p>Sample: 5</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on March 8,</p>	F000000		

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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	2013 by Randy Fry RN.			

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F000364 SS=D	<p>483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.</p> <p>Based on interviews and record review, the facility failed to ensure 2 residents had received food that was thoroughly cooked. This deficiency affected 2 of 5 residents interviewed in regard to thoroughly cook food (Residents B and C).</p> <p>Findings include: On 3/7/13 at 9:00 a.m. an interview with the Certified Dietary Manager (CDM) indicated approximately a month ago a CNA had brought back a piece of boned in chicken from a resident. The CDM indicated the marrow of the boned in chicken had leached off the bone and into the meat of the chicken giving the chicken a pink appearance at the bone. The CDM indicated she use to cook the chicken to 140 degrees so the chicken would be moist and now the chicken is cooked to 170 degrees so the marrow of the boned in</p>	F000364	<p>This Plan of Correction is prepared and executed because it is required by the provisions of the state and federal law and not because New Haven Care and Rehabilitation agrees with the allegations and citations listed on page 1 of this statement of deficiency. New Haven Care and Rehabilitation maintains that the alleged deficiencies do not jeopardize the health and safety of the resident's, nor are they of such character so as to constitute substandard quality of care or limit our capability to render adequate care. What corrective action(s) will be accomplished for those resident's found to have been affected by the alleged deficient practice? F-3641. Resident's identified in the allegation for the deficient practice, were immediately offered a replacement meal of their choosing, with no further concerns reported. Date in question was February 9, 2013. No adverse effects were noted for any resident. F-364 How will the facility identify other residents' having the potential to be affected by the same deficient practice? 1. Residents' who reside</p>	03/15/2013			

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	<p>chicken is brown in color. The CDM indicated since a month ago the residents had no further concerns about under cooked food .</p> <p>On 3/7/13 at 10:30 a.m. an interview with LPN #1 indicated a few weeks ago once on second shift a CNA had cut up the chicken for the resident and the chicken was pink. The CNA took the chicken back to the kitchen and a dietary staff member indicated yes the chicken was thoroughly cooked. LPN #1 indicated she was unsure who the CNA and the resident were.</p> <p>On 3/7/13 at 12:30 p.m. an interview with the first and second shift Cook #3 indicated once within the past 2 months a nurse had brought a piece of chicken back to the kitchen and indicated the chicken was undercooked. The Cook #3 indicated he was unsure why the nurse had thought the chicken was undercooked. The Cook #3 further indicated after the nurse had brought the chicken back to the kitchen he took temperatures on 10 pieces of chicken and the temperature of the chicken was between 167 and 168 degrees.</p> <p>On 3/7/13 at 2:00 p.m. the Registered</p>		<p>at New Haven Care and Rehabilitation have the potential to be affected by the same deficient practice. No other residents' were noted to be affected on date in question during survey. (02/09/2013)F-364What Measures will be put into place or what systemic changes you will make to assure the deficient practice does not recur?1. Facility Dietary staff will continue to follow policy and procedure for temping food to adequate temperatures as defined by state and federal guidelines.As noted by the attached menus and temperature logs of the facility on the days in question. The meal temperature did meet federal guidelines for accurate temperature of serving the meal in question..F-364How will the facility monitor its corrective actions to ensure the deficient practice will not recur?1. The facility took the immediate initiative to increase the cooking temperature to 170* for all chicken upon the concern presented of the "perceived" meal being undercooked. *****Facility Dietary staff will continue to follow policy and procedure for measuring and documenting food temperatures prior to each meal service daily to ensure food has been thoroughly cooked. The Facility Dietary Manager/Designee will conduct audits once weekly for all three meal services to ensure</p>				

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	<p>Dietician (RD) was interviewed and indicated a resident from the 200 hall had a piece of boned in chicken and there was some redness by the bone of the chicken. The RD indicated the redness was from bone marrow of the chicken. The RD had indicated she checked the temperature log of the chicken and the chicken temperature was appropriate. The RD indicated the resident no longer resides at the facility.</p> <p>On 3/7/13 at 2:15 p.m. Resident C was interviewed and indicated a month ago the chicken taste undercooked and she had told the dietary staff about the undercooked chicken. Resident C indicated about 2 to 3 times a week at lunch or dinner she had received undercooked food.</p> <p>On 3/7/13 at 3:30 p.m. Resident B was interviewed and indicated once in February 2013 he had been served a piece of boned in chicken that was bloody and undercooked, so he sent the chicken back to the kitchen and received a chicken breast. Resident B indicated this was the only time he had been served undercooked food.</p> <p>This Federal tag relates to Complaint IN00124804.</p>		<p>appropriate temperatures for food sent to the resident's, and that they meet appropriate temperatures. A test tray will be temped out during these audits for meals served to ensure palatability and temperature control. ***** The Food Service Director re-educated her dietary cooks to ensure the temperature is in range of 170* for all chicken by 03/15/2013. The Dietary staff will continue to monitor the food temps on a daily basis to ensure compliance.*****The dietary manager will report monthly findings to the QA committee with results of audits conducted, and any further actions that need to be implemented. The QA committee will make further recommendations as needed.Audits will be conducted for a period of not less than six months and monthly thereafter to ensure facility maintains compliance.*****.</p>				

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	3.1-21(a)(2)			