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| 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 06/18/2013 |
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| NAME OF PROVIDER OR SUPPLIER PRIMROSE OF ANDERSON | STREET ADDRESS, CITY, STATE, ZIP CODE 1118 W CROSS ST ANDERSON, IN 46011 |
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| R000000 | <p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: June 17 and 18, 2013</p> <p>Facility number: 011806 Provider number: 011806 AIM number: N/A</p> <p>Survey Team: Shelley Reed, RN TC Betty Retherford, RN</p> <p>Census bed type: Residential: 43 Total: 43</p> <p>Census payor type: Other: 43 Total: 43</p> <p>Sample: 7</p> <p>These state findings are cited in accordance with 410 IAC 16.2</p> <p>Quality Review conducted by Debora Barth, RN.</p> | R000000 | | |
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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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| R000032 | <p>410 IAC 16.2-5-1.2(g) Residents' Rights - Noncompliance (g) Residents have the right to be informed by the facility, in writing at least thirty (30) days in advance of the effective date, of any changes in the rates or services that these rates cover.</p> <p>Based on observation and interview, the facility failed to post the most recent survey results, resident rights and advocacy agency information in an easily accessible area for all residents and visitors to view potentially affecting 43 of 43 residents who resided in the facility.</p> <p>Findings include:</p> <p>During the initial tour on 6/17/13 at 9:30 a.m., the most recent survey results, resident rights and advocacy agency information were located in the back of the facility, in a small common area.</p> <p>The main entrance did not identify where the information could be found.</p> <p>During an interview on 6/18/13 at 9:50 a.m., the DoN indicated the main entrance did not have the information posted. She indicated residents and visitors used both the back and front entrance of the facility.</p> <p>During an interview on 6/18/13 at</p> | R000032 | <p>1. Residents Rights, most recent survey results and advocacy contact information is posted in the resident activity lounge beside the nurses station. The information has been reviewed to ensure that it is up to date, accurate and posted in an appropriate manner.2. Signs have been posted at the front main entrance and at the nurses station to identify where the information can be located.3. A notice will be included in the resident handbook and reviewed with each resident and/or responsible party on admission. The information and postings will be reviewed in the next resident council meeting. All staff will be educated on the information and postings at the next all staff meeting on June 25, 2013.4. A check of the postings and signage will be added to the Executive Director's facility checklist. The Executive Director will be responsible to ensure the proper posting of the information and that appropriate signage is maintained at the front entrance and nurses station. The Executive Director's checklist will be reviewed in the community Quality Assurance meetings in an</p> | 06/25/2013 | | | |

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| | 9:55 a.m., the Administrator indicated the facility only had the information posted in the back of the facility, but would post the information indicating where the information could be found. | | ongoing basis. | | |

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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 and interview, the facility failed to ensure raw eggs were stored in a manner to prevent possible contamination of other food items for 1 of 4 refrigerators observed potentially affecting 43 of 43 residents who resided in the facility.</p> <p>Findings include:</p> <p>During the initial kitchen tour conducted with the Dietary Manager on 6/17/13 at 9:15 a.m., the following was observed:</p> <p>The top shelf of the refrigerator contained 5 open unsided paper crates of raw eggs stacked on top of each other and one open unsided paper crate sitting next to the stack of five. An unopened box was also sitting on the shelf next to the eggs. The shelf directly below the eggs contained a loosely wrapped piece of cooked ham from a previous meal. There were 3 empty shelves located below the shelf containing the ham. Thawing meat was observed on the bottom two shelves of the refrigerator.</p> | R000273 | <p>1. The eggs have been moved to a bottom shelf in another refrigerator.2. All four refrigerators have been examined to ensure that all food is being stored in an appropriate manner to prevent possible contamination according to state and local sanitation and safe food handling standards.3. The community's policy and procedure on food storage has been reviewed and updated to specifically identify proper storage of eggs. All staff will be educated on proper food storage at the next all staff meeting on June 25, 2013.4. Proper storage of eggs will be added to the daily refrigerator logs to be completed by the cooks. The Dietary Manager will review these logs weekly to ensure compliance. A check of these logs will be included in the Dietary Manager's checklist and will be reviewed in the community Quality Assurance meetings in an ongoing basis.</p> | 06/25/2013 | | | |

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| | <p>The meat was wrapped and thawing in pans to contain any drips.</p> <p>During an interview with the Dietary Manager on 6/17/13 at 9:30 a.m., he indicated the box next to the eggs on the top shelf of the refrigerator contained butter for food preparation use. He indicated the raw stacked eggs needed to be moved to an area where they could not potentially contaminate other food items.</p> <p>During an interview on 6/18/13 at 9:35 a.m., the Administrator indicated raw shelled eggs should not be stored on the top shelf of the refrigerator where they could potentially contaminate other food items and he would make sure they were moved.</p> <p>A review of the current facility policy, dated 8/07, titled "Food Storage", provided by the Administrator on 6/18/13 at 10:30 a.m., included, but was not limited to, the following:</p> <p>"Purpose: Sufficient storage facilities are provided to keep foods safe, wholesome, and appetizing. Food is stored, prepared, and transported at an appropriate temperature and by methods designed to prevent contamination.</p> | | | |

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| | <p>Procedure:</p> <p>...8. Refrigeration:</p> <p>...c. Cooked foods must be stored above raw foods to prevent contamination...."</p> | | | | | | |