

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155678	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/24/2013
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NAME OF PROVIDER OR SUPPLIER  WATERFORD PLACE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 800 ST JOSEPH DR KOKOMO, IN 46901
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: April 14, 15, 16, 22, 23, &amp; 24, 2013</p> <p>Facility number: 002667 Provider number: 155678 AIM number: 200300090</p> <p>Survey team: Michelle Carter, RN - TC Rita Mullen, RN Bobbie Messman, RN</p> <p>Census bed type: SNF: 53 SNF/NF: 45 Residential: 40 Total: 138</p> <p>Census payor type: Medicare: 45 Medicaid: 31 Other: 62 Total: 138</p> <p>Residential sample: 7</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F000000	<p>Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the Provider of the accuracy or validity of the findings as alleged or conclusion set forth in the statement of deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by the provision of federal and state law. Please accept this Plan of Correction as Waterford Place Health Campus' Credible Allegation of Compliance. Waterford Place Health Campus respectfully requests desk review of it's Plan of Correction for paper compliance.</p>	

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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	Quality Review was completed by Tammy Alley RN on April 29, 2013.			
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F000323 SS=E	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation and interview, the facility failed to maintain a handrail in safe and good repair for 1 of 6 hallways observed for safe handrails.</p> <p>Findings include:</p> <p>During an observation on 4/16/13 at 12:05 P.M., sharp edges, splinters, and general roughness were noted to the handrails on Roosevelt Run hallway corner, near the windows, at the end of the hallway.</p> <p>During an interview and tour on 4/23/13 at 1:25 P.M., with the maintenance supervisor, the hand railing was still sharp on the Roosevelt Run hallway. The maintenance supervisor indicated he was aware of the sharp edges, splinters and roughness to the handrail. He indicated the corner at Roosevelt Run hallway had been an issue and he had tried to fix it but it was a difficult area, due to high traffic and many residents using the</p>	F000323	<p>1. The handrail on Roosevelt Run was repaired on 4/23/13. No residents were affected.2. All other handrails were inspected and no areas of concern were identified.3. The Director of Plant Operations or his designee will monitor the handrail on Roosevelt Run five times weekly in order to determine a pattern for a preventative maintenance schedule. The five time weekly observations will continue until a pattern is determined.4. The Director of Plant Operations will report the results of the observations to the QAA committee monthly for three months and quarterly thereafter.5. 5/24/13.</p>	05/24/2013			

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	handrail, thus causing the area to need constant repair. The maintenance supervisor did not indicate a repair time.  3.1-45(a)(1)			

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F000371 SS=E	<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</p> <p>Based on observation and interview, the facility failed to ensure all food products were labeled and dated properly for 2 of 2 kitchen observations.</p> <p>Findings included:</p> <p>During the kitchen tour on 4/14/12 at 5:20 P.M., it was noted that two dishes were observed in the kitchen area with plastic covering. The items were not labeled and no date of preparation was indicated.</p> <p>During an interview with the Assistant Director of Food Services on 4/14/13 at 5:25 P.M., it was confirmed that the product was an unknown substance and should have been dated upon preparation.</p> <p>During an observation made in dining room on 4/14/13 at 6:45 P.M., it was noted that a 24 oz. (ounce) bottle of vegetable juice was opened and</p>	F000371	<p>1. The identified items were discarded. No residents were affected.2. All items in all refrigerators were observed. Any identified concerns were immediately corrected.3. The Dietary staff was re-educated on the facility policy and procedure for labeling and dating opened items. The Director of Food Services or his designee will visually inspect all refrigerators five times weekly to ensure compliance.4. The Director of Food Services will report findings from these observations to the QAA committee monthly for three months and quarterly thereafter.5. 5/24/13.</p>	05/24/2013	

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	<p>stored in a main dining room refrigerator. There was no date of opening or expiration marked on the container.</p> <p>During an interview with the Community Service Representative, on 4/14/2013 at 6:50 P.M., she confirmed that the product should not have been in the refrigerator without dates of opening or expiration marked on the container.</p> <p>3.1-21(i)(3)</p>			