

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/01/2015
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NAME OF PROVIDER OR SUPPLIER STERLING HOUSE OF SOUTH BEND	STREET ADDRESS, CITY, STATE, ZIP CODE 17441 SR 23 SOUTH BEND, IN 46635
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R 000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: March 31 and April 1, 2015</p> <p>Facility number: 010667 Provider number: 010667 AIM number: N/A</p> <p>Census bed type: Residential: 35 Total: 35</p> <p>Residential sample: 7</p> <p>These state findings are cited in accordance with 410 IAC 16.2-5.</p>	R 000		
R 273 Bldg. 00	<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. Based on observation, interview and record review, the facility failed to store and serve food under sanitary conditions in regards to proper use of hair nets,</p>	R 273	This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement	04/14/2015

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>maintaining refrigerator, freezer and dish washing temperature logs, food storage, and food preparation. This potentially affected 35 of 35 residents receiving meals in 1 of 1 kitchen.</p> <p>Findings include:</p> <p>On 03/31/2015 between 11:20 A.M., to 12:50 P.M., during the initial kitchen tour the following observations and interviews were completed.</p> <p>At 11:20 A.M., the Dietary Manager did not have all hair covered by a hair net. Loose hair was observed to back of the head at the neck, and around the ears.</p> <p>At 11:28 A.M., 2 ice cream containers, 1 juice box concentrate and 1 bag of hot dog buns, were open in the freezer and not labeled with open dates.</p> <p>At 11:40 A.M., there were no refrigerator or freezer temperature logs at or near the refrigerator or freezer. The dish washer temperature log did not have entries from 03/28/2015 to 03/31/2015. The Dietary Manager indicated all foods must be marked with the date they were opened. She indicated she did not know where the refrigerator or freezer logs were and that she had not documented temperatures since she came to this</p>		<p>of Deficiencies, or the proposed administrative penalty (with right to correct) on the community. Rather, it is submitted as confirmation of our ongoing efforts to comply with all statutory and regulatory requirements. In this document, we have outlined specific actions in response to each allegation or finding. We have not presented all contrary factual or legal arguments, nor have we identified all mitigating factors.</p> <p>What corrective action(s) will be accomplished for those residents found to have been effected by the deficient practice?</p> <p>No adverse effects have been identified for the residents who were affected by alleged deficient practice.</p> <p>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?</p> <p>No adverse effects have been identified for the residents who were affected by alleged deficient practice.</p> <p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not</p>	

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	<p>position about 6 weeks ago and is still in the process of learning the job. She indicated the dishwasher log should be completed daily.</p> <p>At 12:30 P.M., Cook #3 was observed cleaning the puree container and blade between pureeing mixed vegetable and pork ribs. Cook #3 pureed the vegetables, emptied the contents onto a serving plate, took the puree container and blade to the sanitation sink, added sanitizer to the container with the blade inside and swished it around. Cook #3 rinsed the container with the blade inside. After rinsing the container and blade in the sink, mixed vegetable debris remained on the inside of the container coating the inside around the handle area. The puree container lid was never cleaned and mixed vegetable coated the inside of the lid. Cook #3 preceded to add pork to the container and attached it to the puree mount in preparation of making the next puree.</p> <p>At 12:38 P.M., Cook #3 indicated she always cleans the puree machine that way, and does not run it through the dishwasher between purees. She indicated she did not see the food debris in the container after she finished cleaning it.</p>		<p>recur?</p> <p>·All kitchen associates were in-serviced by 4/14/15 and instructed on our hair restraint policy, food labeling policy, equipment temperature logs, and special diet preparation.</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; and by what date the systemic changes will be completed?</p> <p>·Dining Service Coordinator, Executive Director and/or community managers will perform checks three times weekly for proper hair restraint use, food labeling, equipment temperature logs and special diet preparation. These audits will be conducted three times weekly for 6 months and then random audits will be conducted after the 6 months is complete.</p>	

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	<p>At 12:40 P.M., the Dietary Manager indicated she did not know how the puree machine was routinely cleaned.</p> <p>On 3/31/15 at 12:15 P.M., the ED presented the following current policies and protocol for review:</p> <p>The policy related to Hair Restraints, revised May 2010, indicated, "Associates who have hair that cannot be covered with a single hairnet will wear two (one for the front and one for the back). All hair must be kept covered..." The protocol related to the Equipment Temperature Log indicated, "Equipment temperatures must be monitored and recorded every four (4) hours- includes all food holding, equipment and storage areas."</p> <p>During an interview on 3/31/15 at 1:00 P.M., the ED (Executive Director), indicated he had refrigerator and freezer logs from January and February though there were no dates on the log sheets to verify when the temps were documented. The ED indicated that they did not have temperature logs for March or April.</p> <p>During an interview on 04/01/2015 at 11:28 A.M., the ED indicated hair nets used in the kitchen must contain all of the employee's hair. He also indicated</p>			

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	policies should be follow regarding refrigerator, freezer and dishwashing logs, labeling of opened food containers, and sanitizing the puree machine.			