STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155611	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/24/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOOSIER CHRISTIAN VILLAGE	621 S SUGAR ST BROWNSTOWN, IN 47220

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F000000	This visit was for the Investigation of Complaints IN00121058 and IN00123713. Complaint IN00121058 - Substantiated. Federal/state deficiencies related to the allegations are cited at F363 and F371. Complaint IN00123713 - Substantiated. No deficiencies related to the allegations are cited. Survey dates: April 23 and 24, 2013 Facility number: 000277 Provider number: 155611 AIM number: 100290530 Survey team: Virginia Terveer, RN, TC Julie Call, RN Census bed type: SNF: 9 SNF/NF: 87 Total: 96 Census payor type: Medicare: 18 Medicaid 58 Other: 20 Total: 96	F000000	Please consider this plan of correction as Hoosier Christian Village's credible plan of correction. This plan of correction constitutes a written allegation of substantial compliance under Federal and Medicare requirements. Submission of this plan of correction is not an admission that a deficiency exists or thatthe community agrees they were cited correctly. This plan of correction reflects a desire to continuously enhance the quality of care and services provided to our residents solely as a requirement of the provisions of Federal and State law. Please accept this evidence in lieu of an onsite follow up visit for recertification and state licensure survey event ID RU4L11 on April 23 and 24, 2013.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Sample: 6 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2. Quality review completed on April 26, 2013 by Randy Fry RN.			

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F000363 SS=F	483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed.			
	Based on observation, interview and record review, the facility failed to ensure the planned menu was followed by not providing an equivalent amount of the vegetable for lunch for the 92 of 96 residents served from the facility kitchen. Findings include: During an observation of the noon meal service on 4-23-2013 from 11:30 a.m. to 12:05 p.m., the following items were available for the residents: beef stew, mashed potatoes, roll, margarine, pineapple upside down cake, egg salad sandwich, 3 bean salad and assorted hot/cold drinks. An interview with dietary assistant #9 on 4-23-2013 at 11:35 a.m., indicated the portions served included 1 cup (8 ounces) of beef stew, 1/2 cup (4 ounces) mashed potatoes, 1 roll and a piece of pineapple upside down cake (about 2 inch by 2 inch size).	F000363	- On April 24, 2013, the Administrator contacted the Registered Dietician Consultant who confirmed that four servings of a vitamin A vegetable were being served for the week of April 23, 2013; therefore, the 92 of 96 residents were receiving plenty of vitamin A vegetable throughout the week. Please refer to the attached menu spreadsheet of Vitamin A vegetables served during the week of April 23, 2013. - Corrective actions completed are as follows: one on one re-education with the Dietary Supervisor by the Administrator and Registered Dietician Consultant on the importance of following meal plan as stated on the spreadsheet. Dietary staff were re-educated on April 29, 2013 by the Dietary Supervisor regarding the importance of following the meal plan as stated on the spreadsheet. The Registered Dietician Consultant has scheduled a mandatory dietary staff education for May 16, 2013 pertaining to the importance of substituting starch for starch, vegetables for vegetables,	05/16/2013

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	The alternate was egg salad sandwich using 1/4 cup (2 ounces) on 1 slice of bread and 1/2 cup (4 ounces) of 3 bean salad. A review of the menu for week 5 provided by the Dietary Supervisor on 4-23-2013 at 11:50 a.m. and signed by the Registered Dietician (no date included), indicated the lunch menu for 4-23-2013 as follows: beef stew, carrots, bread, pineapple upside down cake, margarine, and a hot beverage. A review of the diet spreadsheet for week 5, day 3 for lunch indicated the following: 6 ounce ladle of beef stew, 4 ounces of carrots, 1 slice of bread, 2 inch by 2 inch of pineapple upside down cake, 1 pat of margarine and 6 ounces of a hot beverage. The alternates listed were #10 scoop (2/5 cup) egg salad and 2 pieces of bread and 4 ounces of 3 bean salad. An interview with the Dietary Supervisor on 4-24-2013 at 11:44 a.m., indicated the stew was pre-made and included carrots with the equivalent of 1/2 cup (4 ounces) per serving. A review of the beef stew label on 4-24-2013 at 11:45 a.m., indicated		Vitamin A vegetables for Vitamin A vegetables, and fruits for fruits. The Registered Dietician Consultant will provide a list of Vitamin A vegetables for substitution purposes, as well as procedures for proper protocol when meal substitutions need to be made. - A substitution record log submitted by the Registered Dietician Consultant was implemented immediately to ensure substitutions were effectively meeting nutritional requirements for the residents. The Adminstrator will audit meals daily for two weeks, then weekly for one month to ensure compliance with following the menu spreadsheet; noncompliance will be brought to the CQI committee for further review and recommendations. The Registered Dietician will also monitor compliance with serving food as stated on the menu spreadsheet during ongoing bi-weekly visits. Findings will be brought to the CQI committee for further review and recommendations. - The meal substitution log will be continuously audited bi-weekly upon scheduled visits from the Registered Dietician Consultant to ensure substitutions are followed as directed by her. Noncompliance with following the proper protocol for meal susbstitution will be brought to the CQI committee for further review and recommendations. -	

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	carrots were in the beef stew, but the Dietary Supervisor was unable to confirm the portion size of the carrots. The Dietary Supervisor indicated, "I should have had a substitute for the carrots." A phone interview with the Registered Dietician on 4-24-2013 at 11:20 a.m., indicated the facility "should have followed the menu." An interview with the Administrator on 4-24-2013 at 3:10 p.m., indicated the facility did not have a policy for substitutions on the menu. This Federal tag is related to complaint IN00121058 3.1-20(i)(1)		The systemic changes will be completed on May 16, 2013.	

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F000371 SS=E	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 Based on observation, interview and record review, the facility failed to ensure handwashing/hand hygiene was done upon entering the kitchen for meal tray preparation for 47 of 96 residents who received meals in their room. Findings include: An observation of the preparation of hall trays in the kitchen on 4-24-2013 at 11:14 a.m., indicated CNA #4, CNA #5, CNA #6, CNA #7, and CNA #8 did not wash their hands or perform hand hygiene after entering the kitchen to prepare the hall trays and when returning to the kitchen to prepare additional hall trays. An observation on 4-24-2013 at 11:14 a.m. through 11:20 a.m., indicated CNA #5 was in the kitchen, rubbed her nose and proceeded to prepare a hall tray without washing her hands or performing hand hygiene.	F000371	- During the week of April 23,2013, residents were reviewed by the Director of Nursing and RN Supervisor, no residents exhibited increased GI disturbances. - On April 24, 2013, during evening meal, the Director of Nursing and RN Supervisor audited CNAs upon entering the kitchen for compliance of handwashing. After completion of the audit, the Director of Nursing met with the Dietary Supervisor to revise the protocol to include only dietary staff to be allowed in the kitchen; therefore, the steam table will remain in the kitchen. Director of Nursing and RN Supervisors educated CNAs during the week of April 24, 2013 of the revision of this protocol and implementation of serving meal trays to ensure proper use of hand sanitizer prior to receiving the tray from the dietary staff and serving it to the resident. On April 29, 2013, the Dietary Supervisor re-educated dietary staff on the policy of handwashing upon entering the kitchen. - Revisions of the protocol of serving meal trays to residents were implemented immediately. These	05/16/2013

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	An observation on 4-24-2013 at 11:35 a.m., indicated CNA #6 touched her hair, scratched her cheek and had a gait belt around her neck which she placed and secured around her hips and proceeded to prepare a hall tray without washing her hands or performing hand hygiene. A phone interview with the Registered Dietician on 4-24-2013 at 11:20 a.m., indicated staff should wash their hands for 30 seconds or perform hand hygiene after entering the kitchen or when staff touched their nose, face, or gait belt prior to meal tray preparation." An interview with the Dietary Supervisor on 4-24-2013 at 11:40 a.m., indicated "staff entering the kitchen should wash their hands for 20 seconds or use hand hygiene and handwashing/hand hygiene should be done after touching nose, face or gait belt prior to meal tray preparation." An interview with CNA #6 on 4-24-2013 at 12:45 p.m., indicated when preparing hall trays she used hand sanitizer located outside the kitchen prior to and after serving hall trays. She was unsure about using hand sanitizer in the kitchen.		revisions included changing procedure by collecting meal trays for residents outside of the kitchen, and assuring that only trained dietary staff are to enter the kitchen. - The Director of Nursing, the dayshift RN Supervisor and the evening shift RN Supervisor will complete weekly audits of CNAs collecting meal trays for residents to ensure compliance of the new revisions for four weeks, then monthly for three months, with findings brought the the CQI committee for further review and recommendations. The Registered Dietician Consultant will complete ongoing audits during her regular bi-weekly visits to ensure compliance of the revisions with findings brought to the CQI committee for further review and recommendations. - The systemic changes will be completed on May 16, 2013.	

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	An interview with CNA #5 on 4-24-2013 at 12:58 p.m., indicated she washed her hands after serving a hall tray in the resident's room before returning to the kitchen to get another tray. An interview with CNA #4 on 4-24-2013 at 1:08 p.m., indicated she used hand sanitizer before getting tray ready and after serving the tray to the resident. A policy titled "Handwashing/Hand Hygiene and dated August 2012 was provided by the Administrator on 4-24-2013 at 12:45 p.m. The policy indicated "employees must wash their hands for at least fifteen (15) seconds using antimicrobial or non-antimicrobial soap under the following conditions: ...before and after assisting residents with meals...after blowing or wiping nose..." The Dietary Supervisor provided the guidance posted over the sink in the kitchen used for hand washing and it was titled "Proper Handwashing" on 4-24-2013 at 3:10 p.m. and it included the following: "1. Wet hands with hot water. 2. Apply soap. 3. Rub hands together for 20 seconds. 4. Clean under fingernails. 5. Rinse thoroughly			

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	under running water. 6. Dry hands." This Federal tag is related to complaint IN00121058. 3.1-21(i)(2)			