

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155255	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/08/2013
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NAME OF PROVIDER OR SUPPLIER WOODVIEW HEALTHCARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3420 E STATE BLVD FORT WAYNE, IN 46805
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: January 2, 3, 4, 7 and 8, 2013</p> <p>Facility number: 000158 Provider number: 155255 AIM number: 100291490</p> <p>Survey Team: Julie Call, RN, TC Sue Brooker, RD Angela Strass, RN Virginia Terveer, RN January 2, 4, 7 and 8, 2013</p> <p>Census bed type: NF: 60 SNF:27 NCC: 3 Total: 90</p> <p>Census payor type: Medicare: 7 Medicaid: 45 Other: 38 Total: 90</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F0000	<p>This plan of Correction is to serve as Woodview Healthcare, Inc.'s allegation of compliance. Woodview Healthcare, Inc., is requesting paper compliance for correction of the following deficient practices, as no residents were affected by the deficient practice.</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 completed on January 11, 2013 by Randy Fry RN.			

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F0364 SS=E	<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 observation, interview and record review, the facility failed to ensure salads were served at the proper temperature in the Skilled Dining Room and the Main Dining Room potentially affecting 22 of 22 residents who ate their meals on the Skilled Unit Dining Room and 41 of 41 residents who ate their meals in the Main Dining Room.</p> <p>Findings include:</p> <p>1. During an observation of the lunch meal on 1/3/13 at 11:40 a.m., Dietary #1 was observed to push a cart from the facility kitchen to the Skilled Unit Dining Room. The cart contained a large covered serving bowl of pasta salad and a large covered serving bowl of tossed salad. The large serving bowls of pasta salad and tossed salad had been placed inside larger bowls that contained only a small amount of ice on the bottom. Only the bottoms of the large serving bowls of the pasta salad and the</p>	F0364	<p>F364 It is the policy of Woodview Healthcare, Inc., to ensure proper food temperatures to all residents prior to meal service. During survey, the surveyor observed that staff did not follow the facility policy to obtain cold food temperatures, prior to serving salads. A temperature was not obtained, by staff or the surveyor, to determine that the salads were not within proper temperature. No residents were affected by the deficient practice. The facility has since reviewed and updated the policy titled, "COLD FOOD TEMPERATURE CONTROL" (Exhibit A-3), for obtaining temperatures of cold food(s) and all Dietary Staff will be in-serviced regarding the necessity of obtaining cold food temperature(s) prior to the serving of cold foods, and proper recording of temperatures. All residents had the potential to be affected by the same deficient practice, and therefore food temperatures will be obtained according to facility policy, prior to all meal service and recorded on the form, titled, "CHOICE SALAD</p>	02/07/2013			

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	<p>tossed salad rested on the ice. There was not enough ice observed in the larger serving bowls to allow the ice to surround the sides of the large serving bowls of the pasta salad and the tossed salad. The temperatures of the pasta salad and the tossed salad were not checked prior to the start of the meal service.</p> <p>At 11:55 a.m., Dietary #1 was observed to re-cover the large serving bowls of the pasta salad and tossed salad and pushed the cart from the Skilled Unit Dining Room to the Main Dining Room. The temperatures of the pasta salad and the tossed salad were not checked prior to the start of the meal service. The first salad was served at 12:00 p.m. and the last salad was served at 12:15 p.m.</p> <p>The Certified Dietary Manager (CDM) was interviewed on 1/3/13 at 12:00 p.m. During the interview he indicated the service of the salads prior to the service of the meal was fairly new. He also indicated the service of the salads was done at lunch and dinner.</p> <p>Dietary #1 was interviewed on 1/3/13 at 12:20 p.m. During the interview she indicated the large bowls of salads were pulled from the walk-in</p>		<p>TEMPERATURE LOG" (Exhibit A-1). Staff training will include obtaining temperatures on all cold foods prior to serving (See Exhibit A-4 and A-5 for INSERVICE MATERIAL). Staff will sign the NUTRITIONAL IN-SERVICE SIGN IN SHEET (Exhibit A-6) to signify training completion. Staff will be required to document cold food temperatures on "WOODVIEW'S DIETARY MEAL TEMP. RECORD"(Exhibit A-2). To prevent a re-occurrence and ensure facility compliance is maintained, the Certified Dietary Manager (CDM) will oversee dietary's compliance with facility policy and completion of all temperature records. The CDM will be required to submit the records logs to the Dietician during weekly visits and to the Quality Assurance and Quality Improvement (QAQI) Committee monthly, x 3 months, to ensure compliance with policy and then at a minimum of every six months, thereafter, or until the QAQI determine compliance and determine monitoring no longer necessary.</p>		

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	<p>cooler and then placed on ice in larger bowls just prior to meal service. She did not indicate the temperature of the salads was taken prior to leaving the kitchen.</p> <p>2. During the observation of the lunch meal on 1/4/13 at 11:42 a.m., Dietary #1 was observed to enter the Skilled Unit Dining Room pushing a cart containing a large covered serving bowl of cottage cheese and peaches and a large covered serving bowl of tossed salad. The large serving bowls of cottage cheese and peaches and tossed salad were placed inside larger bowls that contained only a small amount of ice. Only the bottoms of the large serving bowls of the cottage cheese and the tossed salad rested on the ice. There was not enough ice observed in the larger serving bowls to allow the ice to surround the sides of the large serving bowls of the cottage cheese and peaches and the tossed salad. The temperatures of the cottage cheese and peaches and the tossed salad were not checked prior to the start of the meal service.</p> <p>At 12:00 p.m., Dietary #1 was observed to re-cover the large serving bowls of the cottage cheese and peaches and tossed salad and</p>				

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	<p>pushed the cart from the Skilled Unit Dining Room to the Main Dining Room. The temperatures of the cottage cheese and peaches and the tossed salad were not checked prior to the start of the meal service. The first salad was served at 12:02 p.m. and the last salad was served at 12:15 p.m.</p> <p>3. During an observation of the facility kitchen on 1/7/13 at 11:10 a.m., Dietary #2 was observed to load a cart with a large covered serving bowl of pasta salad and a large covered serving bowl of tossed salad retrieved from the walk-in cooler. The cart containing the large serving bowl of the pasta salad and the large serving bowl of the tossed salad was then moved into the kitchen. They were not observed to be placed on ice, but remained covered on the cart at room temperature.</p> <p>Dietary #2 was interviewed on 1/7/13 at 11:12 a.m. During the interview she indicated she had just made the salads 1 hour earlier.</p> <p>At 11:36 a.m., Dietary #2 was observed to place the large covered serving bowl of pasta salad and the large covered serving bowl of tossed salad inside larger serving bowls with</p>			

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	<p>several ice cubes and melted water in the bottom. At 11:38 a.m., Dietary #2 was observed to push the cart from the kitchen toward the Skilled Unit Dining Room. The temperature of the pasta salad and the tossed salad were not checked prior to leaving the kitchen. The cart with the remaining pasta salad and tossed salad were returned to the kitchen by Dietary #2 following completion of the service of the salads in the Main Dining Room at 12:05 p.m.</p> <p>The CDM was interviewed on 1/7/13 at 1:45 p.m. During the interview he indicated the temperature should be obtained on all foods prior to leaving the kitchen and prior to meal service.</p> <p>A current undated facility policy "Cold Food Temperatures", provided by the CDM on 1/7/13 at 2:10 p.m., indicated "...Proper cold food temperatures will be maintained during meal service...Canned fruits, desserts, salads, puddings, cottage cheese, juices, milk, and other cold food items for meal service are placed in the refrigerator at least 3-4 hours before serving...Food should be chilled to <41 (degrees) F...Cold temperatures will be taken and recorded prior to meal service to assure foods are <41 (degrees) F...."</p>			

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	3.1-21(a)(2)			

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F0371 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, interview and record review the facility failed to protect food from contamination during meal service potentially affecting 10 of 10 residents in the Rehabilitation Unit, 18 of 18 residents in the South Hall, and 22 of 22 residents in the Skilled Unit. The facility further failed to protect food from potential contamination during the transportation of a meal tray to a resident lounge area.</p> <p>Findings include:</p> <p>1. During an observation of the kitchen on 1/7/13 at 11:50 a.m., Dietary #3 was observed stationed at the end of the tray line where he placed condiments and packages of bread and butter on meal trays and then placed them in the food carts. A box of film covering was placed on top of a salad bar unit next to the tray line. Dietary #3 was observed to pull the film covering from the box and</p>	F0371	<p>It is the policy of Woodview Healthcare, Inc., to store, prepare, and serve food under sanitary conditions. No residents were affected by the deficient practice of not ensuring the plastic wrap used to cover meal trays was not exposed to the stainless steel side of the salad bar and dietary notes, nor the observation of uncovered juice.</p> <p>To prevent possibility of any other residents having potential for same deficient practice, a facility policy, titled, "FOOD SAFETY-FOOD DELIVERY TO OTHER UNITS" has been established and all dietary staff will be trained on facility policy (Exhibit B-1) and sanitary food delivery. The in-service will include not contaminating plastic wrap and ensuring all food/drink items covered during transport to units. Dietary staff will complete NUTRITIONAL IN-SERVICE SIGN IN SHEET and post test to verify completion of training (Exhibit B-2 and B-3). What measures will be put in place or what systemic changes will be made to ensure that the deficient practice does not recur; A bulletin</p>	02/07/2013			

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	<p>extended the film covering across the angled stainless steel side of the salad bar. Instructional papers for the kitchen staff which had been placed into protective plastic sleeves were taped to the side of the salad bar. The film covering rested on the soiled plastic sleeves and the side of the salad bar before being cut by Dietary #3 and placed over the meal trays. The soiled side of the film covering was observed to touch the rims of the drinking glasses and the frosting on the dished slices of cake.</p> <p>The Certified Dietary Manager (CDM) was interviewed on 1/7/13 at 12:10 p.m. During the interview he indicated all trays that were placed into the food carts were covered with plastic wrap in case staff carried the food trays through a hallway to a resident's room.</p> <p>The CDM was interviewed on 1/7/13 at 1:45 p.m. During the interview he indicated plastic wrap should be pulled up mid-air, not touching any contaminated surfaces, when being cut from the container and placed on residents meal trays.</p> <p>The CDM was interviewed on 1/8/13 at 11:15 a.m. During the interview he indicated the facility did not have a</p>		<p>board has been placed above food work area and all notes will be pinned on bulletin board instead of being placed on stainless steel work area. To ensure compliance and prevent reoccurrence, the CDM will use the form titled, "TRAY ACCURACY AUDIT" (Exhibit B-4), to monitor staff compliance with ensuring all foods and drinks are covered prior to leaving kitchen. The CDM will inspect completed trays 3 x's a week, x 3 months, or until staff compliant. The CDM will be required to submit the audit forms to the Dietician during weekly visits and to the Quality Assurance and Quality Improvement (QAQI) Committee monthly, x 3 months, to ensure compliance with policy and then at a minimum of every six months, thereafter, or until the QAQI determine compliance and determine monitoring no longer necessary.</p>		

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	<p>policy concerning the safe handling of meal trays, but it was covered in orientation with new food service employees.</p> <p>2. During an observation of the lunch meal on 1/2/13 at 12:20 p.m., an un-identified Certified Nursing Assistant was observed to carry a meal tray from the facility kitchen through two common hallways to the Southwest Unit lounge area for a resident to eat. All food items on the meal tray were covered except for the glasses of apple juice and lemonade.</p> <p>The CDM was interviewed on 1/8/13 at 11:15 a.m. During the interview he indicated all meal trays transported from the kitchen to a resident's room or lounge area should be completely covered.</p> <p>3.1-21(i)(2) 3.1-21(i)(3)</p>				