

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155197	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/01/2013
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NAME OF PROVIDER OR SUPPLIER  SANCTUARY AT ST PAULS	STREET ADDRESS, CITY, STATE, ZIP CODE 3602 S IRONWOOD DR SOUTH BEND, IN 46614
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F000000	<p>This visit was for Investigation of Complaint #IN00130313.</p> <p>Complaint #IN00130313 - Substantiated - Federal/State finding cited at F371</p> <p>Survey Date: July 1, 2013</p> <p>Facility Number: 000104 Provider Number: 155197 AIM Number: 100266590</p> <p>Survey Team: Debora Kammeyer, RN</p> <p>Census Bed Type: SNF: 14 SNF/NF: 55 Residential: 133 Total: 200</p> <p>Census Payor Type: Medicare: 10 Medicaid: 59 Private: 129 Other: 2 Total: 200</p> <p>Sample: 6</p> <p>This deficiency reflects state finding cited in accordance with 410 IAC</p>	F000000	<p>The Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. Sanctuary At St. Paul's respectfully requests the Plan of Correction and supporting documentation be considered for desktop review. We declare date of compliance of July 20, 2013.</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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	16.2.  Quality Review completed on July 10, 2013 by Brenda Meredith, R.N.				

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F000371 SS=C	<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 Based on observation, record review and interviews, the facility failed to store and maintain clean/sanitized plates, pans, and bowls with the potential to effect all 200 residents in the facility.</p> <p>Findings include:</p> <p>On 7-1-13 at 10:00 A.M., during the kitchen tour accompanied by the Director of Dining Services (DDS), an observation of the plates in a plate warmer indicated in one stack of plates, the top plate had debris on it. The plate warmer also appeared to have a dried food substance on it. A service tray with shelves contained bowls, serving utensils, pans and several 9 in (inches) x 13 in dishes. These dishes and utensils were uncovered and not placed upside down.</p> <p>During an interview, on 7-1-13 at 10:05 A.M., dishwasher #1 indicated the plates in the plate warmer were</p>	F000371	<p>Q1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; A1. No resident was affected. Q2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; A2. None, no negative outcomes. Q3. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur; A3. The kitchen has updated the "Daily Cleaning Checklist" to reflect the identified area of cleaning the plate warmer with a daily sanitation and weekly deep scrubbing. Dining staff to be in-serviced in regards to proper cleaning, sanitation and storage of equipment. Q4. 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; A4. Chef or Kithchen Manager will monitor and review daily. Data to be reviewed monthly by Dining Services Director to identify</p>	07/20/2013	

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	<p>clean, dry, and uncovered. Dishwasher #1 then wiped the debris off the the top plate and indicated the plates should be covered to prevent debris from falling onto the clean plates. He also agreed that the plate warmer had a dried food substance on it.</p> <p>During an interview, on 7-1-13 at 10:10 A.M., the DDS indicated the plate warmer was not on the cleaning schedule and could not give a time or date of it's last cleaning. She acknowledged the plate warmer needed to be cleaned and on the daily cleaning schedule. She further indicated the bowls, pans, and 9 in x 13 in dishes on the service tray were to be stored upside down and should be covered.</p> <p>On 7-1-13 at 10:15 A.M., a review of the "Daily Cleaning Checklist," for 6-30-13 PM shift, indicated that "... All trays/dishes/pans checked &amp; stacked upside down...."</p> <p>This Federal tag relates to Complaint #IN00130313.</p> <p>3.1-21(i)(3)</p>		<p>trends and implement an action plan as necessary. Data to be summarized and presented to MDQI Committee monthly for 3 months, then quarterly for 6 months and then re-evaluate. Q5. By what date the systemic charges will be completed; A5. July 20, 2013.Sanctuary At St. Paul's respectfully requests the Plan of Correction and supporting documentation be considered for desktop review. We declare date of compliance of July 20, 2013.</p>		

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