

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155061	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/05/2016
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NAME OF PROVIDER OR SUPPLIER WOODLAND HILLS CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 403 BIELBY RD LAWRENCEBURG, IN 47025
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F 0000 Bldg. 00	<p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on December 14, 2015.</p> <p>Survey date: February 5, 2016</p> <p>Facility number: 000022 Provider number: 155061 AIM number: 100274510</p> <p>Census bed type: SNF: 5 SNF/NF: 33 Total: 38</p> <p>Census payor type: Medicare: 5 Medicaid: 32 Other: 1 Total: 38</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by 34849 on February 06, 2016.</p>	F 0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of requirement under and state and federal law. Please accept this plan of correction as our credible allegation of compliance. Please find enclosed this plan of correction for this survey. Due to the low scope and severity of the survey finding, please find the sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm said compliance, feel free to contact me.</p>	
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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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F 0371 SS=E Bldg. 00	<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 ensure food was stored and served in a sanitary manner related to expired food, dented cans, and uncovered food on hall carts. This deficient practice had the potential to affect 36 of 38 residents who received food prepared in the facility kitchen.</p> <p>Findings include:</p> <p>1. During an observation of Refrigerator #1 on 02/05/2016 at 11:24 A.M., two unopened bags of shredded lettuce had a use by date of January 28, 2016 and the lettuce in both bags was brown on the edges. One opened bag of lettuce had an open date of 2/1 (February 1, 2016) and a use by date of 2/3 (February 3, 2016). There was a bag of cooked chicken with a use by date of 2/4 (February 4, 2016) in the bottom of Refrigerator #1. Four bowls of leftover applesauce had use by dates of 2/3 (February 3, 2016).</p> <p>During an interview with Dietary</p>	F 0371	<p>F371 Requires the facility to ensure food is stored and served in a sanitary manner related to expired food, dented cans, and uncovered food on hall carts. 1. All expired food items were discarded at this time. Dented cans were removed from the shelf and placed in a secured area to return to the vendor. Dietary staff was immediately instructed on covering food items placed on the hall cart. 2. All residents have the potential to be affected. A complete audit was conducted ensuring all food items were discarded that was expired. Dented cans were removed from the shelf and set in a secured area to return to the vendor. Dietary staff was again educated ensuring the awareness that all food items should be covered on the hall cart. See below for corrective measures. 3. The Storage of Foods under Sanitary Conditions, Receiving Procedures for Food & Non Food Items and Room Service policy and procedure was reviewed with no changes made. (See attachment A, B and C)</p>	02/13/2016

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	<p>Consultant #1 on 02/05/2016 at 12:17 P.M., she indicated there was no dietary manager at the moment and she had come from another facility to assist the dietary staff. The Dietary Consultant indicated if food is not used by the use by date then it is thrown away at the end of that day and the refrigerators should be checked daily for expired food.</p> <p>During an interview on 02/05/2016 at 12:53 P.M., the Administrator indicated the staff are supposed to watch the refrigerators for expired food, but she had been the one auditing the refrigerators and had missed the expired food.</p> <p>The current facility policy titled, "Storage of Foods under Sanitary Conditions" and dated 11/2014, was provided by the Administrator on 02/05/2016 at 1:19 P.M. and was reviewed at that time. The policy indicated, "...Leftover foods...should be discarded after three days...Foods that have signs of negative outcome (i.e...foods with a change in color) are discarded...canned goods with a compromised seal are discarded and/or removed from the kitchen for return to the vendor for credit..."</p> <p>The audit tool titled, "Properly Stored Foods", was provided by the Administrator on 02/05/2016 at 1:19</p>		<p>The Woodland Hills dietary staff and the administrator was inserviced by the Regional Director of Operations on the on the above procedures. 4. The Administrator or her designee will ensure expired food items are discarded immediately, dented cans are removed from shelves and returned to the vendor. The administrator or her designee will also observe one meal service ensuring food items is covered when placed on the hall cart. These audits will be conducted daily times four weeks, then weekly times four weeks, then every two weeks times two months, then quarterly thereafter until 100% compliance is obtained and maintained. Corporate staff will also twice a week complete these audits ensuring compliance. (See attachment D) The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of correction will be adjusted accordingly if warranted. 5. The above corrective measures will be completed on or before February 13, 2016.</p>		

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	<p>P.M. and was reviewed at that time. The audit tool indicated Refrigerator #1 and Refrigerator #2 were monitored on January 28, February 1, 2, 3, and 4, 2016 with no foods stored in the refrigerator that were out of date.</p> <p>2. During an observation of the dry storage area on 02/05/2016 at 11:26 A.M., one large can of vegetable soup had a 3" (inch) x 2" dent near the top seam of the can.</p> <p>During an interview with Dietary Consultant #1 on 02/05/2016 at 12:17 P.M., she indicated cans that are dented are removed immediately to be sent back to the vendor and should not go on the shelf.</p> <p>During an interview on 02/05/2016 at 12:53 P.M., the Administrator indicated she had removed a dented can of vegetable soup from the shelf and placed it on another shelf in the dry food storage area to be picked up by the vendor. She further indicated she thought the dietary staff must have put the dented can back on the shelf with the other cans.</p> <p>The "Dented Cans Audit Tool" was provided by the Administrator on 02/05/2016 at 1:19 P.M. and was reviewed at that time. The audit tool</p>			

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	<p>indicated a dented can had been removed from the dry storage area on 02/03/2016.</p> <p>The current facility policy titled, "Receiving Procedures for Food & Non Food Items" and dated 11/2014, was provided by the Administrator on 02/05/2016 at 1:19 P.M. and was reviewed at that time. The policy indicated, "...All food and non-food items shall be checked upon receipt...Orders shall be inspected for the following items:...Excessive dented cans..."</p> <p>3. During an observation on 02/05/2016 at 11:17 A.M., two open meal carts were delivered to the second floor hallway outside the dining room. There were five uncovered bowls of pureed fruit on the trays and five residents were sitting in the hallway around the uncovered meal carts.</p> <p>During an interview on 02/05/2016 11:28 A.M., the Administrator indicated all food needed to be covered during transportation and when left sitting on carts in the hallway.</p> <p>During an interview with on 02/05/2016 at 12:17 P.M., Dietary Consultant #1 indicated all food was supposed to be covered on the trays that are delivered.</p> <p>During an interview on 02/05/2016 at</p>			

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	<p>12:33 P.M., LPN (Licensed Practical Nurse) #2 indicated food that was in the halls was supposed to be covered.</p> <p>During an interview on 02/05/2016 at 12:53 P.M., the Administrator indicated the pureed desserts had been left uncovered on the first and second floor meal trays, but that they should have had a cover on them.</p> <p>The current facility policy titled, "Room Service" and dated 11/2014, was provided by the Administrator on 02/05/2016 at 1:03 P.M. and was reviewed at that time. The policy indicated, "...All food is to be covered during transportation and distribution to the residents..."</p> <p>This deficiency was cited on 12/14/2015. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-21(i)(2) 3.1-21(i)(3)</p>			