

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/01/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER STERLING HOUSE OF SOUTH BEND	STREET ADDRESS, CITY, STATE, ZIP CODE 17441 SR 23 SOUTH BEND, IN 46635
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

R000000	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: April 30 and May 1, 2014</p> <p>Facility number: 010667 Provider number: 010667 AIM number: N/A</p> <p>Survey team: Pamela Williams, RN-TC Julie Baumgartner, RN Shauna Carlson, RN Sharon Ewing, RN</p> <p>Census bed type: Residential: 39 Total: 39</p> <p>Census payor type: Other: 39 Total: 39</p> <p>Residential sample: 7</p> <p>These state findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on May 8, 2014, by Brenda Meredith, R.N.</p>	R000000		
---------	--	---------	--	--

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/01/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER STERLING HOUSE OF SOUTH BEND	STREET ADDRESS, CITY, STATE, ZIP CODE 17441 SR 23 SOUTH BEND, IN 46635
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

R000273	<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.</p> <p>Based on observation, interview and record review, the facility failed to ensure food was served in a sanitary manor related to hand washing and the distribution of food and linens. This had the potential to effect 37 of 39 residents eating in the dining room.</p> <p>Findings include:</p> <p>On 4/30/14 from 10:28 A.M. to 1:10 P.M. the lunch meal was observed and the following was noted:</p> <p>At 10:28 A.M., employee #1 was observed carrying cloth napkins and coffee cup saucers against clothes while setting tables in kitchen. She was then observed leaning on her elbows on clean table clothes.</p> <p>At 12:17 P.M., employee #1 was observed serving residents drinks during lunch, wipe her nose with the back of her hand, then continued to serve residents drinks without washing her hands.</p>	R000273	<p>R 273 Food and Nutritional Services <i>What corrective action(s) will be Accomplished for those residents found to Have been affected by the alleged deficient practice?</i> · No residents have been affected by the alleged deficient practice. <i>How will the facility identify other residents with the potential to be affected by the same alleged deficient practice and what corrective action will be taken?</i> · No resident have been affected by the alleged deficient practice. <i>What measures will be put in place or what systemic changes will the facility make to ensure the alleged deficient practice does not recur?</i> · All staff will be in-serviced by 5/30/14 and instructed on hand washing techniques. All staff has been in-serviced on how to handle dishes during meal service. · All staff has been in-serviced on the transporting of dining room linens when setting up dining area. <i>How will the corrective actions be monitored? To ensure the deficient practice will not recur, Food service Supervisor or</i></p>	05/30/2014
---------	--	---------	---	------------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/01/2014	
NAME OF PROVIDER OR SUPPLIER STERLING HOUSE OF SOUTH BEND				STREET ADDRESS, CITY, STATE, ZIP CODE 17441 SR 23 SOUTH BEND, IN 46635			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>At 12:18 P.M., employee #1 was observed to reach across table with scrub jacket touching table setting, handing resident a straw.</p> <p>At 12:25 P.M., employee #2 was observed to wash hands for 14 seconds.</p> <p>At 12:30 P.M., employee #3 was observed holding bowls of applesauce with thumb on inside edge while serving it to residents # 9 and #10.</p> <p>At 12:35 P.M., employee #4 was observed holding bowls of applesauce with thumb on inside edge while serving it to residents # 11, 12, 13, and 14.</p> <p>At 12:40 P.M., employee #5 was observed while assisting to feed resident #15 to pull up their pants and pull down their shirt, then get silverware from the counter and continue feeding resident #15 without washing hands.</p> <p>At 12:47 P.M., employee #1 was observed to wash their hands for 10 seconds then continued to pass medications to residents.</p> <p>At 12:50 P.M., employee #4 was observed holding 2 plates of roast beef, mashed potatoes and carrots with thumb on inside edge while serving it to</p>		<p><i>Health & Wellness Director and community managers will do random checks weekly during all three meal times to observe personal food and drink handling procedures and hand washing procedures. Will also observe and monitor the handling of dining room linens during set up of meal times weekly for all three meals. These audits will be conducted three times weekly for six months and then random audits will be conducted for all three meals.</i></p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/01/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER STERLING HOUSE OF SOUTH BEND	STREET ADDRESS, CITY, STATE, ZIP CODE 17441 SR 23 SOUTH BEND, IN 46635
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>residents.</p> <p>At 12:51 P.M., employee #3 was observed holding 2 plates of roast beef, mashed potatoes' and carrots with thumb on inside edge while serving it to residents.</p> <p>At 12:55 P.M., employee #6 was observed to wash hands for 12 seconds then feed resident #16.</p> <p>At 1:10 P.M., employee #1 was observed to wash hands for 10 seconds.</p> <p>During the lunch meal on 5/1/14, from 12:35 P.M. to 1:10 P.M. the following was noted:</p> <p>At 12:35 P.M., employee #5 was observed to wash hands, turn off water faucets with wet hands then dry there hands. She was then observed serving lunch plates to residents with her thumb on inside edge of plate.</p> <p>At 12:40 P.M., employee #5 was observed to drop a butter container on the floor while placing butter and sour cream on residents tables. She then picked up the butter off the floor holding it in her right hand while she continued to place butter and sour cream on residents tables with out washing hands. While serving</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/01/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER STERLING HOUSE OF SOUTH BEND	STREET ADDRESS, CITY, STATE, ZIP CODE 17441 SR 23 SOUTH BEND, IN 46635
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>butter and sour cream to residents she held sour cream by top edge of container with palm over sour cream.</p> <p>At 1:10 P.M., employee #7 was observed touching tops of "peach cobbler" dishes as she placed it on table for residents.</p> <p>On 5/1/14 at 1:15 P.M., an interview with employee #1 indicated "she normally carries them out on her arm. She may have put them up against her to answer the phone".</p> <p>On 5/1/14 at 1:15 P.M., the Executive Director provided the current policy titled " Hand Washing -Associates" dated 12/2007, "...1. Appropriate 15 to 20 second hand washing should be performed.... Before touching, preparing or serving food. After personal body function, ... blowing or wiping the nose.... 2. Wet hands, wrists and forearms... 6. rinse hands, wrists and forearms thoroughly under warm running water. 7. Dry hands carefully with paper towels. 8. Shut off water with paper towels...."</p> <p>On 5/1/14 at 1:15 P.M., the Executive Director provided the current policy titled "Serving the Meal," dated 6/2002. The policy did not indicate how plates, bowls and cups should be held when</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 05/01/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER STERLING HOUSE OF SOUTH BEND	STREET ADDRESS, CITY, STATE, ZIP CODE 17441 SR 23 SOUTH BEND, IN 46635
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>serving it to a resident.</p> <p>On 5/1/14 at 1:15 P.M., an interview with the Executive Director indicated they did not have a policy on transportation of clean linens.</p> <p>On 5/1/14 at 1:40 P.M., an interview with employee #6 indicated " hands should be washed for 2-3 minutes long enough to sing happy birthday twice." Hands should be dried then water should be shut off with paper towels. Fingers should be on outside edge of plate, but not on inner edge of plate by the food. Bowls and cups should be handled at the bottom half of the bowl or cup. Never should they be picked up at top edge or by the top edge with palm of hand over opening for food or liquid. Food containers including sour cream cups should also be picked up by the bottom not by the top edge with palm over opening of cup.</p> <p>On 5/1/14 at 1:45 P.M., an interview with employee #6 indicated clean linens should be placed in a basket and covered for transportation.</p>			