

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 04/10/2012
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NAME OF PROVIDER OR SUPPLIER LYND HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 2410 E MCGALLIARD RD MUNCIE, IN 47303
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(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
R0000	<p>This visit was for a State Licensure Survey.</p> <p>Survey dates: April 9 & 10, 2012</p> <p>Facility number: 004428 Provider number: 004428 AIM number: N/A</p> <p>Survey team: Delinda Easterly, RN TC Karen Lewis, RN</p> <p>Census bed type: Residential : 51 Total: 51</p> <p>Census payor type: Other: 51 Total: 51</p> <p>Sample: 7</p> <p>These state findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review 4/10/12 by Suzanne Williams, RN</p>	R0000		

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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R0273	<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 and interview, the facility failed to ensure soap and paper towels were available for proper hand washing at the hand washing sink for 2 of 2 observations of kitchen sanitation. This deficient practice had the potential to affect 51 residents who received meals from the kitchen in the population of 51.</p> <p>Findings include:</p> <p>During a tour of the facility's kitchen conducted with the Dining Services Cook, the only kitchen staff working during meal services on 4/9/12 at 9:35 a.m., the following observation was made:</p> <p>No soap or paper towels were available to wash hands at the hand washing sink in the kitchen.</p> <p>During a second observation of the kitchen, on 4/9/12 at 11:45 a.m., no soap or paper towels were available to wash hands at the hand washing sink in the kitchen.</p> <p>During an interview with the Dining</p>	R0273	<p>We respectfully request that an Informal Dispute Resolution conference be held regarding this citation. We would like to submit further information in support of our dispute with this citation. Food and Nutrition Deficiency: What corrective actions will be accomplished for those residents found to have been affected by the deficient practice: No specific resident involved. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken: All residents at potential risk, The soap dispenser and towel dispenser were filled during the survey on 4/9/2012. The staff was utilizing an alternate sink with a full soap and towel dispenser to wash their hands in the kitchen. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put in place; The Dining Service Coordinator will check the soap and towel dispensers daily to make sure they are full. The Dining Service Coordinator will document that the dispensers are full by placing</p>	04/10/2012			

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	<p>Services Cook on 4/9/12 at 11:45 a.m., she indicated she was washing her hands in the three compartment sink.</p> <p>During an interview with the Administrator on 4/9/12 at 11:55 a..m. she indicated soap and paper towels should always be available in the kitchen. She further indicated she would replace the soap and paper towels in the kitchen as soon as possible.</p>		<p>their initials on a log sheet next to the date. The Regional Director of Operations will monitor that the dispensers are full and the log sheet is in place for 4 months and then quarterly thereafter.By what date the systematic changes will be completed:4/9/2012</p>				