

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
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NAME OF PROVIDER OR SUPPLIER CATERED LIVING ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 KITTYHAWK DRIVE PERU, IN 46970
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R000000	<p>This visit was for an Initial State Residential Licensure Survey.</p> <p>Survey dates: April 30 - May 1, 2014</p> <p>Facility Number: 013327 Provider Number: 013327 AIM Number: N/A</p> <p>Survey team: Julie Wagoner, RN, TC Deb Kammeyer, RN Lora Swanson, RN (04/30/14)</p> <p>Census bed type: Residential: 15 Total: 15</p> <p>Census payor type: Private: 15 Total: 15</p> <p>Sample: 06</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		
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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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R000033	<p>410 IAC 16.2-5-1.2(h)(1-2) Residents' Rights - Noncompliance (h) The facility must furnish on admission the following: (1) A statement that the resident may file a complaint with the director concerning resident abuse, neglect, misappropriation of resident property, and other practices of the facility. (2) The most recently known addresses and telephone numbers of the following: (A) The department. (B) The office of the secretary of family and social services. (C) The ombudsman designated by the division of disability, aging, and rehabilitation services. (D) The area agency on aging. (E) The local mental health center. (F) Adult protective services. The addresses and telephone numbers in this subdivision shall be posted in an area accessible to residents and updated as appropriate. Based on observation and interview, the facility failed to display advocacy agency information in an area accessible and readable to the residents in the facility.</p> <p>Findings include:</p> <p>On 4-30-14 at 11:45 A.M., an observation of the dining room indicated all advocacy agencies names, phone numbers and Resident's Right's were posted on a bulletin board located on the east wall. The bulletin board was located behind a table that had 3 chairs around it. The font was small, therefore the names</p>	R000033	<p>Facility requests paper compliance for noted deficiency. <i>This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. 1. What corrective action(s) will be accomplished for those residents found to have been</i></p>	05/16/2014			

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	<p>and phone numbers were hard to visualize.</p> <p>During an interview on 4-30-14 at 2:35 P.M., Resident #2 indicated she was unable to maneuver her walker around the table located in front of the bulletin board. She was observed trying to get close enough to read what was on the bulletin board. She further indicated she was unable to read the material on the bulletin board from where she was standing.</p> <p>During an interview on 5-1-14 at 11:25 A.M., the Administrator indicated the bulletin board contained advocacy information. She further indicated the information was hard to read, font to small, and was not accessible due to the table and chairs being placed in front of the information.</p>		<p>affected by the deficient practice? The bulletin board was freed from any objects obstructing the resident to have close visualization of board information and thenotifications were re-typed using a 14 font for easier legibility. Staff was inserved on May 7, 2014 to notplace anything in front of the board to block access of the residents. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. The bulletin board was freed from any objects obstructing the resident to have close visual of information and the notifications werere-typed using a 14 font for easier legibility. Staff was inserved on May 7, 2014 to not place anything in front of the board to block access of the residents. 3. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. Administrator/Designee will check board access everyday onbusiness days for area clearance. 4. 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. A log will be kept of observation</p>				

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R000091	<p>410 IAC 16.2-5-1.3(h)(1-4) Administration and Management - Noncompliance (h) The facility shall establish and implement a written policy manual to ensure that resident care and facility objectives are attained, to include the following: (1) The range of services offered. (2) Residents' rights. (3) Personnel administration. (4) Facility operations. The policies shall be made available to residents upon request. Based on record review and interviews, the facility failed to ensure the written policy and procedures manual contained policies and procedures current and appropriate to their facility.</p> <p>Findings include:</p> <p>Review of the facility policy and procedures manual, presented by the Administrator on 04/30/14 at 1:45 P.M., indicated there were some policies and procedures which were not individualized to the staffing patterns of the facility. For example, the Fire Safety Procedures included several tasks and responsibilities for a "Charge Nurse;" however, the facility staffing pattern only</p>	R000091	<p>and kept in QA binder. Administrator, Executive Director and Regional Nurse Consultant will review log monthly. 5. By what date the systemic changes will be completed. May 16, 2014</p> <p>Facility requests paper compliance for noted deficiency. <i>This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. 1. What corrective action(s) will be accomplished for the deficient practice?</i> The Policy Manual was reviewed by the Regional Nurse Consultant including the Fire Safety and Abuse policy. All areas referring to "Nurse or</p>	05/16/2014			

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	<p>included resident assistants and/or certified nursing assistants. In addition, the Abuse Policy and procedures indicated if there was an allegation of physical abuse involving a resident, the "attending nurse" was to "immediately assess" the resident. Again there was no licensed nurse routinely staffed in the building and no specific instructions regarding whose responsibility it was to call a licensed nurse into the building to assess the resident.</p> <p>During an interview on 04/30/14 at 1:45 P.M. the Administrator indicated the facility did not have specific written policy regarding admission requirements and continued stay requirements for residents. There was a "Level of Service Assessment/Evaluation for Assisted Living" assessment which "scored" the resident on several areas, but there was no guide to indicate what "score" indicated the resident was appropriate for residential care levels. Review of the care area scores indicated it was possible for a resident who required total staff assistance two of three areas, toileting, eating, and/or transferring to attain a "Level 1, 2, or 3" score, but no guideline to indicate total assistance in two of the three areas would indicate inappropriateness of the resident for residential care.</p>		<p>ChargeNurse" was amended to include the appropriate individual. Policy Manual was reprinted to include thechanges. The resident evaluation for continued stay is based on thepolicy guideline of if the resident meets two (2) of the following (3) threecriteria unless the resident is medically stable and the health facility canmeet the resident's needs:</p> <ul style="list-style-type: none"> ·Requires total assist with eating ·Requires total assistance with toileting ·Requires total assistance with transferring <p>The resident receives a Functional Assessment which has ascore, but the score is only an indication of the resident's functionalabilities to identify early decline in the resident to have discussions withresident and family of need for increased services. The scoring does not decide if residentcontinues to reside in the Assisted Living. 2. How the facility will identify otherresidents having the potential to be affected by the same deficient practice and what corrective action will be taken. No residents were affected by the concern. 3. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practicedoes not recur.</p>				

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R000153	<p>During an interview on 05/01/14 at 10:00 A.M., the Administrator indicated a licensed nurse was "on call" but was not routinely staffed in the facility.</p> <p>410 IAC 16.2-5-1.5(j) Sanitation and Safety Standards - Deficiency (j) The facility shall observe safety precautions when oxygen is stored or administered in the facility. Residents on oxygen shall be instructed in safety measures concerning storage and administration of oxygen. Based on observation, policy review and interview, the facility failed to store oxygen cylinders safely for 2 of 2</p>	R000153	<p>Residents will have a preadmission screening, an AssistedLiving Functional Assessment will be completed quarterly and with significantchange to identify decline in assistance required with eating, toileting andtransferring. Functional Assessmentswill be reviewed by Administrator and/or Executive Director and resultingService Plans will be reviewed with Resident and/or Family to review currentfunctional assessment needs. 4. 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. Administrator/Executive Director will review noted declineswith Regional Nurse Consultant and Physician to determine resident's ability tocontinue to reside within the Assisted Living environment. 5. By what date the systemic changes will be completed. May 16, 2014</p> <p>Facility requests paper compliance for noted deficiency. <i>This Plan of Correction is the</i></p>	05/16/2014			

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	<p>residents that require oxygen. (Resident #8 and Resident #23)</p> <p>Findings include:</p> <p>On 4-30-14 at 10:45 A.M., during the initial tour, CAN #5 indicated Resident #8 and Resident #23 were using oxygen.</p> <p>During an interview on 4-30-14 at 1:45 P.M., Resident #8's husband indicated his wife used oxygen and was out of the building presently. He further indicated all her oxygen things were stored in the bedroom. A total of 8 green oxygen cylinders were observed in Resident #8's bedroom. Six oxygen cylinders were stacked upon each other and lying horizontal in a wagon with mesh sides. Two more oxygen cylinders were observed next to the bed side table, standing vertical on the floor beside each other.</p> <p>On 4-30-14 at 1:55 P.M., an observation of Resident #23's bedroom indicated the resident had one large green oxygen cylinder standing vertical on the floor next to an oxygen concentrator.</p> <p>During an interview on 5-1-14 at 10:50 A.M., the Maintenance Manager indicated he was aware of the oxygen cylinders in the resident's rooms. He</p>		<p><i>center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident #8 no longer resides in the Assisted Living.</p> <p>Resident #23 and facility staff will be inserviced by Lincare Respiratory Company on oxygen safety measures.</p> <p>An outside storage unit has been installed outside of facility to store excess oxygen tanks.</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>Currently no other residents requiring oxygen.</p> <p>3. What measures will be put into</p>				

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R000273	<p>further indicated the facility was working on providing a secure room, for the proper storage of the oxygen cylinders. He was unsure if the resident's had been educated on oxygen safety measures.</p> <p>On 5-1-14 at 11:00 A.M., a policy titled "Oxygen Safety," dated 4-1-14, indicated 1. Definition "... B. Safety standard for oxygen are designed to ensure The safety of all persons involved in the transport, Storage and use of oxygen. These standards address the dangers of fire as well as physical injury from oxygen and its containment vessels. Policy line C indicated Oxygen supplied in bulk containers must be vented to prevent excess pressurization of the tank. Care should be taken to assure that bulk cylinders are stored only in areas that are adequately ventilated to prevent accumulation of vented oxygen...." In the same policy, line E indicated "...Residents, nursing agency personnel/caregivers and families must be educated regarding the safe use of oxygen. They must be informed of the hazards and all regulations associated with oxygen use...."</p> <p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency</p>		<p>place or what systemic changes the facility will make to ensure that the deficient practice does not recur.</p> <p>Outside storage unit marked with oxygen safety signage and will be maintained by facility Maintenance.</p> <p>Oxygen safety in-servicing will be done as needed with residents requiring oxygen use and new staff.</p> <p>Administrator/Designee will oversee program</p> <p>4. 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.</p> <p>Any admitted residents with oxygen or new physician order for existing resident to receive oxygen will have documented in servicing with their Respiratory Company of choice.</p> <p>Maintenance will do weekly checks on outside oxygen storage area. Oxygen supply companies will obtain access to oxygen storage from Maintenance and/or Administrator.</p> <p>5. By what date the systemic changes will be completed.</p> <p>May 16, 2014</p>	

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	<p>(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, record review and interviews, the facility failed to ensure 1 of 1 dishwashers was in adequate working order to ensure proper sanitation. In addition, the facility failed to ensure dietary and nursing staff followed proper food handling procedures in 1 of 1 kitchens. This potentially affected 13 of 15 residents who were observed consuming food.</p> <p>Findings include:</p> <p>1. During the kitchen sanitation tour, conducted on 04/30/14 at 10:30 A.M. - 10:45 A.M. the the following was noted:</p> <p>The dishwashing machine only reached a temperature of 108 degrees Fahrenheit even after running the machine twice in a row. Interview with Cook #1 indicated she was unaware if the dishwasher was a high temperature or low temperature machine.</p> <p>The Cook #1, who was preparing food for the noon meal was noted to only wash her hands for 6 seconds at the handwashing sink, then she picked up the trash can lid with her hands to throw</p>	R000273	<p>Facility requests paper compliance for noted deficiency.</p> <p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>1. What corrective action(s) will be accomplished for deficient practice?</p> <p>The dishwasher at Catered Living is set up for chemical sanitizing, not high temperature sanitizing. Consultation was received from the Gordon Food Service Chemical Specialist to be certain chemical dispensing was correct. The dishwasher has been serviced and a mixing valve has been ordered to correct the wash temperature. However, this machine is not currently in use.</p> <p>All dishes, pans and serving utensils are being washed at Caring Hands under the supervision of Mary Ann</p>	05/16/2014			

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	<p>away paper towels, before she continued food preparation.</p> <p>There was a pair of tongs and a chopping knife, stored in a plastic tub as clean, with dried food visible on them.</p> <p>2. During the service of the noon meal, conducted on 04/30/14 between 11:30 A.M. - 12:00 P.M., the following was noted:</p> <p>Cook #1 was noted to have donned a pair of plastic gloves and was serving plates of food from the steam table located in the dining room. She was noted to touch paper menus, handles of serving utensils, outside plastic packaging, and then reached in and directly handled both slices of bread and/or dinner rolls with her contaminated gloved hands.</p> <p>Nursing staff were noted to be serving large portions of a brownie to residents. The nursing staff had bare hands and were attempting to place the brownies into a paper napkin before serving the dessert. As the staff were attempting to maneuver the brownies into the paper napkins, their bare hands were touching at times, the edges of the brownies.</p> <p>3. During an interview on 4/30/14 at</p>		<p>Estes, CDM.</p> <p>In-servicing was done for all Catered Living staff by Regional Dietitian on Food Safety, to include correct glove usage and handwashing, use of utensils.</p> <p>Food preparation is no longer being done on site at Catered Living. All prepared food is being catered in from Caring Hands</p> <p>Mary Ann Estes, CDM has been made the designated chargeperson for Catered Living and all food handling, both at the preparation site at Caring Hands and the service site at Catered Living, is now under her supervision. She has implemented training for Employee #2 on all aspects of the cook's position, including food handling and ware washing. Cook #1, who was working at the time of the initial survey, is no longer employed in food service. She has been replaced by a trained individual who holds a ServSafe certificate.</p> <p>2. How the facility will identify potential for same deficient practice reoccurring and what corrective action will be taken?</p> <p>Staff In-serviced by Corporate Regional Dietitian on proper hand hygiene, use of gloves and storage of utensils.</p> <p>Food is now being catered in to</p>				

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	<p>10:40 A.M., the facility maintenance supervisor, indicated he was made aware of the dishwashing machine temperature issue two days prior. He indicated he had called a service company to fix the machine.</p> <p>Interview with a Corporate Administrator from a nearby sister facility, on 04/30/14 at 12:05 P.M. indicated the dishwashing machine was a hot water sanitizing machine, however, the facility was running it as a low temperature sanitizing machine and had added chemicals. He indicated the machine did have the capabilities to run as either a high temperature or low temperature machine. However, the company that serviced the machines indicated running the facility's dishwashing machine as a low temperature sanitizing machine would "ruin" the machine.</p> <p>4. Review of the April 2014 "Daily Sanitizing Checklist Chemical Sanitizing Dish Machine" record indicated the dishwashing machines water temperature, when recorded, did not ever reach the high temperature benchmark of 180 degrees Fahrenheit. In addition, on 19 of the days the temperature had been documented in April, the hot water temperature had not reached the 120</p>		<p>Catered Living. No food preparation or dishwashing is currently being done on site. Food is being prepared at Caring Hands and transported in bulk in insulated catering boxes to Catered Living. It is served in the dining room by food service staff under the supervision of Mary Ann Estes, CDM. All dishware, pans and serving utensils are returned to Caring Hands for proper washing and sanitizing.</p> <p>3. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur?</p> <p>All food catered in from Caring Hands. All dishes, pan, serving utensils returned to Caring Hands for warewashing.</p> <p>New mixing valve will be replaced on the dish machine at Catered Living.</p> <p>Glove usage and proper food handling while serving at Catered Living will be supervised by Mary Ann Estes, RD and the quality assurance monitor for hand hygiene will be completed three times weekly for four weeks, once weekly ongoing.</p> <p>Administrator/Designee to oversee program.</p>				

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	<p>degree benchmark required for the low temperature sanitation standards on 9 of the 19 documented days. In addition, the chemical chlorine level was only documented on 13 days.</p> <p>Cook #1 indicated no staff or corporate representative had instructed her to utilize paper products or wash and sanitize the dishes with a different method since the temperatures were noted to be inadequate since the first part of April. The Corporate Administrator from a nearby sister facility did instruct the cook to serve the noon meal, observed on 04/30/14, on paper products since the dishwashing machine was not functioning properly.</p> <p>5. Review of the facility dietary policy and procedure, titled, Proper Food Handling, revised on 06/15/12, indicated the following: "...3. The Food Service Employee will wash hands and change gloves (if worn), prior to direct contact with food, following contact with any non sterile surfaces. i.e. (for example) hair, skin, waste basket, door knob..."</p> <p>6. Review of the facility dietary policy and procedure, titled, Monitoring Dishmachine Temperatures, revised on 06/15/12, the following was included: "...6. In the event the dish machine in not</p>		<p>4. How the corrective action(s) will bemonitored to ensure the deficient practice will not recur, i.e., what qualityassurance program will be put into place.</p> <p>Audit tools will be utilized and reviewed by Administrator/Designee. Any violation ortrends will be reviewed by Dietician with ongoing in-service education.</p> <p>5. By what date the systemic changes will becompleted.</p> <p>May 16, 2014</p>				

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	<p>working properly and cannot be fixed before meal service, the Food Service Supervisor will serve on disposal table service...."</p> <p>7. Review of the facility dietary policy and procedure, titled, Mechanical Warewashing, revised on 12/11, indicated the following was included: "...6. Each mechanical cycle includes a wash period and rinse period. If the rise temperature is not appropriate (120 - 150 degrees F (Fahrenheit). for low temp or 180 - 22 degrees for high temp., run through another cycle. If the rinse temperature is not correct, notify the supervisor and/or maintenance supervisor. Record the wash and rinse temperature for each meal. Temperature monitoring logs shall be kept on file for one year...."</p> <p>It was unclear how long the inadequate dishwasher temperatures had been obtained, however, the Maintenance supervisor had not been notified of the issue until two days prior to the survey. In addition, rinse cycle temperature recordings were only being documented, if at all, on a daily basis, not on a meal basis per the facility policy.</p>						

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R000274	<p>410 IAC 16.2-5-5.1(g)(1-3) Food and Nutritional Services - Noncompliance (g) There shall be an organized food service department directed by a supervisor competent in food service management and knowledgeable in sanitation standards, food handling, food preparation, and meal service.</p> <p>(1) The supervisor must be one (1) of the following: (A) A dietitian. (B) A graduate or student enrolled in and within one (1) year from completing a division approved, minimum ninety (90) hour classroom instruction course that provides classroom instruction in food service supervision who has a minimum of one (1) year of experience in some aspect of institutional food service management. (C) A graduate of a dietetic technician program approved by the American Dietetic Association. (D) A graduate of an accredited college or university or within one (1) year of graduating from an accredited college or university with a degree in foods and nutrition or food administration with a minimum of one (1) year of experience in some aspect of food service management. (E) An individual with training and experience in food service supervision and management.</p> <p>(2) If the supervisor is not a dietitian, a</p>			

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	<p>dietitian shall provide consultant services on the premises at peak periods of operation on a regularly scheduled basis.</p> <p>(3) Food service staff shall be on duty to ensure proper food preparation, serving, and sanitation.</p> <p>Based on observation and interviews, the facility failed to ensure the food service supervisor was knowledgeable about the facility dishwashing machine.</p> <p>Findings include:</p> <p>1. During the initial sanitation tour of the kitchen, conducted on 04/30/14 from 10:30 A.M. - 10:45 A.M., the dishwashing machine rinse cycle only reached the 90 degrees Fahrenheit temperature. Interview with Cook #1, who was the only staff member working in the kitchen, indicated she was unsure if the dishwashing machine was a high temperature or low temperature machine. She indicated she was not the food service supervisor. Cook #1 was then observed to telephone the food service supervisor, Employee #2. Employee #2 was overheard on the telephone also indicating she too was unsure but thought the dishwashing machine was a high temperature sanitation machine.</p> <p>Interview with Employee #2, on 05/01/14, indicated she was not sure if she was the food service supervisor as</p>	R000274	<p>Facility requests paper compliance for noted deficiency.</p> <p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and statelaw.</i></p> <p>1. What corrective action(s) will be accomplished for the deficient practice?</p> <p>Food Service Supervisor (Employee #2) will have direct oversight and training by Dietary Manager from Caring Hands Rehab Center, MaryAnn Estes, CDM. (See credentials for Mary Ann Estes attached). Mary Ann Estes, CDM is now the designated charge person responsible for dining services to Catered Living. Although Employee #2 is currently Survey Safe Certified (See ServSafe certificate attached), Employee #2 will receive</p>	05/16/2014			

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	she had recently been "promoted" from the nursing department to the kitchen. Employee #2 was very hesitant to indicate if she was actually the food service supervisor.		<p>training from Mary Ann Estes, CDM, as if she were a new cook. See Job Description and PerformanceMonitoring System document attached for outline of job skills orientation and training. Mary Ann Estes will serve as the Main Food Supervisor and Employee #2 will serve as the main cook and "Assistant Supervisor". In addition to cook training, Employee #2 will receive instruction and guidance from Mary Ann Estes, CDM and the RegionalDietitian regarding dietary service policies/procedures and the role of Food Service Supervisor.</p> <p>Cook #1, who was present at the time of the initial survey, no longer works in this position. She has been replaced by an experienced employee, trained by Mary Ann Estes, CDM. This new cook is already ServSafe certified (see ServSafe certificate attached).</p> <p>2. How the facility will prevent deficient practice from reoccurring and what corrective action will be taken.</p> <p>Food is now being catered in to Catered Living. No food preparation or dishwashing is currently being done on site. Food is being prepared at Caring Hands and transported in bulk in insulated catering boxes to Catered Living. It is served in the dining room by food service staff under the supervision of Mary Ann Estes, CDM. All</p>	

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			<p>dishware,pans and serving utensils are returned to Caring Hands for proper washing andsanitizing.</p> <p>3. What measures will be put into place or whatsystemic changes the facility will make to ensure that the deficient practicedoes not recur.</p> <p>Employee #2 will work directly beneath Mary Ann Estes, DM,at Caring Hands in food preparation, serving, and menu planning. Mary Ann Estes, CDM is the designated chargeperson for food service at Catered Living. Mary Ann Estes, CDM has hadexperience with serving off site. CDM and/or Regional Dietician will assess theknowledge of Employee #2 through written post-tests or return demonstration.</p> <p>All ware washing will be done off site at Caring Hands.</p> <p>Administrator/Designee to oversee program.</p> <p>4. How the corrective action(s) will bemonitored to ensure the deficient practice will not recur, i.e., what qualityassurance program will be put into place.</p> <p>Supervisory oversight by CDM and consultation from RD will be reviewed byAdministrator/Executive</p>	

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			<p>Director and further inservicing and/or training will be provided as needed.</p> <p>5. By what date the systemic changes will be completed.</p> <p>May 16, 2014</p>		