

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 12/12/2011
NAME OF PROVIDER OR SUPPLIER BENNETT HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 3928 HORNE AVE NEW ALBANY, IN47150		
(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 the Post Survey Revisit (PSR) to the investigation of Complaint IN00097828 and IN00097046 completed on 10/12/2011.</p> <p>Complaint-IN00097828-Corrected.</p> <p>Complaint-IN00097046-not corrected, State residential findings cited at R0154, R0273.</p> <p>Survey date: December 12, 2011</p> <p>Facility number: 004442 Provider number: 004442 AIM number: NA</p>	R0000	<p>Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.</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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	<p>Survey team: Dottie Navetta, RN/TC Gloria J. Reisert, MSW Avona Connell, RN</p> <p>Census bed type: Residential: 31 Total: 31</p> <p>Census payor type: Other: 31 Total: 31</p> <p>Sample: 06</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2</p> <p>Quality review completed 12/15/11 Cathy Emswiller RN</p>				

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R0154	<p>(k) The facility shall keep all kitchens, kitchen areas, common dining areas, equipment, and utensils clean, free from litter and rubbish, and maintained in good repair in accordance with 410 IAC 7-24.</p> <p>Based on observation, record review and interview the facility failed to ensure that the garbage can, dishwasher and floors in the kitchen and that the sink and chairs in the main dining room were kept clean and free of litter. This deficient practice had the potential to affect 31 of 31 residents currently residing at facility.</p> <p>Findings include:</p> <p>On 12/12/2011 at 9:30 a.m., the sink in the main dining room area was heavily stained brown.</p> <p>31 of 31 wood frames on the dining room chairs were heavily soiled with dust that rolled to the touch.</p> <p>On the top of the dishwasher machine there was multi colored brown particles and brown and yellow sticky substances.</p> <p>The large garbage can in the kitchen had a black sticky substance and around garbage can had a black substance on floor with various crumb particles.</p> <p>On 12/12/2011 at 9:15 a.m., in an interview with the cook she indicated that</p>	R0154	<p>Citation #1 {R 154} 410 IAC 16.2-5-1.5(k) Sanitation and Safety Standards – Deficiency</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice? No residents were found to be affected 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? No other residents were found to be affected. What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur? The Residence Director revised and implemented a kitchen cleaning schedule specifically assigned to cooking staff regarding the kitchen cleanliness and a third shift task sheet assigning dining room cleaning task to ensure continued compliance with kitchen safety and sanitation practices. Bennett House staff were re-educated to our kitchen safety and sanitation standards as assigned via the kitchen sanitation safety task sheet in reference to the Indiana state residential regulation 410</p>	01/24/2012			

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R0273	<p>night shift cleans the dishwasher, floors and garbage cans.</p> <p>On 12/12/2011 at 1:30 p.m., review of the kitchen cleaning schedule indicated that the trash containers, floors were on a nightly cleaning schedule and had been signed off as completed 12/11/2011.</p> <p>This State Residential tag was cited on 10/12/2011 and related to complaint IN00097046. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <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, interview and record review the facility failed to ensure</p>	R0273	<p>IAC 16.2-5-1.5(k) Sanitation and Safety Standards. The Bennett House staff were also re-educated to the third shift cleaning tasks regarding the dining room to ensure continued compliance with cleaning expectation as referenced by Indiana state regulation 410 IAC 16.2-5-1.5(k) Sanitation and Safety Standards. How will 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? The Residence Director and/or Management Designee will perform random daily walking rounds of kitchen and dining room for a period of three months to ensure continued compliance with kitchen safety and sanitation standards. Findings will be reviewed during a scheduled Bennett House QA meeting at the end of the quarter to determine the need for the ongoing monitoring plan. Finding resulting in compliance will result in cessation of monitoring plan. By what date will the systemic changes be completed? Compliance Date: 1/24/2012</p> <p>Citation # 2 {R 273} 410 IAC 16.2-5-5.1(f) Food and</p>	01/24/2012	

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	<p>that the shelving above preparation counter, pipes, cupboards, can opener and Teflon skillets were cleaned in order to maintain sanitation. This deficient practice had the potential to affect 31 of 31 residents currently residing at the facility.</p> <p>Findings include:</p> <p>On 12/12/2011 at 9:00 a.m., the 6 shelves above preparation area had 10 trays for serving, 1/4 bag of raisin bran, full bag of cheerios, box of goldfish and 1/2 bag of rice krispies, these shelves had sticky substances along with black heavy dust that rolled when wiped. Under the shelving on the preparation counter were 10 cereal bowls and 1 serving size plate.</p> <p>Cupboard containing spices had multiple spilled spices.</p> <p>Pipes between toaster and stove were soiled heavily with toast like particles.</p> <p>The can opener blade had a dried thick white, red and black substance on it.</p> <p>3 large Teflon skillets were heavily marred on inner surfaces and 1 was stored away as clean with dried food particles.</p>		<p>Nutritional Services - Deficiency What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice? No residents were found to be affected. Areas identified during survey were cleaned by the Bennett House staff and the identified skillets were discarded and replaced with new ones. 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? No other residents were found to be affected. What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur? The Dining Service Coordinator and kitchen staff were re-educated to proper safety and sanitation practices regarding cleaning of kitchen areas, appliances, and utensils' as referenced by Indiana State regulation R 273} 410 IAC 16.2-5-5.1(f) Food and Nutritional Services. How will 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? The Residence Director and/or Management Designee will perform random daily walking rounds of kitchen for a period of</p>				

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	<p>On 12/12/2011 at 9:00 a.m., in an interview with the cook she indicated that the can opener had not been used this am.</p> <p>On 12/12/2011 at 1:30 p.m., review of the kitchen cleaning schedule indicated that counter tops, shelving and can opener were on a nightly cleaning schedule and had been signed off as completed 12/11/2011.</p> <p>This State Residential tag was cited on 10/12/2011 and related to complaint IN00097046. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>		<p>three months to ensure continued compliance with kitchen safety and sanitation standards. Findings will be reviewed during a scheduled Bennett House QA meeting at the end of the quarter to determine the need for the ongoing monitoring plan. Finding resulting in compliance will result in cessation of monitoring plan.</p> <p>By what date will the systemic changes be completed? Compliance Date: 1/24/2011</p>		