

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155235	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/29/2015
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 200 26TH ST LOGANSPORT, IN 46947
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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
F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: June 22, 23, 24, 25, 26 and 29, 2015</p> <p>Facility Number: 000140 Provider Number: 155235 AIM Number: 100266960</p> <p>Census bed type: SNF: 11 SNF/NF: 93 Total: 104</p> <p>Census payor type: Medicare: 8 Medicaid: 69 Other: 27 Total: 104</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>Please accept the attached plan of correction as credible allegation of compliance to the deficiency cited during our Annual Health Survey conducted on June 22, 2015. Hopefully, you will find the remedies are sufficient, thoroughly explained, and able to provide a clear picture of how we corrected these concerns. I would like to formally request your consideration for granting this facility paper compliance. If after reviewing our plan of correction you have any questions or require additional information, please do not hesitate to contact Terrence Jent, Administrator, at 574-722-4006.</p>	
F 0371 SS=F Bldg. 00	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must -</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>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observation, record review and interview, the facility failed to ensure the food was labeled and dated in the refrigerator and the dry storage area in 1 of 1 kitchens, and failed to ensure the air conditioned unit was free of debris in 1 of 3 kitchenettes in the facility. This deficient practice had the potential to affect 104 out of 104 residents, and 22 of 22 residents utilizing the kitchenette area.</p> <p>Findings include:</p> <p>During the tour of the kitchen on 6/22/2015 at 9:15 a.m., with the Dietary Manager, the following observations were made:</p> <ol style="list-style-type: none"> The walk in refrigerator was observed to have open and undated items: 1 pitcher of chicken noodle soup and 1 cheese package The dry storage area was observed to have a package of hot dog buns opened and not dated. <p>During a tour of the dementia unit kitchenette and food service area, on 6/22/2015 at 12:00 p.m., the air condition</p>	F 0371	<p>It is the policy of Miller's Merry Manor to procure, store, prepare, distribute, and serve food under sanitary conditions. The deficient practice was corrected immediately following identification. All residents have the potential to be affected by the deficient practice. In-service and re-education were provided immediately to dietary staff covering the topic of food storage, labeling and dating items (Attachment 1). In-service and re-education was also provided to environmental staff regarding checking and cleaning vents in food service areas (Attachment 2). To ensure continued compliance with the procurement, storage, preparation, distribution, and service of food under sanitary conditions, all dietary and environmental staff will be provided additional re-education on 7/15/15 (Attachment 3). Additionally, the Dietary Manager or her designee will complete the Food Storage Audit (Attachment 4) daily for 14 days, weekly for 90 days, and monthly thereafter. The Maintenance Director or his designee will complete the Dining Area Environmental Audit (Attachment 5) daily for 14 days, weekly for 90 days, and monthly</p>	07/15/2015

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	<p>unit was found to have dust and debris</p> <p>During an interview on 6/22/2015 at 12:15 p.m., with the Dietary Manager, she indicated all open food items should have been dated and the air conditioning unit should have been cleaned.</p> <p>The facility policy for " Food Preparation, Food Handling, and Service " dated 1/30/2013, received from the Administrator on 6/29/2015 at 11:40 a.m., indicated "... 1. ...2. The walls, ceiling, vents, hoods and drains are cleaned on routine schedule...3....9. Leftover foods to be saved are, dated, labeled,"</p> <p>3.1-21(i)(2) 3.1-21(i)(3)</p>		<p>thereafter. Any findings will be addressed immediately and documented on the Food Storage Audit, the Dining Area Environmental Audit and Quality Assurance Summary Log (Attachment 6). The Quality Assurance Summary Log will be reviewed by the Quality Assurance Committee on a monthly basis.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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