

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155574	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/30/2015
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 500 WALKERTON TR WALKERTON, IN 46574
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: June 25, 25, 29 & 30, 2015</p> <p>Facility number: 000431 Provider number: 155574 AIM number: 100290380</p> <p>Census bed type: SNF: 5 SNF/NF: 58 Total: 63</p> <p>Census payor type: Medicare: 5 Medicaid: 49 Other: 9 Total: 63</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000		
F 0280 SS=D Bldg. 00	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to</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>participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>Based on interview and record review, the facility failed to update and revise a resident's care plan related to a fall for 1 of 6 residents reviewed for falls. (Resident #4) Findings include: During an interview on 06/25/2015 at 12:25 P.M., LPN #7 indicated Resident #4 had fallen on 06/17/2015. She indicated the resident went bowling on 06/17/2015 and when she returned to the facility, she informed the staff she had fallen earlier in the day. LPN #7 indicated the resident said she got up to use the restroom and she fell against the bathroom door and hit her right hand and shoulder. She indicated the resident did not tell staff about the fall earlier because she was concerned she would not be allowed to go bowling. LPN #7 indicated</p>	F 0280	F280 - It is the policy of Miller's Merry Manor Walkerton that a comprehensive care plan is developed within 7 days after the completion of the comprehensive assessment, prepared by an interdisciplinary team, including the resident if practical and periodically reviewed and revised by a team of qualified persons after each assessment. All residents have the potential to be affected by this deficient practice. The care plan for resident #4 was updated on 6/30/2015 to reflect the current intervention to prevent reoccurring falls. To insure this practice does not recur, the facility has a system in place that care plans be revised as changes in the resident condition dictates. The system insures that care plans are reviewed and revised as changes occur daily, and a complete review of care plans and resident status is done at	07/30/2015

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	<p>Resident #4 wanted to be independent and would sometimes get up on her own even though she was aware she was to call for assistance.</p> <p>During an interview on 06/29/2015 at 1:56 P.M., Occupational Therapist (OT) #5 indicated Resident #4 required the assist of one for transfers. She indicated the staff reminded the resident frequently to use her call light and to wait for help for transfer and toileting, but continued to get up independently. OT #5 indicated the resident was feisty and indicated the resident said she can get up on her own if she wants to.</p> <p>During an interview on 06/30/2015 at 1:17 P.M., Resident #4 indicated she got up from her chair on her own without calling for help. She just wanted to stand up and go into the bathroom to get ready to go bowling, and she got dizzy and fell against the bathroom door and hit her right hand and shoulder. The resident indicated she did not use her call light or ask for help, and indicated staff reminded her often not to get up without help. Resident #4 indicated at her age she will continue to get up without help if she chooses to, and she is strong and able to do self care and does not need the staff to help her. She indicated she did not tell staff about the fall until she returned from</p>		<p>least quarterly. All residents care plans will be reviewed by 7/30/15 and then through the scheduled care plan process. An inservice for all staff will be done on 7/21, 7/22 and 7/23/2015 to review the falls management program and the importance of updating care plans with any changes. Monitoring the accuracy of care plans, insuring the staff are following the care plans and adherence to the falls management program will be monitored daily by the DON and MDS Coordinator by reviewing new orders, and reviewing the 24 hour condition report using the QA audit tool titled "Care Plan review" and "24 Hour Condition Report" (Attachment A & B) then weekly using the same audit tools then monthly at the regularly scheduled monthly QA Meeting and on an ongoing basis.</p>		

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	<p>bowling because she was concerned they would not allow her to go on the outing.</p> <p>During an interview on 06/30/2015 at 1:24 P.M., Employee #1 indicated she reviewed the residents Fall Risk care plan on 06/18/2015, but did not update or make any revisions to the care plan.</p> <p>On 06/26/2015 at 8:26 A.M., the clinical records were reviewed for Resident #4. The most recent quarterly MDS (Minimum Data Set) assessment, dated 05/11/2015, indicated the diagnoses for resident #4 included, but were not limited to; dementia, hypertension, depression and Parkinson's Disease. The MDS assessment indicated Resident # 4 required extensive assist of 1 for transfers and toileting.</p> <p>The Resident's BIMS (Brief Interview for Mental Status), score was 8, indicating the resident was interviewable.</p> <p>On 06/29/2015 at 10:48 A.M., the resident's Fall Risk care plan, dated 07/06/2012 and revised on 02/28/2014, was reviewed. The Fall Risk care plan indicated the goal was to reduce the risk factors in an attempt to avoid significant injury related to falls. The Fall Risk care plan interventions included but were not limited to; assist with transfers, reassess</p>			

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F 0282 SS=D Bldg. 00	<p>fall risks factors at least quarterly.</p> <p>On 06/30/2015 at 3:00 P.M., a review of the current facility policy dated 08/24/2015, titled "Fall Management Procedure indicated "Update the plan of care each time there is a change in intervention and communicate it to staff...Post Fall Investigation...Determine if previously implemented interventions are in need of revision or discontinuation...Determine what revised interventions will be implemented to reduce the risk of further falls and/or injuries from falls...."</p> <p>3.1-35(d)(2)(B)</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on interview and record review, the facility failed to provide adequate supervision and assistance to prevent an accident that resulted in an injury from a fall for 1 of 6 residents reviewed for accidents. (Resident #5)</p> <p>Finding includes:</p>	F 0282	F282 - It is the policy of Miller's Merry Manor Walkerton that all services provided or arranged by the facility will be provided by qualified persons in accordance with each residents written plan of care. Resident #5 was discharged from the facility on 6/29/2015. All residents have the potential to be affected by this deficient practice. To insure that	07/30/2015

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	<p>On 6-25-15 at 1:40 P.M., an interview was conducted with the Unit Manager (RN - Registered Nurse #3). RN #3 indicated Resident #5 had a fall in May that resulted in a hip fracture.</p> <p>On 6-29-15 at 2:15 P.M., the clinical record for Resident #5 was reviewed. Resident #5 was admitted on 7-2-14, and diagnoses included, but were not limited to, CAD (Coronary Artery Disease), allergic arthritis, depressive disorder, esophageal reflux, coronary atherosclerosis, cardiovascular disease and hypertension.</p> <p>The "Nursing - Occurrence Initial Assessment," dated 5-7-15, indicated "...date and time of occurrence: 5-7-15 17:40...location of occurrence: [Resident #5's room number] bathroom...Describe details of occurrence as observed: resident was attempting to transfer from w/c [wheelchair] to toilet w/ [with] 1 assist when rt [right] foot slipped causing him to sit down on the toilet extra hard; assessment revealed no red areas, no abnormalities to hip/leg, no swelling. did complain of pain to rt hip/upper leg; resident assisted to easy chair after being washed up for bed...Head to toe assessment completed: Yes...Resident was sent to ER [Emergency Room]: No...."</p>		<p>this practice does not reoccur, an inservice for all staff will be held on 7/21, 7/22 and 7/23/2015 on the Falls Management Procedure, adequate supervision when assisting residents and the importance of updating care plans with any changes. A system is in place through the MDS process that assesses residents for risk factors and then added to the care plan. All resident care plans with emphasis on fall risk will be reviewed and updated if necessary by 7/30/2015 and then quarterly through the scheduled care plan process. Monitoring of accuracy of resident risk factors, adherence to the falls management program and updating the plan of care will be monitored daily by reviewing new orders and reviewing the 24 hour condition report using the QA tools "Fall Risk Management Review", "24 Hour Condition Report Review" and "Care Plan Review" (Attachment A,B and C) on a weekly basis for four weeks and then monthly thereafter at the regularly scheduled QA Meeting. This will be the responsibility of the DON and the MDS Coordinator on an ongoing basis.</p>	

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	<p>The "Facility - Post Occurrence IDT [Interdisciplinary team] & fall risk assessment', dated 5-7-15, indicated "...summary of occurrence: was being assisted by a nurse to get onto the toilet-his right foot slipped while he was standing up from the w/c to get onto the toilet and he sat down hard on the toilet-he had an initial c/o [complaint of] pain to hip-he said 'I slipped, my hip hurts'...Root cause: slippers on-needs shoes or a second person...IDT recommendations: make sure he has shoes on or use two persons...."</p> <p>A Nurse's note, dated 5-8-15 at 1:45 P.M., indicated "Emailed [Doctor's Name] ipad: Patient is on incident due to falling hard on to the toilet seat last evening. This morning when his assessment was done he stated he was in no pain. This afternoon he is now complaining of pain to his right hip. Can we have an order to x-ray the hip please? Please advise...."</p> <p>A Nurse's note, dated 5-8-15 at 9:12 P.M., indicated "emailed [Doctor's Name] at approx [approximately] 2112 to remind him of previous shift's request of x-ray to Rt hip/upper leg d/t [due to] continuing c/o pain; no abnormalities to areas; c/o pain only"</p>			

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	<p>A Nurse's note, dated 5-10-15 at 12:13 A.M., indicated "[Doctor's Name] responded back from recent email "Yes" to request of x-ray to R [right] hip/upper thigh d/t c/o pain and recent fall...."</p> <p>A Physician order, dated 5-10-15, indicated "...X-ray of R hip and R femur full view r/t complaint of pain and recent fall."</p> <p>A Radiology report, dated 5-10-15, indicated "Conclusion: Acute right proximal femur fracture...."</p> <p>A MDS (Minimum Data Set) assessment, completed on 3-23-15, indicated in the areas of transferring and toilet use, Resident #5 needed extensive assist of 2 persons physical assist.</p> <p>A Fall Risk care plan, initiated on 7-2-14, indicated "...Fall Risk characterized by risk factors: history of falls, unsteady gait, poor trunk control, weakness...Interventions: Assist with transfers using 2 staff assist...."</p> <p>An Activities of Daily Living care plan, initiated on 7-13-14, indicated "...Needs total assist with dressing and personal hygiene, extensive assist with bed mobility, transfers, toileting and eating</p>			

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	<p>due to: dementia, memory deficit, weakness...Interventions: Assist with all transfers using 2 staff assist..."</p> <p>On 6-30-15 at 2:30 P.M., an interview was conducted with LPN (Licensed Practical Nurse) #6. LPN #6 indicated she was the one who was with Resident #5 when he fell on 5-7-15, "...It was after supper that he came rolling past the nurses station and he told me he needed to use the restroom. I told him I would meet him in his room. I followed him in there and he started to get up by himself. I told him to wait and he was already getting up. I tried to put my arm under his to stabilize him but his knees gave out and he sat down hard on the toilet...I was the only one in there with him...No, I don't ever have a second person in there with me...."</p> <p>On 6-30-15 at 2:45 P.M., review of the current "Fall Management Procedure," dated 8-28-14, received from the DON (Director of Nursing) at 2:05 P.M., indicated "...A. To assess all residents for risk factors that may contribute to falling and to provide planned interventions identified by the team as appropriate for resident use in maintaining or returning to the highest level of physical, social, and psychosocial functioning as</p>			

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F 0323 SS=G Bldg. 00	<p>possible...."</p> <p>On 6-30-15 at 3:00 P.M., review of the completed inservice list for LPN #6 indicated she had been inserviced on "Resident Lifting and Transfers" on 4-5-15, and inserviced on "Understanding Falls" on 5-2-15.</p> <p>3.1-35(g)(2)</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>A. Based on interview and record review, the facility failed to provide adequate supervision and assistance to prevent an accident that resulted in a femur fracture during a fall for 1 of 6 residents reviewed for accidents. (Resident #5)</p> <p>B. Based on observation, interview and record review, that facility failed to label 2 bottles of cleaner in 2 of 2 shower rooms. (Unit I and Unit II)</p>	F 0323	F323 (A) It is the policy of Miller's Merry Manor Walkerton to ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Resident #5 has been discharged from the facility. All residents have the potential to be affected by this deficient practice. The facility reviews the 24 hour condition report and dashboard for clinical alerts related to occurrences/accidents on a daily	07/30/2015			

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	<p>Finding includes:</p> <p>A.1. On 6-25-15 at 1:40 P.M., an interview was conducted with the Unit Manager (RN - Registered Nurse #3). RN #3 indicated Resident #5 had a fall in May that resulted in a hip fracture.</p> <p>On 6-29-15 at 2:15 P.M., the clinical record for Resident #5 was reviewed. Resident #5 was admitted on 7-2-14, and diagnoses included but were not limited to, CAD (Coronary Artery Disease), allergic arthritis, depressive disorder, esophageal reflux, coronary athlerosclerosis, cardiovascular disease and hypertension.</p> <p>A "Nursing - Occurrence Initial Assessment," dated 5-7-15, indicated "...date and time of occurrence: 5-7-15 17:40...location of occurrence: [Resident #5's room number] bathroom...Describe details of occurrence as observed: resident was attempting to transfer from w/c [wheelchair] to toilet w/ [with] 1 assist when rt [right] foot slipped causing him to sit down on the toilet extra hard; assessment revealed no red areas, no abnormalities to hip/leg, no swelling. did complain of pain to rt hip/upper leg; resident assisted to easy chair after being washed up for bed...Head to toe assessment completed: Yes...Resident</p>		<p>basis. These occurrences are reviewed during the daily stand up meeting (or Monday if occurrence happens over the weekend). Any recommendations from this review will be initiated and implemented and the care plan updated as necessary. An inservice for all staff will be held on 7/21, 7/22 and 7/23/2015 on the policy for fall risk managemnt including, but not limited to reviewing, revising, and implementing new interventions as soon as possible after the occurrence to ensure the residents safety and needs. The DON and/or her designee will complete the QA tool titled "Fall Risk Management Review" (Attachment C) weekly for 4 weeks and then monthly on an ongoing basis. The DON and/or her designee will be responsible to complete these audits and report findings to the QA Committee during the monthly QA meeting. F323 (B) It is the policy of Miller's Merry Manor Walkerton to ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. The bottles in the shower room were generically labeled on 6/30/2015 and locked in the cabinet A label from the maufacturer was obtained and placed on the bottles on</p>				

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	<p>was sent to ER [Emergency Room]: No...."</p> <p>A "Facility - Post Occurrence IDT [Interdisciplinary team] & fall risk assessment', dated 5-7-15, indicated "...summary of occurrence: was being assisted by a nurse to get onto the toilet-his right foot slipped while he was standing up from the w/c to get onto the toilet and he sat down hard on the toilet-he had an initial c/o [complaint of] pain to hip-he said 'I slipped, my hip hurts'!...Root cause: slippers on-needs shoes or a second person...IDT recommendations: make sure he has shoes on or use two persons...."</p> <p>A Nurse's note, dated 5-8-15 at 1:45 P.M., indicated "Emailed [Doctor's Name] ipad: Patient is on incident due to falling hard on to the toilet seat last evening. This morning when his assessment was done he stated he was in no pain. This afternoon he is now complaining of pain to his right hip. Can we have an order to x-ray the hip please? Please advise...."</p> <p>A Nurse's note, dated 5-8-15 at 9:12 P.M., indicated "...emailed [Doctor's Name] at approx [approximately] 2112 to remind him of previous shift's request of x-ray to Rt hip/upper leg d/t [due to]</p>		<p>7/15/2015. A new lock was attached to the cabinet on 7/6/2015. All residents have the potential to be affected by this deficient practice. A mandatory staff inservice will be held on 7/21, 7/22, and 7/23/2015 on safety and accident prevention, including labeling and storage of chemicals. A locking system will be added to shower room doors by 7/30 /2015.</p> <p>The Housekeeping Supervisor or her designee will monitor the labeling and storage of chemicals in the shower room using the QA tool titled "Housekeeing Safety Review" (Attachment D) on a daily basis for 4 weeks, then weekly for 4 weeks, then monthly thereafter on an ongoing basis. Addendum F323: In addition to the Mandatory Staff inservice regarding safety and accident prevention, all nursing staff will have to demonstrate transferring techniques of residents from bed to chair, chair to chair, chair to commode, and chair to bed. These techniques will be assessed by a nurse reviewer and documented on the Quality Care Assessment Tool titled "Transfer Bed to Chair/Chair to Chair/Chair to Bed". (Attachment F,G,H). These will be completed by 7/30/2015. This assessment will be completed by the DON or her designee weekly for 4 weeks, then monthly on an ongoing basis and reviewed at the monthly Quality Assurance Committee</p>	

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	<p>continuing c/o pain; no abnormalities to areas; c/o pain only."</p> <p>A Nurse's note, dated 5-10-15 at 12:13 A.M., indicated "[Doctor's Name] responded back from recent email "Yes" to request of x-ray to R [right] hip/upper thigh d/t c/o pain and recent fall..."</p> <p>A Physician order, dated 5-10-15, indicated "...X-ray of R hip and R femur full view r/t complaint of pain and recent fall."</p> <p>A Radiology report, dated 5-10-15, indicated "Conclusion: Acute right proximal femur fracture...."</p> <p>A MDS (Minimum Data Set) assessment, completed on 3-23-15, indicated in the areas of transferring and toilet use, Resident #5 needed extensive assist of 2 persons physical assist.</p> <p>A Fall Risk care plan, initiated on 7-2-14, indicated "...Fall Risk characterized by risk factors: history of falls, unsteady gait, poor trunk control, weakness...Interventions: Assist with transfers using 2 staff assist..."</p> <p>An Activities of Daily Living care plan, initiated on 7-13-14, indicated "...Needs total assist with dressing and personal</p>		meeting thereafter.	

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	<p>hygiene, extensive assist with bed mobility, transfers, toileting and eating due to: dementia, memory deficit, weakness...Interventions: Assist with all transfers using 2 staff assist...."</p> <p>On 6-30-15 at 2:30 P.M., an interview was conducted with LPN (Licensed Practical Nurse) #6. LPN #6 indicated she was the one who was with Resident #5 when he fell on 5-7-15, "...It was after supper that he came rolling past the nurses station and he told me he needed to use the restroom. I told him I would meet him in his room. I followed him in there and he started to get up by himself. I told him to wait and he was already getting up. I tried to put my arm under his to stabilize him but his knees gave out and he sat down hard on the toilet...I was the only one in there with him...No, I don't ever have a second person in there with me...."</p> <p>On 6-30-15 at 2:45 P.M., review of the current "Fall Management Procedure," dated 8-28-14, received from the DON (Director of Nursing) at 2:05 P.M., indicated "...A. To assess all residents for risk factors that may contribute to falling and to provide planned interventions identified by the team as appropriate for resident use in maintaining or returning to the highest level of physical, social,</p>			

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	<p>and psychosocial functioning as possible...."</p> <p>On 6-30-15 at 3:00 P.M., review of the completed inservice list for LPN #6 indicated she had been inserviced on "Resident Lifting and Transfers" on 4-5-15, and inserviced on "Understanding Falls" on 5-2-15.</p> <p>B.1. On 6-25-2015 at 10:45 A.M., a bottle of light blue liquid in a spray bottle marked "Unit II shower room, Please leave in Unit II shower room" was observed in an unlocked cabinet in the unlocked shower room on Unit II.</p> <p>On 6-25-2015 at 11:12 A.M., a bottle of clear liquid in a unmarked spray bottle was observed in an unlocked cabinet in the unlocked shower room on Unit I.</p> <p>On 6-30-2015 at 1:21 P.M., during an interview, the DON (Director of Nursing) indicated, "...this bottle contains Quat [an all purpose cleaner], it should be locked up in a cabinet when not in use and it should be labeled...."</p> <p>On 6-30-2015 at 2:10 P.M., a record review of the current policy titled, "Hazard Communication Program", with a policy start date of 9-19-2008, received from the DON at this time, indicated,</p>			

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F 0371 SS=E Bldg. 00	<p>"...6. CONTAINER LABELS AND OTHER FORMS OF WARNING...The departmental supervisor will be responsible for monitoring all containers of hazardous chemicals entering their work area or department. He or she will ensure that the chemical containers are properly labeled with: A. Chemical identity; B. Hazard warning; and C. Name and address of manufacturer, importer, or responsible party...All secondary containers can be an extra copy of the manufacturer's label or a generic label. All secondary labels must list chemical identity, hazard warning and manufacturer's or importer's name and address...."</p> <p>3.1-45(a)(1) 3.1-45(a)(2)</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation, interview and record review, the facility failed to serve food in a sanitary manner this had to potential to effect 48 out of 48 residents</p>	F 0371	F371 - It is the policy of Miller's Merry Manor to procure food from sources approved or considered satisfactory by Federal, State or local authorities; and store,	07/30/2015

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	<p>receiving meals in 1 of 2 dinning rooms. (Main Dining Room)</p> <p>Findings include:</p> <p>On 6/25/15, between 11:30 A.M. and 12:25 P.M., the following was observed in the Main Dining Room:</p> <p>At 11:41 A.M., Employee #3 was observed serving a Styrofoam bowl of baked beans to a resident with the palm of her hand over the top of the bowl.</p> <p>At 11:43 A.M., Employee #3 was observed serving a Styrofoam bowl of baked beans to a resident with the palm of her hand over the top of the bowl.</p> <p>At 11:44 A.M., Employee #3 was observed serving a Styrofoam bowl of baked beans and a Styrofoam bowl of pasta salad to a resident with the palm of her hand over the top of the bowls.</p> <p>At 11:46 A.M., Employee #3 was observed serving a Styrofoam bowl of baked beans and a Styrofoam bowl of pasta salad to a resident with the palm of her hand over the top of the bowls.</p> <p>At 11:47 A.M., Employee #3 was observed serving a Styrofoam bowl of baked beans to a resident with the palm</p>		<p>prepare, distribute and serve food under sanitary conditions. All residents have the potential to be affected by this deficient practice. A mandatory inservice will be held on 7/21, 7/22, and 7/23/2015 regarding the proper handling of dishes during the meal service and proper storage of dishes. A sheet of plastic wrap will be used to cover the rims of the glasses as to not allow them to touch the bottomof the tray. The Dietary Manager or her designee will be responsible to complete the QA Tool titled "Proper Handling Techniques and Storage Review" (Attachment E) daily for 4 weeks then weekly for 4 weeks then once a month thereafter to ensure ongoing compliance. Any identified issues will be immediately corrected and documented and the findings brought to the QA Committee Monthly Meeting.</p>	

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	<p>of her hand over the top of the bowl.</p> <p>At 11:50 A.M., Employee #3 was observed serving a Styrofoam bowl of baked beans to a resident with the palm of her hand over the top of the bowl.</p> <p>At 11:58 A.M., a service tray containing 15 glasses with ice was observed stacked on top of another service tray containing 20 glasses of ice, without the bottom set of glasses being covered.</p> <p>During an interview on 6/30/15 at 1:30 P.M., Employee #4 indicated that bowls should not be handled with the hand over the top or by the top edge ...glasses have always been stored stacked on top of one another...."</p> <p>On 6/30/15 at 2:14 P.M., review of the current policy titled " Food Preparation, Food Handling, and Service " dated 1/30/13 provided by the Director of Nursing indicated " ... 2.. V. Sanitary handling of utensils and tableware... not touching rims of glassware, eating surfaces of plates, bowls, and cups...."</p> <p>3.1.21(i)(3)</p>			