

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

PRINTED: 04/25/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155208		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/29/2018	
NAME OF PROVIDER OR SUPPLIER  HANOVER NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 410 W LAGRANGE RD HANOVER, IN 47243			
(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 the Investigation of Complaints IN00256757 and IN00258193.</p> <p>Complaint IN00258193 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00256757 - Substantiated. Federal/State deficiencies related to the allegations are cited at F812 and F921.</p> <p>Survey dates: March 28 &amp; 29, 2018</p> <p>Facility number: 000115 Provider number: 155208 AIM number: 100291080</p> <p>Census Bed Type: SNF/NF: 59 Total: 59</p> <p>Census Payor Type: Medicare: 8 Medicaid: 46 Other: 5 Total: 59</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on April 6, 2018.</p>			F 0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. The plan of corrections prepared and submitted because of requirement under federal and state laws. Please accept this plan of correction as our credible allegation of compliance. Please find enclosed this plan of correction for this survey. The documentation serves to confirm the facility's allegation of compliance thus, the facility respectfully requests the granting of paper compliance or desk review. Should additional information be necessary to confirm said compliance, feel free to contact me.</p>		
F 0812 SS=E Bldg. 00	<p>483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. 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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. Based on observation, interview, and record review, the facility failed to serve, prepare, and store food in a safe and sanitary manner related to food storage in the kitchen and food temperatures served from the food carts. This deficient practice had the potential to affect 59 of 59 residents who received food from the kitchen.</p> <p>Findings include:</p> <p>1. During an observation, on 3/28/18 at 11:45 a.m., the following was observed in the kitchen:</p> <p>The walk in refrigerator inside door handle was broken and the door was propped open with a large gray rolling trash can.</p> <p>Inside the walk in refrigerator the following open food items had no open date listed: a half full, bag of shredded lettuce; two half full bags of shredded cheese; a half full box of mushrooms</p>			F 0812	<p>1. The walk-in refrigerator inside door handle has been fixed by maintenance and the door is no longer propped open. All open food items have been labeled with an open date. The expired container of pickle relish was immediately discarded when noted to be expired. Temps being checked on food to ensure hot foods are served hot and cold foods are served cold.</p> <p>2. All residents have the potential to be affected but no actual harm to any resident. The DM completed a visual inspection of the kitchen and any other areas of concern were corrected as needed.</p> <p>3. Dietary Manager was educated by Administrator on 4/17/18. The</p>		04/20/2018

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	<p>open to air; a box containing six tomatoes; a two thirds box of bell peppers; four containers of heavy wiping cream; two thirds box of broccoli; a two gallon pail of cherry pie filling; a bag of diced chicken two thirds full; a bag of carrots two thirds full; ten individual six ounce Thrive containers; a five pound bag of beef ravioli; and six 48 ounce bags of yellow squash.</p> <p>A half full gallon container of sweet pickle relish with an opened date of 2/8/18 and an expiration date of 3/15/18.</p> <p>On 3/28/18 at 11:45 a.m., during an interview with the Dietary Manager, she indicated she was unaware that foods had to be labeled with a receive date or an open date.</p> <p>On 3/28/18 at 1:38 p.m. the Dietary Manager provided a current copy of the document titled "Receiving" with no date noted. It included, but was not limited to the following "...All food items will be appropriately labeled and dated either through manufacturer packaging or staff notation..."</p> <p>On 3/28/18 at 1:38 p.m. the Dietary Manager provided a current copy of the document titled "Refrigerated Foods/Nourishment Pantries" with no date noted. It included, but was not limited to the following "...It is the policy of this facility to date mark all food items when opened to ensure...all personal are aware...potentially hazardous foods should be discarded ..."</p> <p>2. During an observation, on 3/28/18 at 12:32 p.m., the temperature of the food items served on the hall food cart were as follows: beef and noodles 130.7 degrees broccoli 126.6 degrees</p>				<p>kitchen staff have been in-serviced on completing maintenance work orders, labeling and dating food items, discarding expired items and checking food temperatures by Dietary Manager/ Administrator on 4/17/18.</p> <p>4. As a means to ensure ongoing compliance, the Administrator or designee will make sure that weekly and monthly inspections are completed by the Dietary Manager/Designee to include all identified areas. Any area of concern will be corrected immediately. Weekly inspections x 4 weeks and monthly thereafter for 6 months.</p> <p>5. The audits and any corrective actions taken will be reviewed during the facility's monthly Quality Assurance meetings and the plan of action adjusted accordingly, as needed until substantial compliance is achieved.</p> <p>6. Completion Date: 4/20/18</p> <p>7. See attachment: A</p>		

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F 0921 SS=F Bldg. 00	<p>pears 71 degrees milk 53 degrees</p> <p>On 3/28/18 at 1:28 p.m., during an interview with Residents H's family member, she indicated the beef tips served today were so tough you could not cut them. Food items that are meant to be served hot are cold and the ice cream was usually melted.</p> <p>On 3/28/18 at 1:38 p.m. the Dietary Manager provided a current copy of the document titled "Food Temperatures on Service Line" dated 10/03/2008. It included, but was not limited to the following "...Acceptable service temperatures are...Meat, Vegetables equal to or greater than 135 degrees Fahrenheit...Cold salads/desserts, Milk less than or equal to 41 degrees Fahrenheit..."</p> <p>On 3/28/18 at 1:38 p.m. the Dietary Manager provided a current copy of the document titled "Proper Thawing of and Storage of Meats" dated 10/02/2008. It included, but was not limited to the following "...All cooked meat will be held at 135 Fahrenheit or higher prior to and during meal services..."</p> <p>This Federal tag relates to Complaint IN00256757</p> <p>3.1-21(a)(2) 3.1-21(i)(3)</p> <p>483.90(i) Safe/Functional/Sanitary/Comfortable Environ §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation, interview, and record review, the facility failed to ensure a clean and</p>			F 0921	1. Rooms 40, 48, 52, 47 and 51 are now free of dust. Room 17 is		04/20/2018

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	<p>comfortable environment. This deficient practice had the potential to affect 59 of 59 residents who reside in the facility.</p> <p>Findings include:</p> <p>On 3/28/18 at 1:28 p.m., during an interview with Resident H's family, they indicated housekeeping in the building "wasn't that good." The family brought in a mop and moped the bathroom floor to clean up the drips of urine.</p> <p>During an observation of Room 40, on 3/28/18 at 1:40 p.m., the room had white and gray particles (dust) on the window sill, table tops, and wall clock.</p> <p>During an observation of Room 48, on 3/28/18 at 1:42 p.m., the room had white and gray particles on the window sill, table tops, wall clock, around the wall edges and under the bed.</p> <p>During an observation of Room 52, on 3/28/18 at 1:44 p.m., the room had white and gray particles on the window sill, table tops, around the wall edges, and under the bed.</p> <p>During an observation of Room 47, on 3/29/18 at 12:26 p.m., the room had white and gray particles on the television, head board, window sill, blinds, and around the edges of the walls.</p> <p>During an observation and interview, on 3/29/18 at 12:40 p.m., housekeeper 4 indicated she deep cleaned Room 51 today. The room was observed to have white and gray particles on the wall clock, light fixtures, television, privacy curtain rails, and around the wall edges.</p> <p>During an observation, on 3/29/18 at 12:42 p.m.,</p>				<p>free of dust, grayish ring in the bowl, hair in the sink and toilet bowl, water spots on faucet, yellow stains on toilet and black specks. Resident M, K and L's wheelchairs are free of dust.</p> <p>2. All residents have the potential to be affected but no actual harm to any resident; All identified rooms have been deep cleaned. All rooms receive a daily cleaning and a deep cleaning schedule has been put in place for all resident rooms. All resident seating devices have been inspected and cleaned as needed and a cleaning schedule has been established for these as well.</p> <p>3. The Housekeeping staff will be in-serviced by the Administrator on or before 4/20/18 to review the daily cleaning expectations and deep cleaning procedures. Nursing staff will be in-serviced by the DON on or before 4/20/18 on keeping seating devices clean and the cleaning schedule expectations.</p> <p>4. As a means to ensure ongoing compliance, the Administrator or designee will make sure that all rooms on the deep clean list have been cleaned thoroughly and wheelchairs and equipment as well. Rooms will be checked for cleanliness and deep cleaning weekly x 4 weeks and monthly thereafter for 6 months. Equipment cleaning will be nightly, per schedule and checked daily for</p>		

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	<p>Resident M's electric wheelchair was covered with a thick layer of white and gray particles.</p> <p>During an observation and interview, on 3/29/18 at 1:13 p.m., Residents K and L indicated the building was not real clean. Resident K's electric wheel chair was covered with a thin layer of white &amp; gray particles (dust).</p> <p>During an observation and interview, on 3/29/18 at 1:25 p.m., Housekeeper 3 indicated she had deep cleaned Room 17 today. The room was observed to have white and gray particles on the television, head board, bedside table, and window sill. The bathroom sink had a grayish ring half way up the bowl, three strands of hair noted in the sink bowl, the faucet appeared to have white water spots, and the mirror ledge was covered with white and gray particles. The toilet had a brownish yellow stain on the front center of the high lift seat. The toilet base had tan/yellow streaks down the front of the bowl, with multiple scattered black specks, hair strands, and white and gray particles around the base and closet bolts.</p> <p>On 3/28/18 at 1:45 p.m., the Housekeeping Manager indicated she inspected the residents' rooms a couple of times a week to ensure the staff had cleaned them appropriately</p> <p>On 3/28/18 at 1:45 p.m. the Housekeeping Manager provided a current copy of the document titled "Job Description Facility Housekeeper" dated 4/15/16. The policy included, but was not limited to the following, "...Essential Job Functions ...perform all functions necessary to maintain cleanliness ...resident rooms ...sweep, mop &amp; clean floors...dust furniture, window sills, and room accessories...sanitize furniture ...perform</p>				<p>the first 2 weeks, weekly x 4 weeks and monthly thereafter for 6 months. The audits and any corrective actions taken will be reviewed during the facility's monthly Quality Assurance meetings and the plan of action adjusted accordingly, if warranted.</p> <p>5. Completion Date: 4/20/18</p> <p>6. See Attachment: B</p>		

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	<p>all functions necessary to deep clean ...rooms scheduled for routine deep cleaning ...wash windows, door panels, and sills ...move furniture, hang drapes and privacy curtains ..."</p> <p>This Federal tag relates to Complaint IN00256757</p> <p>3.1-19(f)(5) 3.1-19(g)(2)</p>						