

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155143	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/14/2017
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MEADOWS MANOR NORTH	STREET ADDRESS, CITY, STATE, ZIP CODE 3150 N SEVENTH ST TERRE HAUTE, IN 47804
---	---

(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: March 9, 10, 13, and 14, 2017</p> <p>Facility number: 000067 Provider number: 155143 AIM number: 100267880</p> <p>Census Bed Type: SNF/NF: 72 Total: 72</p> <p>Census Payor Type: Medicare: 14 Medicaid: 41 Other: 17 Total: 72</p> <p>These deficiencies reflect State Findings in accordance with 410 IAC 16.2.-3.1.</p> <p>Quality Review completed on March 20, 2017.</p>	F 0000	<p>Please consider this Plan of Correction as our allegation of compliance. Disclaimer: Meadows Manor North does not believe and does not admit that any deficiencies existed before during or after the survey. Meadows Manor North Retirement reserves all rights to contest the survey finding through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. Than of correction is not meant to establish any standard of care, contract obligation or position and Meadows Manor North reserves all rights to raise all possible contention and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of potentially applicable peer review, quality assurance or self critical examination privileges which Meadows Manor North doe not waive and reserves the right to assert in any administrative civil or criminal claim, action or proceeding. Meadows Manor North offers its responses credible allegation of compliance and plan of correction as part of its ongoing effort to provide quality of care to its residents.</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155143	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/14/2017
NAME OF PROVIDER OR SUPPLIER MEADOWS MANOR NORTH			STREET ADDRESS, CITY, STATE, ZIP CODE 3150 N SEVENTH ST TERRE HAUTE, IN 47804		
(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 0241 SS=D Bldg. 00	<p>483.10(a)(1) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>(a)(1) A facility must treat and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff knocked and received resident's permission to enter residents' rooms for 3 of 3 random observations of staff to resident interaction. (Resident 118, 48, and 18)</p> <p>Findings include:</p> <p>1. On 3/9/17 at 12:29 p.m., CNA (Certified Nursing Assistant) 1 was observed to not knock nor ask permission from Resident 118 before having entered the resident's room.</p> <p>On 3/14/17 at 11:07 a.m., during an interview, Resident 118 indicated staff should always knock before entering his room.</p> <p>Resident 118's record was reviewed on 3/14/17 at 10:59 a.m. The Nursing Admission Record dated 3/13/17 at 3:30 p.m., described the resident as alert with forgetfulness.</p>	F 0241	<p>It is the policy of the facility to protect and promote the rights of the residents.</p> <p>Resident #18, 48, 118 suffered no harm for the alleged incident. Social Services has spoke to each resident and informed each resident to inform her or any member of management if the staff enter their rooms with out knocking. Each resident voiced understanding.</p> <p>The staff was in serviced on promoting dignity in your care which included "knock on doors(even if they are open), announce yourself, and wait for a reply before entering"</p> <p>To ensure further compliance a member of the quality assurance committee will interview at least 5 residents a week to ensure staff is knocking prior to entry in their rooms for the next 4 weeks. The interviews will be reviewed by the administrator on a weekly basis. If, any instances are noted of staff not knocking the committee will continue to interview at least 5 residents per week until no problems are noted. The staff will receive continued education</p>	03/22/2017	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155143	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/14/2017
NAME OF PROVIDER OR SUPPLIER MEADOWS MANOR NORTH			STREET ADDRESS, CITY, STATE, ZIP CODE 3150 N SEVENTH ST TERRE HAUTE, IN 47804		
(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	
	<p>2. On 3/9/17 at 12:35 p.m., CNA 1 was observed to not knock nor ask permission from Resident 48 before having entered the resident's room.</p> <p>On 3/14/17 at 10:11 a.m., CNA 1 indicated staff should always knock and get permission to enter any resident's room.</p> <p>On 3/14/17 at 11:09 a.m., during an interview, Resident 48 indicated staff should knock before they enter her room.</p> <p>Resident 48's record was reviewed on 3/14/17 at 11:00 a.m. A Significant Change MDS (Minimum Data Set) Assessment dated 1/19/17, indicated the resident had no cognitive deficit.</p> <p>3. On 3/14/17 at 10:27 a.m., Maintenance 2 was observed to not knock nor ask permission from Resident 18 before having entered the resident's room.</p> <p>On 3/14/17 at 11:04 a.m., during an interview, Resident 18 indicated staff generally do not knock prior to entering her room.</p> <p>Resident 18's record was reviewed on 3/14/17 at 10:57 a.m. A Quarterly MDS (Minimum Data Set) Assessment dated</p>		<p>until 100% compliant. A member of the quality assurance committee will perform random interviews for the each quarter to ensure staff is maintaining dignity for the next 6 months. The interviews will be reviewed by the administrator and the QA committee on a quarterly basis.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155143		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/14/2017	
NAME OF PROVIDER OR SUPPLIER MEADOWS MANOR NORTH				STREET ADDRESS, CITY, STATE, ZIP CODE 3150 N SEVENTH ST TERRE HAUTE, IN 47804			
(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 0323 SS=E Bldg. 00	<p>12/16/16, indicated the resident had moderate cognitive deficit.</p> <p>On 3/13/17 at 3:16 p.m., the Administrator provided a document titled, "483.10 Resident Rights," and indicated the policy was the one currently being used by the facility. The document indicated, "...(a) Resident Rights. The resident has a right to a dignified existence...(1) A facility must treat each resident with respect and dignity...(4) The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation...."</p> <p>3.1-3(t)</p> <p>483.25(d)(1)(2)(n)(1)-(3) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES (d) Accidents. The facility must ensure that -</p> <p>(1) The resident environment remains as free from accident hazards as is possible; and</p> <p>(2) Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>(n) - Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155143	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/14/2017
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MEADOWS MANOR NORTH	STREET ADDRESS, CITY, STATE, ZIP CODE 3150 N SEVENTH ST TERRE HAUTE, IN 47804
---	---

(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
	<p>installation, use, and maintenance of bed rails, including but not limited to the following elements.</p> <p>(1) Assess the resident for risk of entrapment from bed rails prior to installation.</p> <p>(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation.</p> <p>(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight.</p> <p>Based on observation, interview, and record review, the facility failed to maintain water temperatures of less than 120 degrees F (Fahrenheit) for the bathroom sinks in 7 of 7 resident rooms observed with potential to affect 56 of 56 resident bathrooms observed for unsafe water temperatures (Room 104/Resident 55 and 14; Room 109/Resident 45 and 18; Room 202/Resident 116; Room 203/Resident 122; Room 212/No resident resided in this room; Room 302/Resident 72 and 81 and Room 403/Resident 20).</p> <p>Findings include:</p> <p>1. During an observation with Maintenance Employee 6, on 3/9/17 at 4:30 p.m., the bathroom in room 104 had a sink faucet with a water temperature that measured 127 degrees F. Resident</p>	F 0323	<p>It is the policy of the facility to ensure that the resident's environment remains as free from accident hazards as possible. The following residents #14, 45, 18,116,122,72, 20 were not harmed by the high water temperature. On March 6, 2017 maintenance had performed his weekly inspection of the water temperatures. The temperature through out the facility were within the regulation. Upon the discovery on 3/9/17 that the water temperature were above 120 degrees, all staff was immediately notified to monitor the residents who had cognitive deficits to ensure their safety and all independent residents were notified of the hot water. The Head of Maintenance and grounds determined the mixing valve was not working properly and a new valve would be order</p>	03/15/2017

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155143	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/14/2017
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MEADOWS MANOR NORTH	STREET ADDRESS, CITY, STATE, ZIP CODE 3150 N SEVENTH ST TERRE HAUTE, IN 47804
---	---

(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
	<p>55 and Resident 14, residing in room 104 was assisted by staff to access the bathroom and did not turn on the faucet independently.</p> <p>2. During an observation with Maintenance Employee 6, on 3/9/17 at 4:34 p.m., the bathroom utilized by room 109 had a sink faucet with a water temperature that measured 123 degrees F. Resident 45 and Resident 18, residing in room 109, had independent access to the bathroom and could turn on the faucet independently.</p> <p>3. During an observation with Maintenance Employee 6, on 3/9/17 at 4:38 p.m., the bathroom for room 202 had a sink faucet with a water temperature that measured 127 degrees F. Resident 116, residing in room #202, was assisted by staff to access the bathroom and did not turn on the faucet independently.</p> <p>4. During an observation with Maintenance Employee 6, on 3/9/17 at 4:42 p.m., the bathroom utilized by room 203 had a sink faucet with a water temperature that measured 130 degrees F. Resident 122, residing in room 203, had independent access to the bathroom and could turn on the faucet independently.</p>		<p>and installed the following day. The head of Maintenance and grounds turned the hot water heaters down below 120. Nursing staff were instructed to perform every 2 hours check on at least 6 rooms per hall and to notify the administrator if the temperature was above 120 degrees. Throughout the evening and night the water temperatures ran between 105-112 degrees. March 10, 2017 a mixing valve was located in Indianapolis and a maintenance personnel drove to purchase the part. At approximately 1 pm the mixing valve was replaced. Nursing continued to perform every 2 hour water temperature checks from 3/10/17 – 3/13/17 at 7 am. Nursing was instructed to inform administrator is any water temps above 120 degrees. Additionally, Maintenance performed water temp inspection twice per day from 3/10-3/13.</p> <p>Staff was inserviced if the water feels to be hotter than normal to notify maintenance and also the Administrator immediately. The Administrator and/or Maintenance will check the actual water temperature and adjust as needed. Maintenance will continue to perform weekly inspections on the water temperatures. The head of Maintenance and grounds will review the logs weekly to ensure the completion</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155143	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/14/2017
NAME OF PROVIDER OR SUPPLIER MEADOWS MANOR NORTH			STREET ADDRESS, CITY, STATE, ZIP CODE 3150 N SEVENTH ST TERRE HAUTE, IN 47804		
(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	
	<p>5. During an observation with Maintenance Employee 6, on 3/9/17 at 4:46 p.m., the bathroom for room 212 had a sink faucet with a water temperature that measure 125 degrees F. There were no residents currently residing in room 212.</p> <p>6. During an observation with Maintenance Employee 6, on 3/9/17 at 4:51 p.m., the bathroom utilized by room 302 had a sink faucet with a water temperature that measured 125 degrees F. Resident 72 and Resident 18, residing in room 302, were assisted by staff to access the bathroom and did not turn on the faucet independently.</p> <p>7. During an observation with Maintenance Employee 6, on 3/9/17 at 4:56 p.m., the bathroom utilized by room 403 had a sink faucet with a water temperature that measured 127 degrees F. Resident 20, residing in room 101, was assisted by staff to access the bathroom and did not turn on the faucet independently.</p> <p>During an interview on 3/9/17 at 4:58 p.m., Maintenance Employee 6 indicated the water temperature should have been less than 120 degrees F.</p> <p>During an interview on 3/9/17 at 5:31</p>		<p>of the testing and to ensure proper water temperature. The Maintenance personnel will inform the administrator immediately of any water temperatures above 120 degrees. The administrator will informed the QA committee of any incidents of the water temperature above 120 degrees and what corrective actions were taken to ensure the safety of the residents.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155143		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/14/2017	
NAME OF PROVIDER OR SUPPLIER MEADOWS MANOR NORTH				STREET ADDRESS, CITY, STATE, ZIP CODE 3150 N SEVENTH ST TERRE HAUTE, IN 47804			
(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 0371 SS=E Bldg. 00	<p>p.m., Maintenance Employee 6 indicated the mixing valve for the hot water system was not working properly to ensure safe water temperatures.</p> <p>A "Policy and Procedure Water Temperature," undated, but identified by the Administrator as current on 3/9/17 at 4:32 p.m., indicated, "It is the policy of the facility to maintain proper water temperatures through out [sic] the facility. The water temperature will be not exceed 120 Degrees (sic). Maintenance will perform temperature inspections to verify the temperature does not exceed 120 degree [sic]."</p> <p>3.1-45 (a)(1)</p> <p>483.60(i)(1)-(3) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY (i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(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.</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155143		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/14/2017	
NAME OF PROVIDER OR SUPPLIER MEADOWS MANOR NORTH				STREET ADDRESS, CITY, STATE, ZIP CODE 3150 N SEVENTH ST TERRE HAUTE, IN 47804			
(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			
	<p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>(i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption.</p> <p>Based on observation, interview, and record review, the facility failed to ensure prepared foods had a documented delivery date and/or prepared date as indicated by facility policy and failed to keep cleaning equipment and chemicals away from the dry storage of food for 70 of 72 resident served meals from the kitchen.</p> <p>Findings include:</p> <p>1a. The kitchen was observed on 3/9/17 at 9:45 a.m., with the Registered Dietician. During an observation of the walk-in refrigerator: two packages of opened and rewrapped luncheon meat, one container of chicken noodle soup, four salad dressings, in squirt-type containers, and pat-style butter were observed without a documented delivery date and/or date prepared.</p>	F 0371	<p>It is the policy to the facility to ensure food is stored, distributed, and served under sanitary conditions.</p> <p>No residents were harmed by the observations noted of unlabeled items or by the items touching the bread packaging.</p> <p>One package of lunch meet had not been opened, The other lunch meat had been opened the night prior and was wrapped in saran wrap. Upon discovery the meat was properly labeled. The chicken noodle soup had been opened on 3/1/17. Per policy an opened can of soup can be used for 14 days. The remaining soup was served on 3/9/17 at lunch service. The salad dressing and pat-style butter was disposed of upon discovery.</p> <p>All Kitchen staff was re educated regarding the facility policy and procedures regarding the proper labeling and storage of food.</p> <p>The dry storage room was</p>	03/21/2017			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155143		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/14/2017	
NAME OF PROVIDER OR SUPPLIER MEADOWS MANOR NORTH				STREET ADDRESS, CITY, STATE, ZIP CODE 3150 N SEVENTH ST TERRE HAUTE, IN 47804			
(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			
	<p>During an interview on 3/9/17 at 9:48 a.m., regarding the luncheon meat, the Registered Dietician indicated, "We don't worry about it, because we use it so fast," and regarding the chicken noodle soup, "Probably after two weeks, it will be pitched."</p> <p>On 3/14/17 at 8:16 a.m., the DON (Director of Nursing) provided a current policy, dated 7/6/2009, titled, "Food Dating Labeling Guidelines for Storage," indicated, "To ensure food safety, all food products will be dated on delivery. If food product is to be stored out of original container, that product will be dated with delivery date. This applies to foods stored prior to preparation as well as prepared foods / leftovers placed in storage. Left over foods will be stored appropriately and labeled with date prepared. General guidelines for maximum food storage periods will be utilized as a standard of practice for Time/Temperature Control for Safety Foods. This facility generally utilizes guidelines that refrigerated leftovers be utilized within 3 days of storage date. However, depending on specific type of open foods this may be longer per standard of practice."</p> <p>A current policy, dated February 1987, titled, "Storage of Prepared Menu Items</p>		<p>rearranged on 3/21/17. The bread rack is no longer near the brooms, mops, ect. There is now at least 3 feet from the cleaning products and items from any food or dry food storage.</p> <p>To ensure compliance the consulting Dietitian will perform a weekly inspection for the next 4 weeks and then at the minimum of monthly thereafter to ensure items in the walk in are properly labeled. She will reeducate the dietary staff if any items found not properly labeled. Also, she will dispose of the items not properly stored or labeled. She will include her finding on the weekly report to the administrator. The administrator will report the finding quarterly for the next 12 months to the Quality Assurance Committee.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155143	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/14/2017
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MEADOWS MANOR NORTH	STREET ADDRESS, CITY, STATE, ZIP CODE 3150 N SEVENTH ST TERRE HAUTE, IN 47804
---	---

(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
	<p>in Walk In Refrigerator," received on 3/14/17 at 8:16 a.m., from the Administrator, indicated, "Purpose: To ensure food items for future use are appropriately stored. Policy: 1. Menu items to be used for the days meals may be portioned up prior to meal service and stored uncovered in a designated rack. 2. Any leftover items will be stored according to policy."</p> <p>2a. The Dry Storage 1 room was observed on 3/9/17 at 10:10 a.m. Behind the entrance door were: two brooms, dust mop, shop-vac, large fan, and a five gallon bucket over flowing with mop heads, two mop heads had fallen on the floor. The mop head bucket and mop heads were making contact with the packages of bread on the bread rack.</p> <p>A current policy, dated March 10,1990, titled, "Cleaning Supplies stored in Food storage area.," received on 3/14/17 at 8:16 a.m., from the Administrator, indicated, "Purpose: To ensure no cross contamination between cleaning supplies and equipment and food items. 1. All chemicals will be stored appropriately in their designated area away from food items. 2. Cleaning equipment will be stored away from food items either in wall holders or designated containers."</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155143	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/14/2017
NAME OF PROVIDER OR SUPPLIER MEADOWS MANOR NORTH			STREET ADDRESS, CITY, STATE, ZIP CODE 3150 N SEVENTH ST TERRE HAUTE, IN 47804		
(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	
	<p>The Retail Food Establishment Sanitation Requirements, effective November 13, 2004, on page 102, stated, "410 IAC 7-24-439 Separation of poisonous or toxic materials, Sec. 439. (a) Poisonous or toxic materials shall be stored so they cannot contaminate food, equipment, utensils, linens, and single-service and single-use articles by: (1) separating the poisonous or toxic materials by spacing or partitioning; and locating the poisonous or toxic materials in an area that is not above: (A) food; (B) equipment; (C) utensils; (D) linens; and (E) single-service or single-use articles. This section does not apply to equipment and utensil cleaners and sanitizers that are stored in warewashing areas for availability and convenience if the materials are stored to prevent contamination of food, equipment, utensils, linens, and single-service and single-use articles. (b) For purposes of this section, a violation of subsection (a) (1) is a critical or noncritical items based on the determination of whether or not the violation significantly contributes to food contamination, an illness, or environmental health hazard. (c) For purposes of this section, a violation of subsection (a)(2) is a critical item."</p> <p>3.1-21(i)(2) 3.1-21(i)(3)</p>				

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

PRINTED: 04/27/2017

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155143	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 03/14/2017
NAME OF PROVIDER OR SUPPLIER MEADOWS MANOR NORTH			STREET ADDRESS, CITY, STATE, ZIP CODE 3150 N SEVENTH ST TERRE HAUTE, IN 47804		
(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	