STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155489	A. BUILDING 00 B. WING	07/28/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKER HEALTH CARE & REHABILITATION CENTER	359 RANDOLPH ST PARKER CITY, IN 47368

(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	This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey. Survey dates: July 24, 25, 26, 27 and 28, 2017 Facility number: 000419 Provider number: 155489 AIM number: 100273190 Census Bed Type: SNF/NF: 76 Residential: 7 Total: 83 Census Payor Type: Medicare: 12 Medicaid: 53 Other: 18 Total: 83 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality Review completed on August 3, 2017.	F 0000	This Plan of Correction is prepared and executed because it is required by the provisions of state and federal law, and not because Parker Health Care agrees with the allegations contained there in. Parker Health Care maintains that this deficiency does not jeopardize the health and safety of the residents, nor is it of such character as to limit our capacity to render adequate care. Please let this Plan of Correction serve as the facility's credible allegation of compliance for the date of August 27, 2017. Parker Health Care would also like to respectfully request paper compliance.	
F 0371	483.60(i)(1)-(3)			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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SS=D Bldg. 00	FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY (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. (i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. (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. Based on observation, record review, and interviews, the facility failed to maintain a clean kitchen floor for 2 of 2 observations. Findings include: On 7/24/2017 at 7:40 a.m., during the initial kitchen tour the following observations were seen. A build-up of a	F 0371	1. All residents have the potential to be affected by the deficient practice. Both the receiving room, and kitchen floors were immediately swept, the build up of what appeared to be a black, sticky substance was removed, and both areas were scrubbed, mopped, and cleaned well. 2. Since all residents have the potential to be affected by the cleaning schedule not being	08/27/2017

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	black, sticky substance was observed on the floor under the floor mats, under the dishwashing machine, in corners by door to receiving room, and in front of the walk-in freezer. A black sticky substance was build up and had to be scraped off the floor tile in the corners of door to receiving room, and where the floor mats were removed. The receiving room contained the walk-in freezer, empty serving carts, and two hot water boilers, the tops of which were covered with dust and debris. During an interview 7/24/17 at 8:15 a.m., the Housekeeping Supervisor indicated the Floor Technician cleaned the receiving area every day. During an interview 7/24/17 at 8:19 a.m., the Floor Technician indicated it had been two to three weeks since he had scraped the floor around the mats. He indicated he removed the mats daily, and swept and mopped but did not know how the build-up had occurred. He indicated he wiped off the boilers daily. The Floor Technician was observed continuing to scrape floor tiles 7/25/17 at 9:33 a.m. During an interview on 7/25/17 at 9:17 a.m. the Dietary Manager indicated that kitchen baseboards and corners were cleaned on Saturdays, and that the		followed properly a new cleaning schedule will be created and put in place immediately. 3. A new cleaning schedule to include both the receiving room floor, and kitchen floor will be created. This cleaning schedule will also include areas of the kitchen that require cleaning. Dietary and Housekeeping staff to be in-serviced on 8/24/17 on how to properly execute the new cleaning schedule. 4. The new cleaning schedule as well as audits of the areas in the kitchen and receiving area to be cleaned will be reviewed monthly by the QA team x 3 months, then quarterly x 3. 5. Date of completion to be August 27, 2017. Attached you will find a capital expenditure form that we have received approval to replace both the receiving and kitchen flooring.	

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	facility's kitchen cleaning schedule needed to be revamped. The schedule indicated when to sweep, mop and clean door frames as well as the staff member responsible for cleaning. The schedule indicated the dish washing machine wall and baseboards and corners were swept and mopped on Sunday, 7/23/17. No cleaning tasks were documented as having been completed 7/24/17 through 7/25/17. During an interview with the Maintenance Director, Floor Technician and Administrator on 7/25/17 at 2:22 p.m., the Maintenance Director indicated all facility tile floors are to be stripped and waxed at least once a year. The Administrator indicated the receiving room floor was cleaned, "but usually it occurs whenever we can get to it." The Floor Technician indicated he was confused as to how the cleaning schedule was to be completed. The Maintenance Director agreed there was a miscommunication regarding the cleaning schedule, and the receiving room had not been getting cleaned daily. Review of the "Floor care Schedule and Flow Chart" provided by the Maintenance Director on 7/25/17 at 2:49 p.m., indicated the room was last cleaned on 6/23/17.			

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	3.1-21(i)(3)			
R 0000 Bldg. 00	This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey. Survey dates: 24, 25, 26, 27 and 28, 2017 Facility number: 000419 Residential Census: 7 Parker Health Care and Rehabilitation Center was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey. Quality Review completed on August 3, 2017.	R 0000	This Plan of Correction is prepared and executed because it is required by the provisions of state and federal law, and not because Parker Health Care agrees with the allegations contained there in. Parker Health Care maintains that this deficiency does not jeopardize the health and safety of the residents, nor is it of such character as to limit our capacity to render adequate care. Please let this Plan of Correction serve as the facility's credible allegation of compliance for the date of August 27, 2017. Parker Health Care would also like to respectfully request paper compliance.	

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