STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	151515	A. BUILDING 00 B. WING	04/09/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOSPICE FRANCISCAN COMMUNITIES	1225 E COOLSPRING AVE STE 1E MICHIGAN CITY, IN 46360

(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
S000000	This was the 2014 ISDH Annual Compliance Survey based on the Retail Food Establishment Sanitation Requirements at 410 IAC 7-24. Facility Number: 005809 Survey Dates: 4/09/2014 Surveyors: Albert Daeger, CFM, SFPIO Medical Surveyor Quality Review: Joyce Elder, MSN, BSN, RN April 10, 2014	S000000		

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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S009999	Please see the Retail Food Establishment Inspection Report-Electronic included with this document for deficiencies related to 410 IAC 7-24.	S009999	410 IAC 4/10/14 Code Section 166 Patient Care Coordinator, Linda Morris, RN and QI/Educator, Kari Kendricks,RN, will inservice all inpatient staff regarding food temperature safety, as follows: Scheduled meals will be delivered to the inpatient unit by the dietary department. Hospice staff will take the temperature of one hot food and one cold food each Monday, during a meal delivery and document in the Unit Log. This may be breakfast, lunch or dinner. Hospice staff will deliver food to the patients if the temperatures meet the following guidelines: hot food temperature is 135 degrees Fahrenheit or above; cold food temperature is 41 degrees Fahrenheit or colder. Ongoing quality improvement monitoring 5/10/14 will be conducted monthly by QI/Educator, Kari Kendricks, RN on unit and reported in QI Indicators	04/10/2014