

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

PRINTED: 08/17/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155511		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/18/2017	
NAME OF PROVIDER OR SUPPLIER TERRE HAUTE NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 830 S 6TH ST TERRE HAUTE, IN 47807			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00232965.</p> <p>Complaint IN00232965 - Substantiated with findings cited at F371 and F465.</p> <p>Survey date: July 18, 2017</p> <p>Facility number: 000446 Provider number: 155511 AIM number: 100288720</p> <p>Census Bed Type: SNF/NF: 26 Total: 26</p> <p>Census Payor Type: Medicare: 5 Medicaid: 21 Total: 26</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on July 25, 2017.</p>		F 0000				

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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F 0371 SS=F Bldg. 00	<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> <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 1 of 1 dish machine was maintained to ensure dish sanitation. This had the</p>	F 0371	<p>F 371</p> <p>483.60(i)(1)-(3) FOOD PROCURE, STORE/PREPARE/SERVE-SANITARY: The facility failed to ensure 1 of 1</p>	08/17/2017			

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	<p>potential to affect 26 of 26 residents in the facility.</p> <p>Finding includes:</p> <p>On 7/18/17 at 9:00 a.m., with the Dietary Manager and Dietary Aide 3, the dish machine was checked. The external thermometer, identified as the one utilized to check water temperatures, was observed on the wash and rinse cycles at 80 degrees Fahrenheit (F). The temperature did not change. Dietary Aide 3, identified as the staff that usually ran the dish machine, indicated she had been employed for about a month and a half and had checked the temperature a couple of times since her start of employment.</p> <p>The Dietary Manager obtained a test strip to test chemical concentration of the dish machine. The test strip was labeled "pHydrion papers QT-10." The manager indicated she was unsure of the type of chemical that was utilized in the machine. She indicated she had started employment a month ago. The information on the test strips included, but was not limited to "For testing Hyamine 3500 & Roccal Type Quaternaries Allyl..."</p> <p>On 7/18/17 at 11:15 a.m., the Dietary Manager indicated she had found out the</p>			<p>dish machine was maintained to ensure dish sanitation.</p> <p>1. How will the corrective action be accomplished for those residents who are affected by this alleged deficient practice.</p> <p>-On 7/19/17 EcoLab sent a quote for the heater booster replacement, new heater booster was installed on 7/28/17.</p> <p>-All Dietary staff were in-serviced on 7/19/17 regarding the proper technique of testing the dish machine's sanitation chemicals and checking the water temperature at each cycle.</p> <p>2. How will the facility identify resident having the potential to be affected by the same deficient practice?</p> <p>-All residents had the potential to be affected; however none were identified.</p> <p>3. What measures were put into place or systematic changes made to ensure the deficient practice not recur?</p> <p>-All dietary staff were in-serviced on 7/19/17 on the proper technique for testing the dish machine's sanitation chemicals and checking the water</p>			

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	<p>chemical sanitizer utilized in the machine was chlorine.</p> <p>On 7/18/17 at 12:20 p.m., with the Dietary Manager and Echo Lab employee, the dish machine was again tested. The Echo Lab employee indicated the water temperature was not getting up to the required 120 degrees F. Utilizing a manual thermometer, the water temperature, tested with a manual tested at 102 degrees F. He indicated the heating booster was not heating up properly. He indicated he had been in the facility two days ago and it was working properly. He indicated three to four months ago, the booster had not been working properly, he had educated the previous Maintenance Supervisor on different ways to adjust the booster. The current Maintenance Supervisor had not been informed (employed one month).</p> <p>The Echo Lab employee indicated the chemical utilized in the machine was chlorine and produced test strips "Precision Chlorine Test Paper." The Dietary Manager asked him where the test strips could be obtained. The Echo Lab employee indicated he had left the test strips in the facility on a previous visit. She indicated she had not been aware.</p>		<p>temperature at each cycle.</p> <p>-A new heater booster was installed on the dish machine to ensure the temperature of the water was maintained for sanitizing the dishes.</p> <p>4. How will the facility monitor its corrective action?</p> <p>- The Dietary Manager is responsible for monitoring daily dish machine temperature results log and dish machine chemical test results log QAPI audits one time weekly for four weeks and one time monthly for six months thereafter until compliance is maintained for two consecutive quarters. The results of these audits will be reviewed by the QAPI Committee Monthly. If 95% compliance is not achieved, and action plan will be developed and implemented. Monthly QAPI minutes and action plans are submitted to regional operations staff and corporate risk management team for review.</p> <p>Date completed: August 17, 2017</p>				

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	<p>The dish machine manufacturer's directions, dated 5/08, provided by the Dietary Manager on 7/18/17, at 2:45 p.m., included, but was not limited to "...OPERATOR PROCEDURES Daily Start-up...5. Fill machine with water using Fill Switch: If water temperature gauge had not reached 120 degrees F when the water level is just below overflow, drain water from the machine and continue to fill until proper temperature is attained. ..Sanitizer should be 6% [percent] solution of sodium hypochlorite. The initial setting is 5 cc [milliliters] and this should be checked regularly with a Chlorine Test Kit. Free chlorine in the final rinse should be 50 ppm [parts per million to 100 ppm. However, high concentrations can cause deterioration of metal...."</p> <p>The facility's policy, titled "Dishmachine Use" dated March 2004, provided by the Administrator on 7/18/18 at 11:35 a.m., included, but was not limited to, "Policy Statement Food service staff required to operate the dishmachine will be trained in all steps of dishmachine use by the supervisor or a designee proficient in all aspects of proper use and sanitation. 4. Dishmachine chemical sanitizer temperatures and concentrations will be as follows. Chlorine 25 mg/l 120 degrees F. 5. A supervisor will check the</p>						

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	<p>dishmachine for proper concentrations of sanitizer solution measured as parts-per-million (PPM) or ml/L [millimeters per liter] after filling the dishmachine and once a week thereafter. Concentrations will be recorded in a facility approved log...7. The operator will check temperatures using the machine gauge with each dishmachine cycle, and will record the results in a facility approved log. The operator will monitor the gauge frequently during dishmachine cycle. Inadequate temperatures will be reported to the supervisor and corrected immediately. 8. The supervisor will check the calibration of the gauge weekly by: a. Running a secondary thermometer through the machine to compare temperatures; or b. Using commercial temperature test strips following manufacturer's instructions. 9. If both water temperatures or chemical sanitation concentrations do not meet requirements, cease use of dishmachine immediately until temperatures or PPM are adjusted."</p> <p>Temperature and chemical concentration logs had not been maintained.</p> <p>This federal tag relates to Complaint IN00232965.</p> <p>3.1-21(i)(3)</p>						

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F 0465 SS=F Bldg. 00	<p>483.90(i)(5) SAFE/FUNCTIONAL/SANITARY/COMFOR TABLE ENVIRON (i) Other Environmental Conditions</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>(5) Establish policies, in accordance with applicable Federal, State, and local laws and regulations, regarding smoking, smoking areas, and smoking safety that also take into account non-smoking residents.</p> <p>Based on observation, interview, and record review, the facility failed to maintain essential equipment in the kitchen in a safe, functional manner for 1 of 1 kitchen observations. This had the potential to affect 26 of 26 residents in the facility.</p> <p>Finding includes:</p> <p>On 7/18/17, at 9:00 a.m., with the Dietary Manager the stove was observed with two of six of the burners not working.</p> <p>A build up of ice was observed on the exterior of the two door side by side freezer and water was observed under the doors on the floor. The seal around the doors was identified as the problem.</p> <p>Dietary Aid #3 indicated she had started employment in the facility about a month and a half ago, and the freezer had been</p>		F 0465	<p>F465</p> <p>483.90(i)(5) SAFE/FUNCTIONAL/SANITARY/COM FORTABLE: The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>1. How will the corrective action be accomplished for those residents who are affected by this alleged deficient practice?</p> <p>-On 8/1/17 Safe Care repaired the 2 burners on the stove while measuring for the door gaskets on freezer and cooler</p> <p>-The necessary parts were ordered 8/3/17 to repair/replace the door gaskets on the freezer and cooler.</p> <p>-On 7/19/17 all Dietary Staff were</p>		08/17/2017	

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	<p>like that since her start.</p> <p>The Maintenance Supervisor was interviewed and indicated he had not been made aware of the issues.</p> <p>The facility's Maintenance Log was reviewed and did not have any communication about the kitchen concerns.</p> <p>A facility in-service training, dated 6/26/17, provided by the Administrator on 7/18/17 at 11:30 a.m., addressed the subject of "Free of accidents", with the discussion: "All staff to report any repairs that are needed in facility to maintain safe environment for resident including, but not limited to loose bed rails, location of maintenance repair report form." The Administrator indicated that would be the facility's maintenance policy.</p> <p>This federal tag relates to Complaint IN00232965.</p> <p>3.1-19(f)</p>				<p>ins-serviced on the proper way of informing Maintenance of any repairs that are needed in that department.</p> <p>2. How will the facility identify residents having the potential to be affected by the same deficient practice?</p> <p>-All resident had the potential to be affected by this practice; however now were identified.</p> <p>3. What measures were put into place or systemic changes made to ensure the deficient practice not recur?</p> <p>-The 2 burners were repaired by a SafeCare Technician by redirecting the HVAC</p> <p>Vent that was blowing on the range and increased the pilot size as well.</p> <p>-The door gaskets for the freezer and the cooler have been ordered and will be replaced once they arrive and SafeCare installs them, approximately one week.</p> <p>-Dietary Staff were in-serviced on informing Maintenance that repairs are needed in that department.</p>		

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				<p>4. How will the facility monitor its corrective action?</p> <p>-To ensure compliance, The Dietary Manager is responsible for reporting to Maintenance any repairs that are required QAPI audits for four weeks and monthly for six months thereafter until compliance is maintained for two consecutive quarters. The results of these audits will be reviewed by the QAPI Committee Monthly. If 95% compliance is not achieved, and action plan will be developed and implemented. Monthly QAPI minutes and action plans are submitted to regional operations staff and corporate risk management team for review.</p> <p>-The Maintenance Director is responsible for monitoring Maintenance Repair Logs daily for any repairs that may have been reported QAPI audits for four weeks and monthly for six months thereafter until compliance is maintained for two consecutive quarters. The results of these audits will be reviewed by the QAPI Committee Monthly. If 95% compliance is not achieved, and action plan will be developed and implemented. Monthly QAPI minutes and action plans are submitted to regional operations staff and corporate risk</p>			

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