

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

PRINTED: 08/22/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155660		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/30/2018	
NAME OF PROVIDER OR SUPPLIER PULASKI HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 624 E 13TH ST WINAMAC, IN 46996			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 Complaint IN00268898.</p> <p>Complaint IN00268898 - Substantiated. Federal/state deficiencies related to the allegations are cited at F812.</p> <p>Survey date: 7/30/18</p> <p>Facility number: 000553 Provider number: 155660 AIM number: 100267430</p> <p>Census Bed Type: SNF/NF: 46 SNF: 5 Total: 51</p> <p>Census Payor Type: Medicare: 8 Medicaid: 29 Other: 14 Total: 51</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 7/31/18.</p>			F 0000	<p>The preparation and execution of this Plan of Correction does not constitute admission or agreement, by the provider, of the alleged deficiencies, or the conclusion set forth in the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the provisions of federal and state law. This provider maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of its residents, nor are they of such character as to limit this provider's capacity to render adequate resident care. Furthermore, the operation and licensure of the long term care facility and this Plan of Correction in its entirety, constitutes this provider's credible allegation of compliance. Completion dates are provided for procedural purposes to comply with state and federal regulations, and correlate with the most recent contemplated or accomplished corrective action. These dates do not necessarily correspond chronologically to the date the provider is of the opinion that it was in compliance with the requirements of participation. We are respectfully requesting a desk review to clear any and all</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 disclosable 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 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> <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, record review, and interview, the facility failed to store food in accordance with professional standards for food service safety, related to food stored past the discard date and food not dated when stored for 1 of 3 refrigerators observed in 1 of 1 kitchens. This had the potential to affect 50 of 51 residents who reside in the facility and receive food from the kitchen.</p> <p>Finding includes:</p>		F 0812	<p>proposed or implemented remedies that have been presented to date.</p> <p>ISSUE: F812 Food Procurement, Store/Prepare/Serve-Sanitary 1. WHAT corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? No resident identifier was provided. The facility stores food in accordance with professional standards for service safety,</p>		08/12/2018	

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	<p>During a kitchen observation on 7/30/18 at 11:05 a.m. with the Dietary Manager, the following was observed in the refrigerator by the food preparation counter:</p> <p>A plastic container of baked beans, dated 7/26/18. An undated plastic container of green beans with bacon. A container labeled mechanical ham, dated 7/24/18. A container of mushrooms, dated 7/25/18. Two undated containers of peach cobbler. A plastic bag of cooked polish sausages, dated 7/26/18. An undated container of crushed pineapple. A container of peaches, dated 7/26/18</p> <p>At the time of the observation, the Dietary Manager indicated the left over food can only be stored for three days and the evening Cook was responsible for monitoring and discarding any expired food.</p> <p>An undated facility policy, titled, "Food Storage", received on 7/30/18 at 11:25 a.m. as current from the Dietary Manager, indicated, "...Leftover food is stored in covered containers or wrapped carefully and securely. Each item is clearly labeled and dated before being refrigerated. Leftover food is used within 3 days or discarded..."</p> <p>This Federal Tag relates to Complaint IN00268898.</p> <p>3.1- (i)(3)</p>			<p>related to food is not stored past the discard date and food is dated as required.</p> <p>1.HOW other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? All residents have the potential to be affected by the alleged deficient practice. An audit of all food items in storage was done by the Dietary Manager to ensure that the facility stores food in accordance with professional standards for service safety, related to ensuring food is not stored past the discard date and food is dated as required. This was accomplished while the surveyor was in the building on July 30, 2018.</p> <p>1.WHAT measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? Dietary staff have been re-educated related to how the facility stores food in accordance with professional standards for service safety, related to ensuring food is not stored past the discard date and food is dated as required. The night cook is responsible to ensure that all food is reviewed daily to ensure food is not stored past the discard date and food is dated as required. The QAPI forms titled "Labeling &</p>			

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			<p>Dating Food Audit and Discarding Food Audit "will be done daily by the Dietary Staff. The Dietary Manager will review the audits no less than twice a week to ensure facility stores food in accordance with professional standards for service safety, related to ensuring food is not stored past the discard date and food is dated as required.</p> <p>1.HOW the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? The QAPI forms titled "Labeling & Dating Food Audit and Discarding Food Audit "will be done daily by the Dietary Staff. The Dietary Manager will review the audits no less than twice a week to ensure facility stores food in accordance with professional standards for service safety, related to ensuring food is not stored past the discard date and food is dated as required. Results will be reported monthly to the QAPI committee which will make any needed recommendations. The Dietary Manager or her designee will be responsible for follow up.</p> <p>BY WHAT DATE the systemic changes will be completeted? August 12, 2018</p>		