

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150021	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/26/2011
NAME OF PROVIDER OR SUPPLIER PARKVIEW HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 2200 RANDALIA DR FORT WAYNE, IN46805		
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S0000	<p>This visit was for a State hospital complaint survey.</p> <p>Dates: 9/26/2011</p> <p>Facility Number: 005020</p> <p>Complaint: IN00092735 - Unsubstantiated; Lack of sufficient evidence. Unrelated deficiency is cited.</p> <p>Surveyor: Albert Daeger, CFM, SFPIO Medical Surveyor</p> <p>QA: claughlin 10/06/11</p>	S0000			

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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S0610	<p>410 IAC 15-1.5-2(f)(3)(D)(x)</p> <p>(f) The hospital shall establish an infection control committee to monitor and guide the infection control program in the facility as follows: (3) The infection control committee responsibilities shall include, but not be limited to, the following: (D) Reviewing and recommending changes in procedures, policies, and programs which are pertinent to infection control. These include, but are not limited to, the following:</p> <p>(x) A program of food preparation and storage for all personnel involved in food handling which includes, but is not limited to, the following:</p> <p>(AA) Storage of employee food in patient refrigerators.</p> <p>(BB) Medications in nutrition refrigerators.</p> <p>(CC) Refrigerator and freezer temperature monitoring.</p> <p>Based on observation, document review, and interview, the facility failed to ensure the kitchen staff of Parkview Hospital were complying with proper personal hygiene and failed to meet sanitation practices as defined by the hospital policies and 410 IAC 7-24, Retail Food Establishment sanitation Requirements.</p> <p>Findings included:</p>	S0610	<p>1) Plan of Action: Meetings were set up immediately following survey and made mandatory for all dietary co workers to attend. Hand Hygiene policy was reiterated and a hard copy was there for staff to take if they wanted a copy. Over the following few days all co workers were reeducated on the proper use of gloves and the proper hand hygiene techniques. All co workers signed off stating that they understood the procedures.</p>	11/21/2011	

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	<p>1. Parkview Policy labeled, "Safe Food Handling & Sanitation" was reviewed. The policy noted that hot food was to be held at 140 degrees F and was to be recorded every 2 hours with a calibrated thermometer. The monitoring procedures includes observing kitchen staff using appropriate personal hygiene and hand washing per policy. The policy noted hazards include possibility of cross-contamination of food from old and new product, utensils/equipment/dishes, employees handling/serving food, improper temperature control, chemicals used in clean areas. The policy required foods to be covered whenever possible. All displayed foods should be protected from possible contamination by sneeze guards, lids, and protective coverings. The policy also noted to keep cleaning chemicals away from foods.</p> <p>2. Retail Food Establishment Sanitation Requirements 410 IAC 7-24 section 439 Separation of Poisonous or Toxic Materials states, "Poisonous or toxic materials shall be stored so they cannot contaminate food, equipment, utensils, linens, and single-service and single-use articles by: separating the poisonous or toxic materials by spacing or partitioning; and locating the poisonous or toxic materials in an area that is not above food, equipment, utensils, linens, and</p>		<p>They also understood that there would be follow-up to ensure the standards were followed. The new expectation would be that each supervisor would do daily walk throughs of the department to check for compliance. It is the expectation that no less than once a week there is written documentation of the supervisor's findings. All findings are compiled and put into the MOS Dashboard book and then transferred to the Dashboard on the computer. Change in standard practice: Glove holders were removed from all areas currently where they were placed. They were then put back up by the hand sinks in the areas where they were needed. This included the kitchen/production areas as well as all areas of the café. Staff was educated as to the change. This change allows for gloves to only be in the areas of the sinks so as staff need to make glove changes they will always be in the areas of the hand sinks. The staff was also educated that the gloves can not be in any areas where food production occurs. **Final glove holders were placed on Monday 11/21/11 as they were on back order until recently.2).Plan of Action: Meetings were set up immediately following survey and made mandatory for all dietary co workers to attend. HACCP policy was discussed and safe food handling standards were gone over for each individual area of</p>		

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	<p>single-service or single-use articles." Section 129 When to Wash Hands states, "Food employees shall clean their hands and exposed portions of their arms as specified under section 106 immediately before engaging in food preparation, including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles and the following: (1) After touching bare human body parts other than clean hands and clean, exposed portions of arms; (2) After using the toilet room; (3) After caring for or handling service animals or aquatic animals as specified in section 116(b) of this rule; (4) After coughing, sneezing, or using a handkerchief or disposable tissue; (5) After drinking, other than as specified in section 113(b) of this rule, using tobacco, or eating; (6) After handling soiled surfaces, equipment, or utensils; (7) During food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; (8) When switching between working with raw food and working with ready-to-eat food; (9) Before touching food or food-contact surfaces; (10) Before placing gloves on hands; and (11) After engaging in other activities that contaminate the hands."</p>		<p>the café and kitchen/production area. The specific topic of contaminants was discussed as well as standards of food and chemicals being stored separately. Copies of the policy were there for staff who requested them. All co workers signed off stating that they understood the procedures. They also understood that there would be follow-up to ensure the standards were followed. Specific discussions happened between the supervisors and the chefs as to the proper usage of their personal tools that they carry in form home for use in the hospital. The expectation would be that each supervisor would do daily walk throughs of the department to check for compliance. This along with the understanding that immediate discussions with staff that are not compliant would happen and documentation would be put into individuals files for non-compliance of the standards. Monitoring Standards: Who is responsible: All supervisors and managers in the department. Specific follow up will come from the 3 Supervisors. System in place: Daily walk throughs with weekly documentation of walk through. There will be a monthly in services specifically covering a piece or two from the Safe Food Handling and HACCP Policies.</p>	

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	<p>3. At 11:10 AM on 9/26/2011, two staff members behind the cafeteria serving line were observed changing their gloves without washing their hands first.</p> <p>4. At 11:20 AM on 9/26/2011, staff member #8 on the grill station in the kitchen was observed changing gloves several times without washing hands before changing of the gloves. The staff member was observed handling a trash can without washing hands. The staff member was observed handling ready-to-eat food with the gloved hands that were never washed before the gloves were put on after handling a lid to a trash can.</p> <p>5. At 11:40 AM on 9/26/2011, a staff member was observed dishing out chocolate pudding on a prep table that had a spray bottle of Clorox bleach sitting on. The staff member handling the pudding was observed changing gloves without washing his/her hands first.</p> <p>6. At 12:00 PM on 9/26/2011, a prep table containing a large sheet pan of asparagus wrapped in ham was observed. A chef was observed working with other food on a prep table adjacent to the prep table with the uncovered ham wrapped asparagus. The uncovered food was</p>			

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	<p>observed for at least 20 minutes without any staff member working with it. Six flies were observed landing on the food that was uncovered. The chef working on food adjacent to the asparagus was observed waving his/her hands in his/her area keeping the flies from landing on the food he/she was working with.</p> <p>7. At 12:20 PM on 9/26/2011, staff member #6 was observed removing a knife from a catering utensil storage case that was observed with assorted debris on the inside where the knife was stored. The staff member was observed rinsing the knife and then wiped it with a paper towel before it was observed slicing cheese.</p> <p>8. At 10:45 AM on 9/26/2011, staff member #5 indicated that the staff in the kitchen are told over and over about washing their hands before changing gloves and it is a continuing problem.</p>				