

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151500	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/17/2012
NAME OF PROVIDER OR SUPPLIER HOSPICE OF THE CALUMET AREA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 600 SUPERIOR AVE MUNSTER, IN 46321		
(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	
S0000	<p>This was the 2012 ISDH Annual Compliance Survey based on the Retail Food Establishment Sanitation Requirements at 410 IAC 7-24.</p> <p>Facility Number: 005787</p> <p>Survey Dates: 4/17/2012</p> <p>Surveyors: Albert Daeger, CFM, SFPIO Medical Surveyor</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN April 27, 2012</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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S9999	Please see the Retail Food Establishment Inspection Report-Electronic included with this document for deficiencies related to 410 IAC 7-24.	S9999	<u>Plan of Correction for Code Section 129</u> After the survey, the Volunteer Coordinator re-educated the volunteer on hand washing prior to putting gloves on. The volunteer stated she was aware of the requirement but became nervous during the survey. Volunteer Kitchen Directions are posted on the bulletin board in the kitchen and include the requirement for hand washing prior to putting on gloves. Completion Date: 4-17-2012The Volunteer Coordinator mailed a letter to all volunteers who work at the WJR Memorial Residence reminding them of the requirement to wash their hands before putting on gloves and when changing to a new pair. The letter was also posted in the kitchen and staff area. Completion Date: 5-7-2012 The Volunteer Coordinator will conduct onsite inspections two times a week for four weeks to ensure volunteer and staff compliance with hand washing. Completion Date: 5-26-2012If no compliance issues after four weeks, the Volunteer Coordinator will do random monthly inspections. Completion Date: OngoingAs noted above, the Volunteer Coordinator has been responsible for the action steps. The PI Coordinator is responsible for the overall correction and ensuring the	05/07/2012	

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			<p>deficiency will not reoccur. <u>Plan of Correction for Code Section 443</u></p> <p>The Volunteer Coordinator purchased more 32 oz. spray bottles for the chlorine bleach solution used to sanitize food contact surfaces and demonstrated how to prepare the solution. Information from the test strip manufacturer was referenced and the correct concentration of chlorine bleach, 100-200 PPM, was verified using the test strips. Completion Date: 4-17-2012</p> <p>The Volunteer Coordinator and PI Coordinator consulted with Hospice of the Calumet Area's Registered Dietician regarding the plan of correction including chlorine bleach solution preparation and testing. Completion Date: 5-2-2012</p> <p>The Volunteer Coordinator mailed a letter to all WJR volunteers to review the procedure for preparing and testing a chlorine bleach solution used to sanitize food contact surfaces. The letter instructs volunteers on use of the sink for chlorine bleach preparation as an alternative to the spray bottle and to notify the Volunteer Coordinator when only one spray bottle is left in storage. The letter was posted in the kitchen and staff areas. Completion Date: 5-7-2012</p> <p>The Volunteer Coordinator updated the directions for preparation and testing of the chlorine bleach solution on the Volunteer Task</p>	

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			<p>List. Completion Date: 5-7-2012 The WJR Food Service Self Study Module for volunteers was updated with information on sanitizing with bleach. Completion Date: 5-7-2012 The Volunteer Coordinator will conduct onsite inspections two times a week for four weeks to ensure volunteer and staff compliance with preparing and testing the chlorine bleach solution. Completion Date: 5-26-2012If no compliance issues after four weeks, the Volunteer Coordinator will do random monthly inspections. Completion Date: OngoingAs noted above, the Volunteer Coordinator has been responsible for the action steps. The PI Coordinator is responsible for the overall correction and ensuring the deficiency will not reoccur.<u>Plan of Correction for Code Section 300</u> After the survey, the Volunteer Coordinator re-educated the volunteers, RNs and HAs that dishes, utensils and equipment are to be scraped or rinsed and when necessary, soaked to remove soiling prior to being placed in the dishwasher. Completion Date: 4-18-2012The Volunteer Coordinator mailed a letter discussing pre-cleaning of dishes, utensils and equipment to all volunteers working at the WJR Memorial Residence. The letter was also posted in the kitchen and staff area. Completion Date: 5-7-2012The Volunteer</p>		

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			<p>Coordinator will conduct onsite inspections two times a week for four weeks to ensure volunteer and staff compliance with pre-cleaning of dishes, utensils and equipment prior to being placed in the dishwasher. Completion Date: 5-26-2012If no compliance issues after four weeks, the Volunteer Coordinator will do random monthly inspections. Completion Date: OngoingAs noted above, the Volunteer Coordinator has been responsible for the action steps. The PI Coordinator is responsible for the overall correction and ensuring the deficiency will not reoccur. <u>Plan of Correction for Code Section 303</u> The volunteers usually utilize a 32 oz. spray bottle to prepare and hold the chlorine bleach solution that is prepared daily for sanitizing. When the usual spray bottle could not be located, the volunteer utilized Clorox Clean-Up. The volunteer was immediately re-educated by the inspector and Volunteer Coordinator that it was not an appropriate sanitizer for food contact surfaces. Completion Date: 4-17-2012The Volunteer Coordinator purchased more 32 oz. spray bottles for the chlorine bleach solution used to sanitize food contact surfaces and demonstrated how to prepare the solution. Information from the test strip manufacturer was referenced and the correct concentration of chlorine bleach,</p>	

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			<p>100-200 PPM, was verified using the test strips. Completion Date: 4-17-2012 The Volunteer Coordinator and PI Coordinator consulted with our Registered Dietician regarding the plan of correction including chlorine bleach solution preparation and testing. Completion Date: 5-2-2012 The Volunteer Coordinator mailed a letter to all WJR volunteers reviewing the procedure for preparing and testing a chlorine bleach solution used to sanitize food contact surfaces. The letter instructs volunteers on use of the sink for chlorine bleach preparation as an alternative to the spray bottle and to notify the Volunteer Coordinator when only one spray bottle is left in storage. The letter was posted in the kitchen and staff areas. Completion Date: 5-7-2012 The Volunteer Coordinator updated the directions for preparation and testing of the chlorine bleach solution on the Volunteer Task List. Completion Date: 5-7-2012 The WJR Food Service Self Study Module for volunteers was updated with information on sanitizing with bleach. Completion Date: 5-7-2012 The Volunteer Coordinator will conduct onsite inspections two times a week for four weeks to ensure volunteer and staff compliance with preparing and testing the chlorine bleach solution. Completion Date:</p>	

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