

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155799	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/20/2022
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NAME OF PROVIDER OR SUPPLIER  APERION CARE MARION LLC	STREET ADDRESS, CITY, STATE, ZIP COD 614 WEST 14TH STREET MARION, IN 46953
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Nursing Home Complaint IN00371088. This visit included the Investigation of Residential Complaint IN00371105.</p> <p>Complaint IN00371088- Substantiated. Federal/State deficiencies related to the allegations are cited at F684, F804 and F812.</p> <p>Complaint IN00371005- Substantiated. State deficiency related to the allegations are cited at R0268, R0272 and R0273.</p> <p>Survey dates: January 19 and 20, 2022</p> <p>Facility number: 012809 Provider number: 155799 AIM number: 201136580</p> <p>Census Bed Type: SNF: 6 NF: 26 Residential: 6 Non-Certified Comprehensive: 14 Total: 52</p> <p>Census Payor Type: Medicare: 6 Medicaid: 26 Other: 14 Total: 46</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on January 28, 2022.</p>	F 0000	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. the facility respectfully request a desk review for these alleged deficient practices.	
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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 disclosed 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 0684 SS=D Bldg. 00	<p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on observation, interview and record review, the facility failed to follow physician order's for nutritional supplements for 3 of 6 residents reviewed for dietary supplements. (Resident B, D and G)</p> <p>Findings include:</p> <p>1. During an observation on 1/20/22 at 8:30 a.m., Resident B had a breakfast tray that included oatmeal, sausage, scrambled eggs and milk. The tray lacked any supplements.</p> <p>Review of a meal ticket on 1/20/22 at 10:00 a.m., Resident B had a regular diet and dental soft texture on the ticket. The meal ticket lacked any nutritional supplements</p> <p>The clinical record for Resident B was reviewed on 1/20/22 at 10:51 a.m. Diagnoses included, but were not limited to, dementia, dysphagia, osteoporosis and anxiety.</p> <p>A health care plan, dated 10/19/18, indicated the resident had altered nutrition and hydration related to Parkinson's disease and dysphagia. Interventions included, but were not limited to, supplements as ordered and monitor weights.</p>	F 0684	<p>F684 Quality of Care</p> <p>1) Corrective actions which will be accomplished for those employees and residents found to have been affected by the deficient practice:</p> <p>Residents B, D and G orders were reviewed, and are receiving nutritional supplements per MD orders.</p> <p>2) How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>Facility wide audit was conducted of all residents with orders for nutritional supplements to ensure they are receiving supplements per MD orders.</p> <p>3) The measures the facility will take or systems the facility will alter to ensure that problems will</p>	02/03/2022

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	<p>A physician's order, dated 12/13/20, indicated to provide health shakes in the evening and twice in the morning to maintain weight.</p> <p>Review of the December 2021 and January 2022 MAR and TAR, staff documented daily consumption of the supplement.</p> <p>2. Review of a meal ticket on 1/20/22 at 10:00 a.m., Resident D had a regular diet and regular texture on the ticket. The meal ticket lacked any nutritional supplements.</p> <p>During an observation and interview on 1/20/22 at 9:10 a.m., Resident D indicated the food "sucked." He did not usually get what he ordered and the amounts were pretty small. The only snacks he received were brought in from his wife. Last night, he got a hotdog on a bun and pea salad. Resident D did not have any nutritional supplements on his meal tray.</p> <p>The clinical record for Resident D was reviewed on 1/20/22 at 9:48 p.m. Diagnoses included, but were not limited to, dysphagia, protein-caloric malnutrition, hyperlipidemia and hemiplegia.</p> <p>A health care plan, dated 12/6/21, indicated encourage intake of meals, snacks and fluids.</p> <p>A physician's order, dated 12/8/21, indicated to provide a house supplement (high risk for malnutrition) 2.0 three times daily.</p> <p>Review of the December 2021 and January 2022 MAR and TAR, staff documented three times daily consumption of the supplement.</p> <p>3. Review of a meal ticket on 1/20/22 at 10:00 a.m.,</p>		<p>be corrected or will not recur:</p> <p>Dietary and nursing staff were in-serviced on facilities "Physician Orders-Entering and Processing" policy.</p> <p>4) Quality Assurance plans to monitor facility performance to make sure that corrections are achieved and are permanent:</p> <p>QA tools were created to monitor and ensure that residents with orders for nutritional supplements are receiving them per MD orders. QA checks will be conducted randomly for five residents per week with orders for supplements for four weeks then monthly. The results of these audits will be reviewed in QA meeting monthly for six months or until an average of 90% compliance or greater is achieved for three consecutive months. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p>	

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	<p>Resident G had a regular diet and mechanical soft texture on the ticket. The meal ticket lacked any nutritional supplements.</p> <p>The clinical record for Resident G was reviewed on 1/20/22 at 11:06 a.m. Diagnoses included, but were not limited to, anemia, heart failure, hemiplegia, hemiparesis and cognitive communication deficit.</p> <p>A physician's order, dated 4/28/21, indicated to provide a MightShake (dietary calories and protein supplement) 4 times daily.</p> <p>Another order, dated 11/3/21, indicated to provide a Magic Cup three times daily.</p> <p>Review of the December 2021 and January 2022, staff documented daily consumption of both supplements.</p> <p>During an interview with Cook 1 and Dietary Manger 8 on 1/20/22 at 9:58 a.m., Cook 1 indicated she has never pulled any supplement for Resident B, D or G. The former manager would put the diet orders in the computer for any supplements and it would then be on their meal ticket. She had no other list with supplements other than what was on the meal tickets.</p> <p>During an interview 1/20/22 at 11:17 a.m., LPN 5 indicated the MagicShake should come from the kitchen and she could not say if Resident B had supplement this morning. She indicated her family has been bringing in some food items and keeping them in her refrigerator in her room.</p> <p>On 1/20/22 at 11:31 a.m., QMA 6 indicated she documented, but did not see the supplement on Resident D's tray. A CNA told her the resident</p>			

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F 0804 SS=E Bldg. 00	<p>consumed 100% of the drink. She indicated they often had supplement in the refrigerator and/or freezer at the nurses' station.</p> <p>The refrigerator and freezer on D-Hall was observed on 1/20/22 at 11:35 a.m. and no supplements were noted.</p> <p>Review of a current facility policy, dated 8/22/17, titled "Physician Orders - Entering and Processing," provided by the Administrator on 1/20/22 at 11:10 a.m., indicated the following: "Purpose: To provide general guidelines when receiving, entering, and confirming physician or prescriber's orders. ...1. When receiving physician's orders by telephone: Enter the order into the resident's chart under "order" tab....include a diagnosis or indication for use...."</p> <p>This Federal tag relates to Complaint IN00371088.</p> <p>3.1-37(a) 483.60(d)(1)(2) Nutritive Value/Appear, Palatable/Prefer Temp §483.60(d) Food and drink Each resident receives and the facility provides-</p> <p>§483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;</p> <p>§483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature.</p>			

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	<p>Based on observation and interview, the facility failed to ensure residents' meals were palatable for 3 of 3 residents reviewed for meals (Resident C, D and F ).</p> <p>Findings include:</p> <p>1. During an interview on 1/19/22 at 8:22 a.m., Resident C indicated the other day, they received breakfast at 10:00 a.m. and then turned around and received lunch. Recently, the Administrator ordered Papa Johns for lunch and Fazoli's for supper. The next day they had Kentucky Fried Chicken. She was not being offered any snacks, but had her own. When and if they get a menu, they do not get what they ordered and they have forgot to give her a tray a couple of times, but she will then let them know. The food was generally not very good.</p> <p>The clinical record for Resident C was reviewed on 1/19/22 at 10:40 a.m., Diagnoses included, but were not limited to, chronic obstructive pulmonary disease, diabetes mellitus, protein-caloric malnutrition and neuropathy.</p> <p>A health care plan, dated 3/8/19 and revised 9/27/21, indicated the resident had a nutritional problem related to low-salt diet and diabetes mellitus. Interventions included, but were not limited to, provide and serve diet as ordered and make diet change recommendations.</p> <p>2. During an interview on 1/19/22 at 2:15 p.m., Resident F indicated they have forgotten a tray a couple times and he will then tell them. He would often provide his own food and his father and son will bring him in fast food. He indicated the portion sizes are pretty small, they do not get what they order and overall was not good.</p>	F 0804	<p>F804 Nutritive Value/Appear, Palatable/Prefer Temp</p> <p>1)Corrective actions which will be accomplished for those employees and residents found to have been affected by the deficient practice:</p> <p>Facility staff are providing Residents C, D and F with the menu daily, a day in advance, with the facility's alternative options as well. Staff are communicating residents C, D and F's preferences back to the dietary department.</p> <p>2) How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>All residents have the potential to be affected by the alleged deficiency.</p> <p>3) The measures the facility will take or systems the facility will alter to ensure that problems will be corrected or will not recur:</p> <p>Facility reinforced their process to ensure all residents will receive a copy of the menu, as well as a list of substitutions which can be requested if they prefer something other than the standard menu items. Facility staff also implemented process to discuss dietary concerns and progress</p>	02/03/2022

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	<p>The clinical record for Resident F was reviewed on 1/19/22 at 2:29 p.m. Diagnoses included, but were not limited to, cirrhosis of liver, chronic atrial fibrillation and chronic kidney disease.</p> <p>A health care plan, dated 8/30/21, indicated the resident had signs and symptoms of malnutrition related to end stage renal disease and hemodialysis. Interventions included, but were not limited to, honor food preferences and provide diet as ordered.</p> <p>3. During an interview on 1/20/22 at 9:10 a.m., Resident D indicated the food "sucked." He did not usually get what he ordered and the amounts were pretty small. The only snacks he received were brought in from his wife. Last night, he got a hotdog on a bun and pea salad.</p> <p>The clinical record for Resident D was reviewed on 1/20/22 at 9:48 p.m. Diagnoses included, but were not limited to, dysphagia, protein-calorie malnutrition, hyperlipidemia and hemiplegia.</p> <p>A health care plan, dated 12/6/21, indicated encourage intake of meals, snacks and fluids.</p> <p>Review of a current health care plan, dated 8/23/17 and revised 1/4/19, titled "Resident Rights," provided by the Administrator on 1/19/22 at 11:25 a.m., indicated the following: "Purpose: To promote the exercise of rights for each resident.... ...Exercise his or her rights ...Exercising rights means the residents have autonomy....encourage participation in meeting care planning goals as documented in the resident assessment and care plan are not interference or coercion."</p>		<p>with the residents, both in resident council and privately. Facility staff were in-serviced on facilities "Resident Rights" policy. A QA tool was created to ensure that all ordered menu items are received for each resident. Random QA checks will be completed three times a week for four weeks and then weekly. The results of these audits will be reviewed in QA meeting monthly for six months or until an average of 90% compliance or greater is achieved for three consecutive months. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p> <p>4) Quality Assurance plans to monitor facility performance to make sure that corrections are achieved and are permanent:  A QA tool was created to ensure that all ordered menu items are received for each resident. Random QA checks will be completed three times a week for four weeks and then weekly. The results of these audits will be reviewed in QA meeting monthly for six months or until an average of 90% compliance or greater is achieved for three months. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p>	

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F 0812 SS=E Bldg. 00	<p>This Federal tag relates to Complaint IN00371088.</p> <p>3.1-21(a)(1)</p> <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, interview, and record review, the facility failed to ensure food temperatures were monitored, the kitchen was clean and food was labeled and dated for 1 of 1 kitchen observations.</p> <p>Findings include:  On 1/19/22 at 8:24 a.m., the Administrator indicated the previous dietary manager ran all the</p>	F 0812	<p>F812 Food Procurement, Store/Prepare/Serve-Sanitary</p> <p>1) Corrective actions which will be accomplished for those employees and residents found to have been affected by the deficient practice:  The facility conducted a deep</p>	02/03/2022

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	<p>other dietary staff off. Cook 1 was the only dietary staff person left, but recently interviewed for a new Dietary Manger. They currently had a total of 4 cooks, 3 of the 4 were still in training and 2 dietary aides were recently hired. They recently served meals to the residents from Fazolies, Kentucky Fried Chicken and Papa Johns due to staffing issues. Other staff have also been helping with meals.</p> <p>During an observation and interview on 1/19/22 at 9:05 a.m., Cook 1 indicated she did not write down any temperatures from breakfast served today.</p> <p>1. During a tour of the main facility kitchen with Cook 1, on 1/19/22 at 9:05 a.m., the following was observed:</p> <p>a. The top of the trash can by the handwashing station had stains and dirt covering the lid.</p> <p>b. The 6-burner stove had a build up of burnt food on each burner.</p> <p>c. The backsplash behind the 6-burner stove had a large area of grease.</p> <p>d. Two catch-trays under the 6-burner stove contained dried pasta and burnt food.</p> <p>e. Three loaves of Texas toast were in the freezer with no open date or use by date.</p> <p>f. A bag of frozen tortillas with no open date or use by date.</p> <p>g. An open bag of hotdogs with no open date or use by date.</p> <p>h. A container of sour cream with no open date or</p>		<p>cleaning of the kitchen. The dietary staff went through all the food to ensure it had open or use by dates, and discarded items which were not dated properly.</p> <p>2) How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>All residents have the potential to be affected by the alleged deficiency.</p> <p>3) The measures the facility will take or systems the facility will alter to ensure that problems will be corrected or will not recur:</p> <p>One to One counselling was done with cook 2 regarding hand hygiene and wearing a hairnet. Dietary Staff were in-serviced on facilities sanitation policy. Dietary Staff were in-serviced on facilities refrigerator and freezer temperature policy. Dietary Staff were in-serviced on facilities puree policy. Dietary Staff were in-serviced on deep cleaning schedule. Dietary Staff were in-serviced on facilities labeling and dating food policy. Dietary Staff were in-serviced on facilities ice handling and cleaning policy.</p> <p>4) Quality Assurance plans to</p>	

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	<p>use by date.</p> <p>i. A frozen bag of chicken breast with no open date or use by date.</p> <p>j. A frozen bag of open french fries with no date or use by date.</p> <p>k. The drain on the floor under the tilt skillet had grease and a build up of dried food.</p> <p>l. The flour and sugar containers had stains and food on the outside of the bins.</p> <p>During an interview with Cook 1, she indicated she was not aware there was a catch-tray under the 6-burner stove.</p> <p>Cook 1 provided the following folders related to kitchen maintenance and/or food preparation on 1/19/22 at 9:25 a.m:</p> <p>a. The last documented temperature obtained from a meal was 11/6/21.</p> <p>b. The last documented temperature for the walk-in refrigerator was completed on 10/29/21.</p> <p>c. The last documented temperature for the reach-in refrigerator was completed on 10/25/21.</p> <p>d. The last documented temperature for the walk-in freezer was completed on 10/30/21.</p> <p>e. The last documented temperature and/or maintenance for the dish machine was completed on 9/30/21.</p> <p>f. The last documented sanitization log for the pots and pans was completed on 9/30/21.</p> <p>g. No record of the cleaning log for the ice machine was provided.</p> <p>During an observation and interview on 1/19/22 at 10:10 a.m., Cook 2 entered the kitchen without wearing a hairnet or washing her hands. She then</p>		<p>monitor facility performance to make sure that corrections are achieved and are permanent:</p> <p>QA tools ere created to ensure that dietary logs are being completed timely, food is dated appropriately and cleaning is being conducted per policy and schedule. The QA tools will be completed three times a week for four weeks and weekly. The results of these audits will be reviewed in QA meeting monthly for 6 months or until an average of 90% compliance or greater is achieved for three consecutive months. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated, then re-evaluated by the QA team for continued completion.</p>	

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	<p>placed a bag in the facility refrigerator by the oven. She indicated she just entered to put her lunch in the refrigerator. She then went into the office and put a hairnet on.</p> <p>During an observation and interview on 1/19/22 at 10:31 a.m., Cook 1 was preparing supper because the night shift cook was not coming in. She took 4 slices of white bread and several hotdogs and put into a blender. She added an unknown amount hot water and pureed the bread and meat together. She indicated they had 3 pureed meals in the facility. The meal was then placed in a stainless steel bowl and placed in the warmer. She indicated she used approximately 1 quart of water in the pureed food.</p> <p>During an observation on 1/19/22 at 11:00 a.m., the package of frozen chicken was still in the freezer. The open bag of hotdogs were not found in the freezer and Cook 1 indicated she had thrown them out with the breakfast trash. She indicated she used a new box of hotdogs for supper, but an unopened box of hotdogs was noted on the prep-table.</p> <p>On 1/19/22 at 11:02 a.m., Dietary Aide 3 was placing trays with drinks and foam bowls with a mandarin orange and Jell-O dessert in the food cart. She was unable to recall the temperature of the Jell-O salad and indicated she threw away the foil from the top of the bowl that had the temperature on it. She did not write the temperature down. She found a food thermometer, touched the end and prior to placing the end of the thermometer into the salad, Dietary Aide 3 was asked to stop and clean the thermometer. Cook 1 brought her an alcohol pad from the office, she cleaned the thermometer and place the end into the bowl. The temperature read</p>			

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	<p>between 40-60 degrees as the needle was moving around. Dietary Aide 3 indicated she was not sure what the serving temperature should be or the temperature of the salad.</p> <p>Cook 1 found another thermometer from the office and quickly placed the tip into the container without cleaning off with alcohol. The temperature read 55.2. Cook 1 was unsure if it read Fahrenheit or Celsius and thought the temperature should be less than 32 degrees, but said the bowl was cold.</p> <p>On 1/19/22 at 11:25 a.m., the Administrator provided the following job descriptions for the dietary staff:</p> <ul style="list-style-type: none"> <li>a. Cook 1, dated 9/18/21.</li> <li>b. Cook 7, dated 1/4/22.</li> <li>c. Cook 2, dated 1/13/22.</li> <li>d. Dietary Aide 4, dated 1/13/22.</li> <li>e. Dietary Aide 3, dated 1/17/22.</li> </ul> <p>During an interview on 1/19/22 at 1:49 p.m., the Regional Vice President of Operations (RVPO) indicated he was unable to find any orientation check-list for any dietary person. He was having another Dietary Manager come tomorrow to help orient the current dietary staff.</p> <p>Review of a current facility policy, dated 2020, titled "Refrigerator and Freezer Temperatures," provided by the RVPO on 1/20/22 at 12:50 p.m., indicated the following: "Guidelines: To ensure all perishable foods stay fresh.... Procedure: 1. Dining Services will be responsible for taking temperatures on all kitchen and nourishment room refrigerators and freezers, and recording temperatures on temperature report logs daily, during each shift...."</p>			

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	<p>2. Each refrigeration and freezer unit....all cold storage units are 41 F [Fahrenheit ] or below...0 F or below for freezers....</p> <p>a. A food item...is selected and the temperature is taken. If this is not first check off the day, and the food item(s) are &gt; 41 F and cannot be validated....food is discarded...."</p> <p>Review of a current facility policy, dated 2020, titled "Labeling and Dating Foods (Date Marking)," provided by the Regional Director of Operations on 1/20/22 at 12:50 p.m., indicated the following: Guideline: All foods stored will be properly labeled according to the following guidelines. Procedure: 1. Date marking for dry storage food items Unopened cases of dry food.... Once a case is opened, the individual food...received into the facility.... Expiration dates on commercially prepared, dry storage food items.... 2. Date marking for refrigerator storage items.... 3. Date marking for freezer storage food items.... ...Once a packed is opened, it will be re-dated with the date...."</p> <p>Review of a current facility policy, dated 2020, titled "Ice Handling and Cleaning" provided by the Regional Director of Operations on 1/20/22 at 12:50 p.m., indicated the following: Guideline: Ice will be stored and served to residents in a sanitary manner. ...6. Ice machine will be wiped down daily with sanitizer. 7. Ice machine will be emptied at least quarterly and thoroughly cleaned with an approved sanitizer...."</p> <p>This Federal tag relates to Complaint IN00371088.</p>			

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R 0000 Bldg. 00	<p>3.1-21(i)(3)</p> <p>This visit was for the Investigation of Residential Complaint IN00371105. This visit included the Investigation of Nursing Home Complaint IN00371088.</p> <p>Complaint IN00371005- Substantiated. State deficiency related to the allegations are cited at R0268, R0272 and R0273.</p> <p>Complaint IN00371088- Substantiated. Federal/State deficiencies related to the allegations are cited at F684, F804 and F812.</p> <p>Survey dates: January 19 and 20, 2022</p> <p>Facility number: 012809</p> <p>Residential Census: 6</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality reveiw completed on January 27, 2022.</p>	R 0000	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. the facility respectfully request a desk review for these alleged deficient practices.	
R 0268 Bldg. 00	<p>410 IAC 16.2-5-5.1(a) Food and Nutritional Services - Deficiency (a) The facility shall provide, arrange, or make available three (3) well-planned meals a day, seven (7) days a week that provide a balanced distribution of the daily nutritional requirements.</p> <p>Based on interview and record review, the facility failed to ensure three well-planned meals a day, seven days per week were served and palatable</p>	R 0268	R268 Food and Nutritional Services	02/03/2022

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	<p>for overall quality of taste for 1 of 3 residents interviewed for food quality. (Resident J)</p> <p>Findings include:</p> <p>During an interview on 1/19/22 at 8:55 a.m., Resident J indicated she only received one meal a day from the facility. It has been delivered as late as 2:00 p.m. They had forgotten to bring her a tray a few times. The other evening, the aides left at 6:00 p.m. before supper was even served. She does not receive what she orders from the menu. The other day, she ordered egg rolls and has ordered them in the past but has never received them. Resident J was told they were not on the menu for that day, but had a meal ticket in her room from the previous day with vegetable egg rolls as an option. The food is "pitiful."</p> <p>The clinical record for Resident J was reviewed on 1/19/22 at 9:40 a.m. Diagnoses included, but were not limited to, hypertension, diabetes mellitus, dysphagia and anemia.</p> <p>A physician's order, dated 7/28/16, indicated a regular diet with regular texture.</p> <p>A health care plan, dated 6/29/19 and revised 8/21/21, indicated the resident had a nutritional problem related to diabetes. Interventions included, but were not limited to, provide and serve a regular diet and offer alternative if entree not available.</p> <p>Review of a current health care plan, dated 8/23/17 and revised 1/4/19, titled "Resident Rights," provided by the Administrator on 1/19/22 at 11:25 a.m., indicated the following: "Purpose: To promote the exercise of rights for each resident...."</p>		<p>1) Corrective actions which will be accomplished for those employees and residents found to have been affected by the deficient practice:</p> <p>Dietary staff discussed the facilities menu with Resident J, as well as meal preferences. Dietary staff will ensure Resident J receives appropriate meals timely.</p> <p>2) How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>Facility conducted a survey of other residents regarding receiving 2 well-planned meals per day, and no other issues were identified.</p> <p>3) The measures the facility will take or systems the facility will alter to ensure that problems will be corrected or will not recur:</p> <p>Facility staff were in-serviced on Facilities Residents Rights Policy. Dietary staff were in-serviced regarding mealtimes and following meal tickets.</p> <p>A Quality Assurance (QA) tool was created to ensure that all ordered menu items were received for each resident, and that it is served at appropriate time. The QA tool will be completed three times a week for 12 weeks and then re-evaluated by the QA team</p>	

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R 0272 Bldg. 00	<p>...Exercise his or her rights ...Exercising rights means the residents have autonomy....encourage participation in meeting care planning goals as documented in the resident assessment and care plan are not interference or coercion."</p> <p>This Federal tag relates to Complaint IN00371105.</p> <p>410 IAC 16.2-5-5.1(e) Food and Nutritional Services - Deficiency (e) All food shall be served at a safe and appropriate temperature. Based on observation, interview and record review, the facility failed to ensure food temperatures were obtained and/or documented prior to serving food. This deficiency had the potential to affect 6 of 6 residents who received food from the kitchen.</p> <p>Findings include: On 1/19/22 at 8:24 a.m., the Administrator</p>	R 0272	<p>for continued completion.</p> <p>4) Quality Assurance plans to monitor facility performance to make sure that corrections are achieved and are permanent:</p> <p>A QA tool was created to ensure that all ordered menu items are received for each resident and that it is served at appropriate time. The QA tool will be completed three times a week for four weeks and then weekly. The results of these audits will be reviewed in QA meeting monthly for six months or until an average of 90% compliance or greater is achieved for three consecutive months. the QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p> <p>R272 Food and Nutritional Services 1) Corrective actions which will be accomplished for those employees and residents found to have been affected by the deficient practice:  Facility Dietary staff were in-serviced on maintaining</p>	02/03/2022

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	<p>indicated the previous dietary manager ran all the other dietary staff off. Cook 1 was the only dietary staff person left, but recently interviewed for a new Dietary Manger. They currently had a total of 4 cooks, 3 of the 4 were still in training and 2 dietary aides were recently hired. They recently served meals to the residents from Fazolies, Kentucky Fried Chicken and Papa Johns due to staffing issues. Other staff have also been helping with meals.</p> <p>During an observation and interview on 1/19/22 at 9:05 a.m., Cook 1 indicated she did not write down any temperatures from breakfast served today.</p> <p>Cook 1 provided the following folders related to kitchen maintenance and/or food preparation on 1/19/22 at 9:25 a.m:</p> <ul style="list-style-type: none"> <li>a. The last documented temperature obtained from a meal was 11/6/21.</li> <li>b. The last documented temperature for the walk-in refrigerator was completed on 10/29/21.</li> <li>c. The last documented temperature for the reach-in refrigerator was completed on 10/25/21.</li> <li>d. The last documented temperature for the walk-in freezer was completed on 10/30/21.</li> <li>e. The last documented temperature and/or maintenance for the dish machine was completed on 9/30/21.</li> <li>f. The last documented sanitization log for the pots and pans was completed on 9/30/21.</li> <li>g. No record of the cleaning log for the ice machine was provided.</li> </ul> <p>On 1/19/22 at 11:02 a.m., Dietary Aide 3 was placing trays with drinks and foam bowls with a mandarin orange and Jell-O dessert in the food cart. She was unable to recall the temperature of the Jell-O salad and indicated she threw away the foil from the top of the bowel that had the</p>		<p>temperature logs, and logs are being maintained.</p> <p>2)How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>All 6 of the facilities residents had potential to be affected by the alleged deficiency, as identified by the 2567.</p> <p>3) The measures the facility will take or systems the facility will alter to ensure that problems will be corrected or will not recur:</p> <p>Dietary Staff were in-serviced on facilities poly regarding documentation of food temperatures. Dietary Staff were in-serviced on facilities sanitation policy. Dietary Staff were in-serviced on facilities Refrigerator and Freezer Temperature Policy. QA tools were created to ensure logs are maintained for food, refrigerator, freezer and dishwasher temperatures. The QA tool will be completed three times a week for one month and weekly there after.</p> <p>4) Quality Assurance plans to monitor facility performance to make sure that corrections are achieved and are permanent:</p>		

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	<p>temperature on it. She did not write the temperature down. She found a food thermometer, touched the end and prior to placing the end of the thermometer into the salad, Dietary Aide 3 was asked to stop and clean the thermometer. Cook 1 brought her an alcohol pad from the office, she cleaned the thermometer and place the end into the bowl. The temperature read between 40-60 degrees as the needle was moving around. Dietary Aide 3 indicated she was not sure what the serving temperature should be or the temperature of the salad.</p> <p>Cook 1 found another thermometer from the office and quickly placed the tip into the container without cleaning off with alcohol. The temperature read 55.2. Cook 1 was unsure if it read Fahrenheit or Celsius and thought the temperature should be less than 32 degrees, but said the bowl was cold. Cook 1 was going to ask the Administrator if the salad could be served. The salad was discarded.</p> <p>On 1/19/22 at 11:25 a.m., the Administrator provided the following job descriptions for the dietary staff:</p> <ol style="list-style-type: none"> <li>Cook 1, dated 9/18/21.</li> <li>Cook 7, dated 1/4/22.</li> <li>Cook 2, dated 1/13/22.</li> <li>Dietary Aide 4, dated 1/13/22.</li> <li>Dietary Aide 3, dated 1/17/22.</li> </ol> <p>During an interview on 1/19/22 at 1:49 p.m., the Regional Vice President of Operations (RVPO) indicated he was unable to find any orientation check-list for any dietary person. He was having another Dietary Manager come tomorrow to help orient the current dietary staff.</p> <p>Review of a current facility policy, dated 2020, titled "Refrigerator and Freezer Temperatures,"</p>		<p>QA tools were created to ensure logs are maintained for food, refrigerator, freezer and dishwasher temperatures. The QA tool will be completed three times a week for four weeks and weekly there after. The results of these audits will be reviewed in QA meetings monthly for six months or until an average of 90% compliance or greater is achieved for three consecutive months. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p>	

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R 0273 Bldg. 00	<p>provided by the RVPO on 1/20/22 at 12:50 p.m., indicated the following: "Guidelines: To ensure all perishable foods stay fresh.... Procedure: 1. Dining Services will be responsible for taking temperatures on all kitchen and nourishment room refrigerators and freezers, and recording temperatures on temperature report logs daily, during each shift.... 2. Each refrigeration and freezer unit....all cold storage units are 41 F [Fahrenheit ] or below...0 F or below for freezers.... a. A food item...is selected and the temperature is taken. If this is not first check off the day, and the food item(s) are &gt; 41 F and cannot be validated...food is discarded...."</p> <p>This Federal tag relates to Complaint IN00371105.</p> <p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, interview, and record review, the facility failed to store, prepare, and serve food in a sanitary and safe manner for 6 of 6 residents who received meals from the facility's kitchen.</p> <p>Findings include: On 1/19/22 at 8:24 a.m., the Administrator indicated the previous dietary manager ran all the other dietary staff off. Cook 1 was the only dietary staff person left, but recently interviewed for a new Dietary Manger. They currently had a</p>	R 0273	<p>R273 Food and Nutritional Services</p> <p>1) Corrective actions which will be accomplished for those employees and residents found to have been affected by the deficient practice:  The facility conducted a deep cleaning of the kitchen. The dietary staff went through all the food to ensure it had open or use</p>	02/03/2022

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	<p>total of 4 cooks, 3 of the 4 were still in training and 2 dietary aides were recently hired. They recently served meals to the residents from Fazolies, Kentucky Fried Chicken and Papa Johns due to staffing issues. Other staff have also been helping with meals.</p> <p>During an observation and interview on 1/19/22 at 9:05 a.m., Cook 1 indicated she did not write down any temperatures from breakfast served today.</p> <p>1. During a tour of the main facility kitchen with Cook 1, on 1/19/22 at 9:05 a.m., the following was observed:</p> <p>a. The top of the trash can by the handwashing station had stains and dirt covering the lid.</p> <p>b. The 6-burner stove had a build up of burnt food on each burner.</p> <p>c. The backsplash behind the 6-burner stove had a large area of grease.</p> <p>d. 2 catch-trays under the 6-burner stove contained dried pasta and burnt food.</p> <p>e. 3 loaves of Texas toast were in the freezer with no open date or use by date.</p> <p>f. A bag of frozen tortillas with no open date or use by date.</p> <p>g. An open bag of hotdogs with no open date or use by date.</p> <p>h. A container of sour cream with no open date or use by date.</p> <p>i. A frozen bag of chicken breast with no open</p>		<p>by dates, and discarded items which were not dated properly.</p> <p>2) How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>All six of the facilities residents had potential to be affected by the alleged deficiency, as identified by the 2567.</p> <p>3) the measures the facility will take or systems the facility will alter to ensure that problems will be corrected or will not recur:</p> <p>One to one counselling was done with cook 2 regarding hand hygiene and wearing a hairnet. Dietary Staff were in-serviced on facilities sanitation policy. Dietary Staff were in-serviced on facilities refrigerator and freezer temperature policy. Dietary Staff were in-serviced on facilities puree policy. Dietary Staff were in-serviced on deep cleaning schedule. Dietary Staff were in-service on facilities labeling and dating food policy. Dietary Staff were in-serviced on facilities ice handling and cleaning policy.</p>	

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	<p>date or use by date.</p> <p>j. A frozen bag of open french fries with no date or use by date.</p> <p>k. The drain on the floor under the tilt skillet had grease and a build up of dried food.</p> <p>l. The flour and sugar containers had stains and food on the outside of the bins.</p> <p>During an interview with Cook 1, she indicated she was not aware there was a catch-tray under the 6-burner stove.</p> <p>Cook 1 provided the following folders related to kitchen maintenance and/or food preparation on 1/19/22 at 9:25 a.m:</p> <p>a. The last documented temperature obtained from a meal was 11/6/21.</p> <p>b. The last documented temperature for the walk-in refrigerator was completed on 10/29/21.</p> <p>c. The last documented temperature for the reach-in refrigerator was completed on 10/25/21.</p> <p>d. The last documented temperature for the walk-in freezer was completed on 10/30/21.</p> <p>e. The last documented temperature and/or maintenance for the dish machine was completed on 9/30/21.</p> <p>f. The last documented sanitization log for the pots and pans was completed on 9/30/21.</p> <p>g. No record of the cleaning log for the ice machine was provided.</p> <p>During an observation and interview on 1/19/22 at 10:10 a.m., Cook 2 entered the kitchen without wearing a hairnet or washing her hands. She then placed a bag in the facility refrigerator by the oven. She indicated she just entered to put her lunch in the refrigerator. She then went into the</p>			

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(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
	<p>office and put a hairnet on.</p> <p>During an observation and interview on 1/19/22 at 10:31 a.m., Cook 1 was preparing supper because the night shift cook was not coming in. She took 4 slices of white bread and several hotdogs and put into a blender. She added an unknown amount hot water and pureed the bread and meat together. She indicated they had 3 pureed meals in the facility. The meal was then placed in a stainless steel bowel and place in the warmer. She indicated she used approximately 1 quart of water in the pureed food.</p> <p>During an observation on 1/19/22 at 11:00 a.m., the package of frozen chicken was still in the freezer. The open bag of hotdogs were not found in the freezer and Cook 1 indicated she had thrown them out with the breakfast trash. She indicated she used a new box of hotdogs for supper, but an unopened box of hotdogs was noted on the prep-table.</p> <p>On 1/19/22 at 11:02 a.m., Dietary Aide 3 was placing trays with drinks and foam bowels with a mandarin orange and Jell-O dessert in the food cart. She was unable to recall the temperature of the Jell-O salad and indicated she threw away the foil from the top of the bowel that had the temperature on it. She did not write the temperature down. She found a food thermometer, touched the end and prior to placing the end of the thermometer into the salad, Dietary Aide 3 was asked to stop and clean the thermometer. Cook 1 brought her an alcohol pad from the office, she cleaned the thermometer and place the end into the bowel. The temperature read between 40-60 degrees as the needle was moving around. Dietary Aide 3 indicated she was not sure what the serving temperature should be</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155799	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/20/2022
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	<p>or the temperature of the salad.</p> <p>Cook 1 found another thermometer from the office and quickly placed the tip into the container without cleaning off with alcohol. The temperature read 55.2. Cook 1 was unsure if it read Fahrenheit or Celsius and thought the temperature should be less than 32 degrees, but said the bowl was cold. Cook 1 was going to ask the Administrator if the salad could be served. The salad was discarded.</p> <p>On 1/19/22 at 11:25 a.m., the Administrator provided the following job descriptions for the dietary staff:</p> <ul style="list-style-type: none"> <li>a. Cook 1, dated 9/18/21.</li> <li>b. Cook 7, dated 1/4/22.</li> <li>c. Cook 2, dated 1/13/22.</li> <li>d. Dietary Aide 4, dated 1/13/22.</li> <li>e. Dietary Aide 3, dated 1/17/22.</li> </ul> <p>During an interview on 1/19/22 at 1:49 p.m., the Regional Vice President of Operations (RVPO) indicated he was unable to find any orientation check-list for any dietary person. He was having another Dietary Manager come tomorrow to help orient the current dietary staff.</p> <p>Review of a current facility policy, dated 2020, titled "Refrigerator and Freezer Temperatures," provided by the RVPO on 1/20/22 at 12:50 p.m., indicated the following: "Guidelines: To ensure all perishable foods stay fresh.... Procedure: 1. Dining Services will be responsible for taking temperatures on all kitchen and nourishment room refrigerators and freezers, and recording temperatures on temperature report logs daily, during each shift.... 2. Each refrigeration and freezer unit....all cold</p>			

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	<p>storage units are 41 F [Fahrenheit ] or below...0 F or below for freezers....</p> <p>a. A food item...is selected and the temperature is taken. If this is not first check off the day, and the food item(s) are &gt; 41 F and cannot be validated...food is discarded...."</p> <p>Review of a current facility policy, dated 2020, titled "Labeling and Dating Foods (Date Marking)," provided by the Regional Director of Operations on 1/20/22 at 12:50 p.m., indicated the following: Guideline: All foods stored will be properly labeled according to the following guidelines. Procedure: 1. Date marking for dry storage food items Unopened cases of dry food.... Once a case is opened, the individual food...received into the facility.... Expiration dates on commercially prepared, dry storage food items....</p> <p>2. Date marking for refrigerator storage items.... 3. Date marking for freezer storage food items.... ...Once a packed is opened, it will be re-dated with the date...."</p> <p>Review of a current facility policy, dated 2020, titled "Ice Handling and Cleaning" provided by the Regional Director of Operations on 1/20/22 at 12:50 p.m., indicated the following: Guideline: Ice will be stored and served to residents in a sanitary manner. ...6. Ice machine will be wiped down daily with sanitizer. 7. Ice machine will be emptied at least quarterly and thoroughly cleaned with an approved sanitizer...."</p> <p>This Federal tag relates to Complaint IN00371105.</p>			