

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/09/2024
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NAME OF PROVIDER OR SUPPLIER CEDAR CREEK OF WASHINGTON	STREET ADDRESS, CITY, STATE, ZIP COD 297 SOUTH 100 EAST WASHINGTON, IN 47501
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00430562 and IN00429445.</p> <p>Complaint IN00430562 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00429445 - State deficiencies related to the allegations are cited at R273.</p> <p>Survey dates: May 8 and 9, 2024</p> <p>Facility number: 004904</p> <p>Residential Census: 20</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed May 15, 2024.</p>	R 0000	<p><i>Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.</i></p>	
R 0273 Bldg. 00	<p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency</p> <p>Based on observation and interview, the facility failed to ensure the dishwasher was monitored for 1 of 2 observations. Chemical test strips to test the chlorine level for effective sanitation in a low temperature dishwasher was not completed.</p> <p>Findings include:</p> <p>On 5/9/24 at 9:30 A.M., during observation of the kitchen the facility was observed to be recording temperatures in the morning and evening on the low temperature dishwasher. The facility was not using chemical test strips to test the chlorine. The</p>	R 0273	<p><i>Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this</i></p>	05/09/2024

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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	<p>temperature of the dishwasher was observed to be 104 degrees Fahrenheit during the rinse cycle. At that time, the Dietary Manager indicated when she started in February, the chemical test strips were expired. The Dietary Manager asked the dietician about utilizing chemical strips to make sure the chemicals were correct for sanitizing the dishes. The Dietary Manager indicated the dietician told her to ask maintenance personnel. The Corporate Maintenance indicated to use the watch temperatures for their dishwasher. The Dietary Manager indicated she would call the manufacturer of the dishwasher to get a definitive answer.</p> <p>During an interview on 5/9/24 at 10:42 A.M., the Regional Director indicated the company had not called back, but the corporate office indicated chemical strips should be used.</p> <p>On 5/9/24 at 10:49 A.M., the Dietary Manager indicated she found chemical test strips and the dishwasher tested at 100 ppm (parts per million) for chlorine. The Dietary Manager indicated this was an acceptable result for the chemical concentration.</p> <p>During an interview on 5/9/24 at 10:57 A.M., the Regional Director indicated there had not been any digestive illnesses in the residents.</p> <p>On 5/9/24 at 10:57 A.M., the Regional Director indicated they did not have a policy for the dishwasher but follow the instructions on chemical testing the dishwasher twice a day per corporate's recommendations.</p> <p>This citation relates to Complaint IN00429445.</p>		<p><i>Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.</i></p> <p>R 273 410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>No residents were found to have been affected by this deficient practice.</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</p> <p>The Executive Director and Director of Nursing observed residents that had the potential to be affected by this practice. No other residents were found to have been affected by this deficient practice.</p> <p>3. What measure will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not reoccur:</p>	

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			<p>Chemical test strips will be used to test the chlorine level for effective sanitation with the low temperature dishwasher after every meal service (3 times every day)</p> <p>The Dining Service Director or designee will train all Dining Services staff on how to use chemical test strips to test the chlorine level for effective sanitation in a low temperature dishwasher</p> <p>4. 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:</p> <p>The Executive Director is responsible for sustained compliance. The ED/designee will complete audits by checking the documentation of the use of chemical strips weekly for 4 weeks, biweekly for 4 weeks, then monthly for 1 month to ensure compliance. The audit will be discussed in weekly 1:1 meetings with the Dining Service Director. Monitoring will be on-going.</p> <p>5. By what date will the systemic changes be completed?</p> <p>Systemic changes were implemented by the Dining Service</p>	

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

PRINTED: 09/27/2024
FORM APPROVED
OMB NO. 0938-039

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			Director on May 9, 2024, and will be ongoing.		