

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155678	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/19/2015
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NAME OF PROVIDER OR SUPPLIER WATERFORD PLACE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 800 ST JOSEPH DR KOKOMO, IN 46901
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F 000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey.</p> <p>Survey Dates: May 11-15, 18 & 19, 2015</p> <p>Facility Number: 002667 Provider number: 155678 AIM number: 200300090</p> <p>Census bed type: SNF: 46 SNF/NF: 44 Residential: 36 Total: 126</p> <p>Census payor type: Medicare: 41 Medicaid: 34 Other: 15 Total: 90</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1</p>	F 000	Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the Provider of the accuracy or validity of the findings as alleged or conclusion set forth in the statement of deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by the provision of federal and state law. Please accept this Plan of Correction as Waterford Place Health Campus' Credible Allegation of Compliance. Waterford Place Health Campus respectfully requests Desk Review/Paper Compliance.	
F 156 SS=A Bldg. 00	<p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES The facility must inform the resident both</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 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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	<p>orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section;</p>			

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	<p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>Based on record review and interview, the facility failed to give timely notice for</p>	F 156	1. The two residents identified in the survey have both been	06/08/2015

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	<p>medicare services ending for 2 of 3 residents reviewed for Liability and appeal notices in a sample of 3. (Resident # 128 and # 83)</p> <p>Findings include:</p> <p>Liability and appeal notices were received on 05/11/2015 at 2:16 p.m., from the business office.</p> <p>Resident # 128's notice indicated her service end date was 4/29/15, and the form was signed per verbal explanation on 4/28/15. This resident was discharged home.</p> <p>Resident # 83's notice indicated his service end date was 1/7/15, and the form was signed on 1/6/15. This resident was discharged home.</p> <p>On 05/11/2015 at 3:23 p.m., during an interview with the SSD (Social Service Director) she indicated she was the person who initiated the liability and appeal notices and this was a new responsibility for her. She indicated she thought they had to have 48 hour notice from discharge date not the end of service date.</p> <p>During interview on 5/13/15 at 10:17 a.m., the SSD indicated she had reviewed</p>		<p>discharged to home. 2. All residents who require liability and appeal notices related to Medicare services ending and are discharging from the facility will receive notice at least 2 days prior to their last covered day. 3. The Social Services Director and Social Services Assistant have been educated on the notification requirements as outlined in the Part A "Advanced Beneficiary Notice" which specifies that a notice must be given at least 2 days prior to the beneficiary's last covered day. The facility Business Office Manager or designee will audit the financial record of each resident who requires a liability and appeal notice, and prior to closing the record, will ensure that the notice was given timely. The findings of these audits will be documented on the "Advanced Beneficiary Notice" log. 4. The Business Office Manager or Designee will present the results the audit to the facility Quality Assurance meeting monthly and will be reviewed for three months at which time the QA Committee will recommend continuation or revisions to the audit process. 5. June 8, 2015.</p>	

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F 278 SS=E Bldg. 00	<p>the information the facility currently uses to provide the liability and appeal notices and it indicated to give 2 days notice prior to the last covered day.</p> <p>At this time, she provided a form titled "How to implement Part A ABN's [Advanced Beneficiary Notice], which she indicated was the information the facility currently used for Appeal notices. The form indicated: "...2. The physician discharges the resident to another setting (lower level or care) or home. a. Issue a Generic Notice of an expedited review 2 days prior to the last covered day...."</p> <p>3.1-5(f)(3)</p> <p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p>			

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	<p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>Based on record review and interview, the facility failed to correctly identify and accurately assess the residents status regarding Hospice for 7 out of 7 residents reviewed for Hospice (Residents #17, #25, #47, #69, #132, #134, and #183).</p> <p>Findings include:</p> <p>1. The Clinical record for Resident #17 was reviewed on 5/13/2015 at 1:30 p.m. Diagnoses included, but were not limited to, Parkinson's (paralysis agitans), hypertension, schizophrenia, Bi-polar disorder, and Alzheimer's Disease.</p> <p>A Physician's order, dated 3/25/2015, indicated admission to Hospice with diagnosis of Alzheimer's disease and indicated, "...resident has life expectancy of six months or less if the terminal</p>	F 278	<p>1. The MDS for each resident identified was modified to include a prognosis of less than six months life expectancy. 2. The MDS of each resident currently residing in the facility and on hospice services was reviewed to ensure that if a prognosis of less than six months life expectancy was identified, that this was accurately coded on the MDS. 3. The medical record, including the MDS, will be reviewed by the DHS or her Designee, for each resident who transitions to hospice services to ensure the appropriate physician's order for hospice services is present and that the MDS accurately reflects a prognosis of less than six months life expectancy if indicated. 4. The MDS Coordinator or her Designee will present the findings at the Campus Quality Assurance meeting monthly for three months at which time the QA committee will determine continuation or</p>	06/08/2015

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	<p>illness runs its normal course...."</p> <p>A significant change Minimum Data Set Assessment (MDS), dated 4/1/2015, indicated Resident #17 was on hospice and did not have a prognosis of less than six months.</p> <p>During an interview with the MDS Coordinator on 5/13/15, at 3:30 p.m., she indicated hospice was indicated on the MDS, but Resident #17 did not have a prognosis of less than six months indicated on the MDS.</p> <p>2. The Clinical record for Resident #25 was reviewed on 5/12/2015 at 9:15 a.m. Diagnoses included, but were not limited to, Alzheimer's disease, dementia, asthma and depression.</p> <p>A Physician's order, dated 8/22/2014, indicated admission to Hospice with diagnosis of Alzheimer's disease and indicated, "...resident has life expectancy of six months or less if the terminal illness runs its normal course...."</p> <p>A significant change MDS, dated 9/4/2014, indicated Resident #25 was on hospice and did not have a prognosis of less than six months.</p> <p>A quarterly review MDS, dated</p>		<p>revisions to the review process. 5. 6/8/15.</p>	

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	<p>12/4/2014, indicated Resident #25 was on Hospice and did not have a prognosis of less than six months.</p> <p>A quarterly review MDS, dated 3/4/2015, indicated Resident #25 was on Hospice and did not have a prognosis of less than six months.</p> <p>During an interview with the MDS Coordinator on 5/13/15, at 3:30 p.m., she indicated hospice was indicated on the MDS, but Resident #25 did not have a prognosis of less than six months indicated on the MDS.</p> <p>3. The Clinical record for Resident #47 was reviewed on 5/13/2015 at 2:05 p.m. Diagnoses included, but were not limited to, hypertension, dementia, delirium, depression and Alzheimer's Disease.</p> <p>A Physician's order, dated 10/20/2014, indicated, admission to Hospice with diagnosis of dementia and indicated, "...resident has life expectancy of six months or less if the terminal illness runs its normal course...."</p> <p>An admission MDS, dated 11/12/2014, indicated Resident #47 was on hospice and did not have a prognosis of less than six months.</p>			

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	<p>A quarterly review MDS, dated 2/12/2015, indicated Resident #47 was on Hospice and did not have a prognosis of less than six months.</p> <p>During an interview with the MDS Coordinator on 5/13/15, at 3:30 p.m., she indicated hospice was indicated on the MDS, but Resident #47 did not have a prognosis of less than six months indicated on the MDS.</p> <p>4. The Clinical record for Resident #69 was reviewed on 5/13/2015 at 2:35 p.m. Diagnoses included, but were not limited to, hypertension, bi-polar disorder, atrial fibrillation, dementia and Alzheimer's disease.</p> <p>A Physician's order, dated 7/8/2014, indicated admission to Hospice with diagnosis of Alzheimer's Disease and indicated, "...resident has life expectancy of six months or less if the terminal illness runs its normal course...."</p> <p>A significant change MDS, dated 7/16/2014, indicated Resident #69 was on hospice and did not have a prognosis of less than six months.</p> <p>A quarterly review MDS, dated 10/17/2014, indicated Resident #69 was on Hospice and did not have a prognosis</p>			

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	<p>of less than six months.</p> <p>A quarterly review MDS, dated 1/16/2015, indicated Resident #69 was on Hospice and did not have a prognosis of less than six months.</p> <p>A quarterly review MDS, dated 4/15/2015, indicated Resident #69 was on Hospice and did not have a prognosis of less than six months.</p> <p>During an interview with the MDS Coordinator on 5/13/15, at 3:30 p.m., she indicated hospice was indicated on the MDS, but Resident #69 did not have a prognosis of less than six months indicated on the MDS.</p> <p>5. The Clinical record for Resident #132 was reviewed on 5/13/2015 at 1:02 p.m. Diagnoses included, but were not limited to, hypertension, Alzheimer's disease, congestive heart failure, and dementia.</p> <p>A Physician's order, dated 1/3/2015, indicated admission to Hospice with diagnosis of Alzheimer's Disease and indicated, "...resident has life expectancy of six months or less if the terminal illness runs its normal course...."</p> <p>A significant change MDS, dated 1/12/2015, indicated Resident #132 was</p>			

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	<p>on hospice and did not have a prognosis of less than six months.</p> <p>A quarterly review MDS, dated 4/12/2015, indicated Resident #132 was on Hospice and did not have a prognosis of less than six months.</p> <p>During an interview with the MDS Coordinator on 5/13/15, at 3:30 p.m., she indicated hospice was indicated on the MDS, but Resident #132 did not have a prognosis of less than six months indicated on the MDS.</p> <p>6. The Clinical record for Resident #134 was reviewed on 5/13/2015 at 10:10 a.m. Diagnoses included, but were not limited to, adult failure to thrive, Alzheimer's disease, anxiety, difficulty in walking, dysphagia, muscle weakness, and macular degeneration.</p> <p>A Physician's order, dated 11/13/2014, indicated admission to Hospice with diagnosis of Cardiac disease and "...resident has life expectancy of six months or less if the terminal illness runs its normal course...."</p> <p>A quarterly review Minimum Data Set Assessment (MDS), dated 12/2/2014, indicated Resident #134 was on hospice and did not have a prognosis of less than</p>			

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	<p>six months.</p> <p>A quarterly review MDS, dated 12/12/2015, indicated Resident #134 was on Hospice and did not have a prognosis of less than six months.</p> <p>A quarterly review MDS, dated 3/2/2015, indicated Resident #134 was on Hospice and did not have a prognosis of less than six months.</p> <p>During an interview with the MDS Coordinator on 5/13/15, at 3:30 p.m., she indicated hospice was indicated on the MDS, but Resident #134 did not have a prognosis of less than six months indicated on the MDS.</p> <p>7. The Clinical record for Resident #183 was reviewed on 5/13/2015 at 3:00 p.m. Diagnoses included. but were not limited to, end stage congestive heart failure, hypertension and neuropathy.</p> <p>A Physician's order, dated 12/20/2014, indicated admission to Hospice with diagnosis of congestive heart failure and indicated, "...resident has life expectancy of six months or less if the terminal illness runs its normal course...."</p> <p>An admission Minimum Data Set</p>			

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F 309 SS=D Bldg. 00	<p>Assessment (MDS), dated 12/26/2014, indicated Resident #183 was on hospice and did not have a prognosis of less than six months.</p> <p>A quarterly assessment MDS, dated 3/17/2015, indicated Resident #183 was on Hospice and did not have a prognosis of less than six months.</p> <p>During an interview with the MDS Coordinator on 5/13/15, at 3:30 p.m., she indicated hospice was indicated on the MDS, but Resident #183 did not have a prognosis of less than six months indicated on the MDS.</p> <p>3.1-31(a) 3.1-31(d)(3)</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Based on record review and interview, the facility failed to appropriately assess and monitor residents who received</p>	F 309	1. An assessment of shunt site was performed for identified resident #12. Identified resident #219 discharged from the facility.	06/08/2015			

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	<p>dialysis treatments for 2 of 2 residents reviewed for dialysis (Resident #12, Resident #219).</p> <p>Findings include:</p> <p>1. The clinical record of Resident #12 was reviewed on 5/15/15 at 9:00 a.m. Diagnoses included, but were not limited to, renal disease with dialysis, syncope, chronic A-fibrillation (A-Fib), COPD (chronic obstructive pulmonary disease), and emphysema.</p> <p>The record indicated Resident #12 received dialysis treatments three days a week on Tuesday, Thursday and Saturday.</p> <p>A review of Nursing notes from 3/24/15 through 5/3/15, did not indicate an assessment of shunt site was performed.</p> <p>During an interview with RN#1 on 5/15/15 at 9:20 a.m., she indicated upon return to facility the resident should have has a vital signs assessment.</p> <p>A review of the "Communication from campus to dialysis center" forms from 3/19/15 through 5/14/15, did not indicate assessment upon return from dialysis was completed.</p>		<p>2. The medical records of all residents currently residing in the facility and receiving dialysis services were reviewed to ensure that appropriate assessments were in place. 3. All licensed nursing staff were re-educated on the "Communication from Campus to Dialysis Center" form and the Campus guidelines regarding assessing, monitoring, and documenting pre and post dialysis treatment assessments, including but not limited to, vital signs, overall condition, and shunt site. The medical record of each resident receiving dialysis services will be audited on each day the resident receives dialysis. The audit will be performed by the DHS or her Designee, and will include a review of all documentation related to Campus guidelines for pre and post dialysis assessments and communication. Any identified areas will be immediately corrected. 4. The DHS or her Designee will present the results of these audits at the facility Quality Assurance meeting monthly for three months at which time the QA Committee will determine continuation or revisions to the audit process. 5. 6/8/15.</p>		

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	<p>2. The clinical record of Resident #219 was reviewed on 5/15/15 at 10:30 a.m. Diagnoses included, but were not limited to, septicemia, acute renal failure, pneumonia, A-Fib, COPD, tachycardia.</p> <p>The record noted Resident#219 received dialysis on Monday, Wednesday and Friday.</p> <p>A review of the Nursing Admission Assessment on 5/15/15 at 2:00 p.m., noted the presence of port site on right subclavian (below the collar bone). No assessment of bruit or thrill was noted.</p> <p>During an interview with RN#1 on 5/15/15 at 9:20 a.m., she indicated upon return to facility the resident should have had a vital signs assessment and review of the communication form from the dialysis center.</p> <p>During an interview with the Director of Nursing (DON) on 5/15/15 at 1:20 p.m., she indicated there was no "Communication from campus to dialysis center" form in the resident's record and this was expected for all residents receiving dialysis services.</p> <p>A Guideline for Dialysis Provider Communication (no date) received from the Director of Health Services (DHS) on</p>			

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F 371 SS=F Bldg. 00	<p>5/15/15 at 10:30 a.m., indicated, "...Purpose: To provide guidelines for communication and partnership of Dialysis Providers and the campus. Procedure... 5. Upon return from the Dialysis Provider the campus shall:a. Provide ongoing monitoring of the shunt site for signs of complication. b. Review the Dialysis Provider paperwork for any necessary follow up requirements...."</p> <p>A Guideline for Monitoring Shunt: Hemodialysis Arteriovascular Access(AV) (Fistula,Graft or Central Venous Catheter) dated January,2014, received from Nurse Consultant on 5/15/15 at 1:25 p.m.. indicated, "...Purpose: To effectively provide monitoring of vascular access utilized for hemodialysis. 2. Monitor the AV shunt daily for thrill and bruit...."</p> <p>3.1-37(a)</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p>			

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	<p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observation, interview and record review, the facility failed to ensure food preparation and storage areas were clean and failed to ensure food was stored in a sanitary manner for 2 of 2 kitchens observed. The deficient practice had the potential to affect 86 of 86 residents who received meals from the kitchen.</p> <p>Findings include:</p> <p>1. During the tour of the main kitchen on 05/11/2015 at 9:22:49 a.m., with the Dietary Manager (DM) the following was observed.</p> <p>The freezer by the stove had an open bag of chicken strips and french fries that were not dated.</p> <p>The metal cart holding the steamer had splatters and had a bottle of grease cleaner, 2 grill bricks and an unnamed item on the lower shelf. At this time, the DM indicated these items should not be on the metal cart.</p> <p>The grill plate had a large build up of</p>	F 371	<p>1. Areas identified were immediately cleaned by the Assistant Director of Food Services (ADFS) and staff were re-educated on the day shift cleaning responsibilities, evening shift cleaning responsibilities, and closing cleaning duties. A follow-up education session was held on 6/4/15 by the Director of Food Services and Dining Services support personnel. 2. In order to prevent other residents from being affected, the Director of Food Services (DFS) or her designee will audit the AM cleaning schedules, evening cleaning schedules, and evening closing responsibilities daily to ensure compliance with cleaning expectations each day. The DFS, ADFS, or designee will verify compliance with the checklist through daily rounds of each kitchen. 3. The Director of Food Services (DFS) or her designee will audit the AM cleaning schedules, evening cleaning schedules, and evening closing responsibilities daily to ensure compliance with the cleaning checklists. The DFS, ADFS, or Designee will verify compliance with the checklist through daily rounds of each kitchen. The</p>	06/08/2015

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	<p>food debris and brown splatters around it. At this time during interview, the DM indicated the grill needed cleaned.</p> <p>The blender uses to make soups was soiled on the outside with brown splatters.</p> <p>The milk cooler had several dried white splatters on the lowest level on the right side and the left side lowest level had dark splatters which at that time, the DM indicated was juice splatters.</p> <p>2. During an observation of the Legacy kitchen with the DM on 05/11/2015 at 9:45 a.m., the following was observed:</p> <p>The deep fryer had a large amount of debris around it and grease splatters and pooling around and under it.</p> <p>The refrigerator had 1 pitcher of a white substance and 1 pitcher of a pink substance that was not covered or dated. At this time the DM indicated the items looked like house shakes and should have been dated and covered.</p> <p>The kitchen cleaning schedules were received from the Administrator on 5/13/15 at 4:30 p.m. The schedules indicated: "Cooks Daily Cleaning Schedule...Clean front, sides and tops of</p>		<p>findings of these rounds will be documented daily. 4. The DFS or her Designee will present the results of the audits and rounds at the Campus Quality Assurance meeting monthly for three months at which time QA committee will recommend continuation or revisions to the audit process. 5. 6/8/15.</p>	

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R 000 Bldg. 00	<p>all equipment...clean out steamer, drain and wipe off...empty grease trap under griddle...." A check list provided by the Administrator at this time indicated: "AM Dinner Cook Tasks...Wrap, Label, and Date all Food Products and Store Properly...Clean Debris from Stovetop, Flat top and Mixer...." "PM" Dinner Cook Tasks...Wrap, Label, and Date all Food Products and Store Properly...Clean Debris from Stovetop, Flat top and Mixer...." A "Dietary Closing Checklist" indicated: "...Make sure everything has a date Make sure everything is organized and free of debris...."</p> <p>3.1-21(i)(2) 3.1-21(i)(3)</p> <p>This visit was for a State Residential Licensure Survey.</p> <p>Residential Cenus: 36 Sample: 9</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-5</p>	R 000	Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the Provider of the accuracy or validity of the findings as alleged or conclusion set forth in the statement of deficiencies.This Plan of Correction is prepared and/or executed solely because it is required by the provision of federal and state law. Please accept this Plan of Correction as Waterford Place Health Campus'	

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R 273 Bldg. 00	<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.</p> <p>Based on observation, interview and record review, the facility failed to ensure food preparation and storage areas were clean and failed to ensure food was stored in a sanitary manner for 2 of 2 kitchens observed. The deficient practice had the potential to affect 36 of 36 residents who received meals from the kitchen.</p> <p>Findings include:</p> <p>1. During the tour of the main kitchen on 05/11/2015 at 9:22:49 a.m., with the Dietary Manager (DM) the following was observed.</p> <p>The freezer by the stove had an open bag of chicken strips and french fries that were not dated.</p> <p>The metal cart holding the steamer had splatters and had a bottle of grease</p>	R 273	<p>Credible Allegation of Compliance. Waterford Place Health Campus respectfully requests Desk Review/Paper Compliance.</p> <p>1. Areas identified were immediately cleaned by the Assistant Director of Food Services (ADFS) and staff were re-educated on the day shift cleaning responsibilities, evening shift cleaning responsibilities, and closing cleaning duties. A follow-up education session was held on 6/4/15 by the Director of Food Services and Dining Services support personnel. 2. In order to prevent other residents from being affected, the Director of Food Services (DFS) or her designee will audit the AM cleaning schedules, evening cleaning schedules, and evening closing responsibilities daily to ensure compliance with cleaning expectations each day. The DFS, ADFS, or designee will verify compliance with the checklist through daily rounds of each kitchen. 3. The Director of Food Services (DFS) or her Designee will audit the AM cleaning schedules, evening cleaning</p>	06/08/2015

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	<p>cleaner, 2 grill bricks and an unnamed item on the lower shelf. At this time, the DM indicated these items should not be on the metal cart.</p> <p>The grill plate had a large build up of food debris and brown splatters around it. At this time during interview, the DM indicated the grill needed cleaned.</p> <p>The blender used to make soups was soiled on the outside with brown splatters.</p> <p>The milk cooler had several dried white splatters on the lowest level on the right side and the left side lowest level had dark splatters which at that time, the DM indicated was juice splatters.</p> <p>2. During an observation of the Legacy kitchen with the DM on 05/11/2015 at 9:45 a.m., the following was observed:</p> <p>The deep fryer had a large amount of debris around it and grease splatters and pooling around and under it.</p> <p>The refrigerator had 1 pitcher of a white substance and 1 pitcher of a pink substance that was not covered or dated. At this time the DM indicated the items looked like house shakes and should have been dated and covered.</p>		<p>schedules, and evening closing responsibilities daily to ensure compliance with the cleaning checklists. The DFS, ADFS, or designee will verify compliance with the checklist through daily rounds of each kitchen. The findings of these rounds will be documented daily. 4. The DFS or her Designee will present the results of the audits at the Campus Quality Assurance meeting monthly for three months at which time the QA committee will recommend continuation or revisions to the audit process. 5. 6/8/15.</p>		

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	The kitchen cleaning schedules were received from the Administrator on 5/13/15 at 4:30 p.m. The schedules indicated: "Cooks Daily Cleaning Schedule...Clean front, sides and tops of all equipment...clean out steamer, drain and wipe off...empty grease trap under griddle...." A check list provided by the Administrator at this time indicated: "AM Dinner Cook Tasks...Wrap, Label, and Date all Food Products and Store Properly...Clean Debris from Stovetop, Flat top and Mixer...." "PM" Dinner Cook Tasks...Wrap, Label, and Date all Food Products and Store Properly...Clean Debris from Stovetop, Flat top and Mixer...." A "Dietary Closing Checklist" indicated: "...Make sure everything has a date Make sure everything is organized and free of debris...."			