

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155275	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/02/2016
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NAME OF PROVIDER OR SUPPLIER  WATERS OF PRINCETON, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1020 W VINE ST PRINCETON, IN 47670
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00204315 and IN00204069.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on June 14, 2016.</p> <p>Complaint IN00204315 - Substantiated. Federal/State deficiencies related to the allegations cited at F-364 and F-371.</p> <p>Complaint IN00204069 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: August 1 and 2, 2016.</p> <p>Facility number: 000175 Provider number: 155275 AIM: 100274440</p> <p>Census bed type: SNF/NF: 78 Total: 78</p> <p>Census payor type: Medicare: 9 Medicaid: 62 Other: 7</p>	F 0000	<p><b>F-000</b> Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission of agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with State and Federal Laws. Facility's date of alleged compliance is: August 24, 2016. <b>Facility is respectfully requesting paper compliance for all deficiencies in this POC.</b></p>	
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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 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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F 0364 SS=E	<p>Total: 78</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by #02748 on August 9, 2016.</p> <p>483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR,</p>			

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Bldg. 00	<p><b>PALATABLE/PREFER TEMP</b> Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.</p> <p>Based on observation, interview, and record review, the facility failed to provide food at the proper temperature for 1 of 2 meal observations.</p> <p>Findings include:</p> <p>During an interview on 8/1/16 at 10:52 a.m., Resident A indicated the food was not very good at the facility. The resident indicated he did not always eat the food that was on the menu and would often have peanut butter and jelly sandwiches for his meals.</p> <p>During an observation on 8/1/16 at 11:45 a.m., the goulash on the serving table appeared watery with little tomato sauce present. A container of plain macaroni also was observed to be sitting on the steam table. Cook #1 indicated the plain macaroni on the steam table was present in case she needed to add macaroni to the goulash. The broccoli appeared to be mainly stems that were served to the residents.</p> <p>During an observation on 8/1/16 at 12:05</p>	F 0364	<p><b>F-364</b> It is the policy of the facility to see that food served is prepared by methods that conserve nutritive value, flavor and appearance. Also, food is to be palatable, attractive and at the proper temperature. Residents A, H and I are well satisfied with the meals/food served at the facility. Foods like goulash that require a sauce(such a tomato sauce) have adequate amounts of ingredients to make the dishes tasty, flavorful and "hearty" so as to be desirable to the residents. Vegetables like broccoli, are served with florets and/or desirable cuts to make them more appetizing and palatable for the residents. Nutritious, attractive and palatable substitutes (at proper temps) are offered to residents who do not desire to eat the menu meals. Foods are temped by the appropriate kitchen staff prior to plating the food for serving and resident consumption. Residents who consume food/meals prepared by the facility have the potential to be affected by the finding. All foods (bulk amount) will be temped prior to being plated for service. The temps will be taken/logged by the</p>	08/24/2016			

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	<p>p.m., Resident H and Resident I were observed to be seated at the dining room table on the locked dementia care unit. Resident H and Resident I indicated the food looked terrible and was unfit to eat. Resident H indicated it was probably made with left-overs with Resident I in agreement.</p> <p>During an interview on 8/1/16 at 2:30 p.m., an anonymous family member indicated the food which was served would often be unidentifiable. The family member indicated the food was not appealing in appearance and the staff would oftentimes obtain a peanut butter sandwich for the residents.</p> <p>During an interview on 8/2/16 at 8:40 a.m., LPN #1 indicated if a resident did not want the food on the menu, she would go to the kitchen and obtain peanut butter and jelly sandwiches for the resident. LPN #1 indicated the residents always received another food if they did not like the food being served.</p> <p>During an observation on 8/1/16 at 11:45 a.m., Cook #1 was observed to place a bowl of goulash and a bowl of broccoli onto a plate. Cook #1 was observed to place the plate onto the tray. Cook #1 was observed to do this for 2 (two) different resident trays. Upon query,</p>		<p>cook/designee. The Dietary Manager/Designee will monitor the temp logs daily to see that temps are taken and logged and that they fall within the acceptable temp parameters as per policy and state guidelines for food temps. Foods will be served at proper temps. This monitoring will continue until 4 consecutive weeks of zero negative findings is achieved. After that, the monitoring will occur 3 days weekly to ensure continued compliance. Further, the DON/Designee will temp the last tray cart tray on each of the 3 main areas besides the Main Dining Room which includes Hope Springs, Rehab and Skilled to monitor for acceptable food temps. If the temps are not acceptable, this will be corrected prior to serving. This monitoring will take place 3 days weekly at various meals. This will include some weekend days. Further, during the monitoring of temps, 3 interviewable residents in each area (Hope Springs, Rehab and Skilled) will be interviewed as to satisfaction with appearance, palatability, flavor and temp of food/meals. Any concerns will be addressed as discovered. The monitoring will continue until 4 consecutive weeks of zero negative findings is achieved. After that, the monitoring will occur 1 day weekly ongoing to ensure continued compliance. The Administrator will review the</p>	

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	<p>Cook #1 indicated she had not obtained the temperature of the foods prior to traying the foods. Cook #1 indicated she would "do it now if I wanted." Cook #1 proceeded to temp the food at that time. While temping the foods, a container of plain macaroni was observed to be on the steam table. Upon query, Cook #1 indicated the plain macaroni was to add to the goulash if she needed it or if a resident preferred plain macaroni, she would have it.</p> <p>During an interview on 8/2/16 at 8:45 a.m., the Adm (Administrator) indicated she had educated Cook #1 regarding the temping of the foods and when the temping should occur.</p> <p>During an interview with LPN #1 on 8/2/16 at 10:56 a.m., LPN #1 indicated Resident H and Resident I often complained about different things on the unit. LPN #1 indicated Resident I was a "picky" eater, so she asked for and received substitutes often. LPN #1 indicated she had obtained substitute foods for Resident H at times also, but not as often as Resident I.</p> <p>During an interview on 8/2/16 at 1:45 p.m., the Adm indicated she would be going over the menu more thoroughly to see what the facility was going to be</p>		<p>menus/recipes monthly with the Dietary Manager and the Dietician prior to the roll out to ensure that menus include substantial amounts of sauces in the entrees as well as quality cuts of vegetables (such as broccoli florets instead of all stems and pieces). Further, at this time, review of the quality of the substitutes available will be verified. Any concerns will be corrected prior to roll out. This will be an ongoing process. At an in-service held for dietary on 8-3-2016, the following was reviewed: A.) Meals/Food—Nutrition Appearance Palatability Temps B.) Temping food prior to serving—Who? When? How? Logged? Acceptable Temps-- -What are the parameters? What to do if outside the parameters? C.) Foods-- -Storage/Labels/Dates D.) Infection Control—Hand Hygiene during mealprep and service 3Compartment Sink—proper use of Haircovering in Dietary Dept. Crosscontamination—Ex: Items like mitts coming in contact with foods Whatto do if you see a "breach" At an in-service held on 8-19-2016 for all staff the following was reviewed: A.) Importance of timely tray service B.) What to do if a resident complains about the food including flavor, palatability and temp C.) Substitute meals/foods—when to offer and</p>				

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F 0371 SS=E	<p>serving to the residents each month to ensure the menu would be what the residents would want to eat.</p> <p>A policy, dated 2011 and obtained from the DM (Dietary Manager) on 8/2/16 at 2:00 p.m., indicated the cook will take the temperatures of hot and cold food items would be obtained prior to each meal service.</p> <p>This Federal tag relates to Complaint IN00204315.</p> <p>3.1-21(a)(2)</p>		<p>howto obtain D.) Proper hand hygiene during meal service anddelivery of trays E.) Questions/Answers Any staff who fail tocomply with the points of the in-service will be further educated and/orprogressively disciplined as indicated. At the monthly QA meeting,the results of the monitoring by the Dietary Manager/Designee and theDON/Designee will be reviewed for any patterns. If necessary, an Action Plan will be written by the committee. Any Action Plan will be reviewed by theAdministrator weekly until resolution.</p>	

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Bldg. 00	<p><b>STORE/PREPARE/SERVE - SANITARY</b> The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observation, interview, and record review, the facility failed to prepare and serve food under sanitary conditions for 1 of 2 observations of the kitchen.</p> <p>Findings include:</p> <p>During an observation of the kitchen on 8/1/16 at 8:55 a.m., the walk-in freezer had a plastic bag of broccoli stems and cuts, with the bag opened and undated.</p> <p>During an observation on 8/1/16 at 11:26 a.m., Cook #1 was observed to puree goulash and broccoli for the noon meal. Cook #1 was observed to obtain the goulash from a pan and place it into the food processor. Cook #1 added "a little bit" of tomato sauce to the goulash to puree it. The pureed goulash was placed into a pan and covered with foil. Cook #1 reached into her pocket and retrieved a marker to date and label the goulash prior to placing it into the oven. Cook #1 removed the processor from the base, and rinsed the lid and blade off in the</p>	F 0371	<p><b>F-371</b> It is the policy of the facility to ensure that food is prepared and served under sanitary conditions. All foods in the walk-in freezer are properly sealed (stored)/labeled and dated. No staff reach into their pockets to retrieve markers to date food covers. All equipment is cleaned properly and appropriately as per policy as far as what is in the 3 compartment sinks(soap/chemicals/water as indicated) and when it is to be discarded as well as how equipment is introduced and extracted as related to the 3 compartment sink. The 3 compartment sink sides are not to be used for draining liquid from pans. Proper hand hygiene is practiced in the Dietary Department. Hair nets/covers are worn by staff/others while in the Dietary Department. Oven mitts do not come into contact with food. Any staff who deliver food/drink to residents including Resident K have proper hand hygiene practiced for them as their food/drink is delivered. The DM will monitor for proper food labeling/dating/storage in the freeze 5 days weekly. Further, the DM will monitor to see that</p>	08/24/2016

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	<p>3-compartment sink with plain water only. Cook #1 rinsed the processor bowl under running water without soap, obtained a used metal scrub pad and cleaned the inside of the bowl out, and rinsed the bowl under running water again. Cook #1 indicated she had discarded the sanitizing water in the 3 - compartment sink earlier and had not made anymore.</p> <p>After pureeing the goulash, Cook #1 obtained a pan containing broccoli in water from the stove, Cook #1 emptied the water from the pan using the side of one of the 3 - compartment sinks to assist with draining the broccoli. Cook #1 placed 6 (six) scoops of broccoli into the processor and pureed the broccoli. Cook #1 placed the pureed broccoli into a smaller pan and covered it with aluminum foil. She then obtained a marker from her pocket to date and label the pureed broccoli prior to placing it into the oven.</p> <p>No hand hygiene was observed prior to, during, or after pureeing the goulash or the broccoli.</p> <p>During an observation on 8/1/16 at 11:25 a.m., the Dietary Manager was observed to be dishing up cake for the noon meal. The DM had hair hanging out of the right</p>		<p>proper hand hygiene takes place in the Dietary Department. This will take place during the preparation and serving of meals 3 days weekly. These will be on various meals and will include some weekend days. Also, the use of the 3 compartment sink will be monitored 3 days weekly for proper use and contents of the compartments(including discarding appropriately). The use of the hand mitts (not coming into contact with food) as well as proper hair covering will also be monitored 3 days weekly at various meals and will include some weekend days. The DON/Designee will monitor the delivery of trays in the dining room as well as other areas where trays are delivered 3 days weekly to see that proper hand hygiene occurs before, during and after trays are served as indicated. Any concerns encountered during the monitoring will be corrected as found. The monitoring by the Dietary Manager will continue until 4 consecutive weeks of zero negative findings are achieved. After that, monitoring will occur 3 days weekly ongoing to ensure continued compliance. The monitoring by theDON/Designee will continue until 4 consecutive weeks of zero negative findings is achieved. Afterwards, the monitoring will continue at least 1 day weekly ongoing to ensure continued</p>	

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	<p>side of her hair restraint.</p> <p>During an observation on 8/1/16 at 11:30 a.m., Cook #1 was observed to apply oven mitts to both hands, obtained a pan of goulash from the oven, and placed it on the serving table ledge. Cook #1 removed the foil and attempted to place the pan of goulash into the steam table area. Cook #1 was observed to place her thumbs with the mitts on into the goulash pan. Cook #1 indicated she had gotten "sauce all over" the mitts.</p> <p>During an observation on 8/1/16 at 12:12 p.m., Activity Aide (AA) #1 was observed to be serving drinks in the main dining room. AA #1 was observed to have gloves on both hands. AA #1 was observed to open a straw for Resident J, handling the entire straw. AA #1 was observed to move Resident K to the table in her wheelchair. AA #1 was observed to obtain a cup of coffee for Resident K and handled the cup by the rim when serving it to the resident. AA #1 wore the same gloves with no hand hygiene observed.</p> <p>During an interview on 8/2/16 at 2:15 p.m., the Registered Dietician indicated sanitizing water should of been used during the washing of the processor.</p>		<p>compliance. At an in-service held on 8-3-2016 for the dietary staff the following was reviewed: (See tag 364) At an in-service held on 8-19-2016 for all staff the following was reviewed: (See tag 364) Any staff who fail to comply with the points of the in-service will be further educated and/or progressively disciplined as indicated. At the monthly QA meetings, the results of the monitoring by the DM/Designee and also by the DON/Designee will be reviewed. Any patterns will be identified. If necessary, an Action Plan will be written. Any written Action Plan will be monitored weekly by the Administrator until resolution.</p>		

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	<p>A policy, dated 2011 and obtained from the Registered Dietician on 8/2/16 at 2:25 p.m., indicated all equipment would be washed in a hot detergent solution in the first compartment of the 3-compartment sink, rinsed well in the second compartment, and sanitized by either heat or chemicals in the third compartment.</p> <p>This Federal tag relates to Complaint IN00204315.</p> <p>3.1-21(i)(2) 3.1-21(i)(3)</p>			