

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 07/11/2016
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NAME OF PROVIDER OR SUPPLIER BROOKDALE BLOOMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 3802 SARE RD BLOOMINGTON, IN 47401
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R 0000 Bldg. 00	<p>This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on May 27, 2016.</p> <p>Survey date: July 11, 2016</p> <p>Facility number: 011076 Provider number: 011076 AIM number: N/A</p> <p>Census bed type: Residential: 42 Total: 42</p> <p>Sample : 08</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-5.</p> <p>Q.R. completed by 14466 on July 12, 2016.</p>	R 0000	<p>The following is he Plan of Correction for Brookdale Bloomington in regards to the Statement of Deficiency for the State Residential Licensure Survey completed on July 11, 2016</p> <p>This Plan of Correction is not to be construed as an admission of or agreement with findings and conclusions in the Statement of Deficiency, or any related sanction or fine Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements; In this document, we have outlined specific actions in response to identified issues; We have not provided a detailed response to each finding , nor have we identified mitigating factors; We remain committed to the delivery of quality health care services and will continue to make changes and improvements to satisfy that objective</p>	
R 0273 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</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>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 as indicated by the facility policy and the 410 IAC-7-24 Retail Food Establishment Sanitation Requirements staff labeled and stored food in a sanitary manner for 1 of 1 kitchen which served 75 of 75 residents who resided at the facility.</p> <p>Findings include:</p> <p>The following was observed during kitchen tour, on 07/11/2016 at 10:35 a.m., with the Dietary Manager (DM) present:</p> <ol style="list-style-type: none"> 1. Temperature logs on the freezer and cooler had not been updated, to indicate the internal temperatures were being monitored, since July 4, 2016. 2. One box labeled hot dogs, opened in the freezer, with no open date. 3 Two gallons of opened ice cream in freezer with no open date. 4. One package of opened frozen blueberries, 1/2 package of opened frozen green peas, 1/2 package of opened frozen mixed vegetables in freezer with no open date. The DM indicated the food should 	R 0273	<p>R273 Food and Nutritional Services Deficiency What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice? The Dining Services Manager (DSM) and all associates that work in the dining services department have been disciplined for the deficient practice The DSM and all associates that work in the dining services department will receive training regarding labeling, safety and sanitation The DSM and/or designee will conduct an audit of the dining services department to ensure compliance of labeling, safety and sanitation daily x 1 month The Executive Director, Associate Director and/or designee will review and monitor the dining services audit to ensure that the dining services department is in compliance with labeling, safety and sanitation; Any member of the dining services team failing to meet compliance, will result in disciplinary action How will the community identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected; The DSM and all associates that work in the dining services department have been disciplined for the deficient practice The</p>	09/05/2016

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	<p>all have an open date and expiration date.</p> <p>5. One package of square white substance with no identifying label or discard date. The DM indicated it was a block of cream cheese.</p> <p>6. One pack of yellow cheese and 1 pack of white cheese in a container covered with plastic wrap, with no open date.</p> <p>7. One opened container of sour cream, 1 opened container of strawberry yogurt and 1 opened container of cottage cheese in the refrigerator with no open date.</p> <p>8. One container of chocolate pudding with discard date of 7/3, in refrigerator. DM removed and threw away.</p> <p>9. One oval shaped item half wrapped in plastic wrap with no identifying label or discard date. The DM indicated it was a ham hock. He did not deny the food should be labeled.</p> <p>10. Six cooked scrambled eggs in bowl in refrigerator, no date on plastic wrap. DM gave to cook to throw away.</p> <p>11. One opened package of shredded mozzarella, cheddar cheese, and parmesan cheese in refrigerator with no open date.</p>		<p>DSM and all associates that work in the dining services department will receive training regarding labeling, safety and sanitation The DSM and/or designee will conduct an audit of the dining services department to ensure compliance of labeling, safety and sanitation daily x 1 month The Executive Director, Associate Director and/or designee will review and monitor the dining services audit to ensure that the dining services department is in compliance with labeling, safety and sanitation; Any member of the dining services team failing to meet compliance, will result in disciplinary action What measures will be put into place or what systematic changes will the community make to ensure that alleged deficient practice does not recur? The DSM and/or designee will conduct an audit of the dining services department to ensure compliance of labeling, safety and sanitation on a daily basis as part of their routine job task to ensure compliance The Executive Director, Associate Director and/or designee will review and monitor the dining services audit to ensure that the dining services department is in compliance with labeling, safety and sanitation; Any member of the dining services team failing to meet compliance, will result in disciplinary action How will the corrective action(s) be monitored to ensure the deficient practice</p>				

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	<p>12. One opened box of apples, two opened bags of grapes and one opened box with 6 strawberries in the refrigerator with no open date.</p> <p>13. Deli slicer and stand mixer uncovered in the kitchen not being used. Cook was preparing food at the time of observation. DM did not have any comment in regard to the observation.</p> <p>On 7/11/16 at 11:52 a.m., the ED (executive director) provided the facility's policy, "Labeling," revised 5/10, and indicated it was the policy currently being used by the facility. The policy indicated, "...2. All prepared items... must have a label with the name of item, date prepared, by whom, and date of discard...."</p> <p>On 7/11/16, at 12:15 a.m., a review of the "RETAIL FOOD ESTABLISHMENT SANITATION REQUIREMENT MANUAL: 410 IAC 7-24-180," dated November 13, 2004, indicated, "...Food Labels (b) Label information shall include the following: (1) The common name of the food... adequately descriptive identity statement..."</p> <p>Review of the 2567 dated 5/27/16 and POC (plan of correction) dated 6/1/2016,</p>		<p>will not recur? What measures will be put into place or what systematic changes will the community make to ensure the alleged deficient does not recur? The DSM and/or designee will conduct an audit of the dining services department to ensure compliance of labeling, safety and sanitation on a daily basis as part of their routine job task to ensure compliance The Executive Director, Associate Director and/or designee will review and monitor the dining services audit to ensure that the dining services department is in compliance with labeling, safety and sanitation; Any member of the dining services team failing to meet compliance, will result in disciplinary action</p>	

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	<p>indicated the facility would be responsible for completing weekly audits or verification that all food/drink is properly labeled and stored and will complete a weekly audit form. Received weekly kitchen audit sheets from the ED (Executive Director) on 7/11/16 at 11:00 a.m. The ED indicated they did the audits themselves.</p> <p>This deficiency was cited on May 27, 2016. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>			