| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | X3) DATE SURVEY COMPLETED 05/10/2016 |
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| NORTH WOODS VILLAGE AT EDISON LAKES | 1409 E DAY ROAD<br>MISHAWAKA, IN 46545 |

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| R 0000<br><br>Bldg. 00 | This visit was for a State Residential Licensure Survey.<br><br>Survey dates: May 9 and 10, 2016<br><br>Facility number: 013236<br>Provider number: 013236<br>Aim number: N/A<br><br>Residential census: 51<br><br>Sample: 7<br><br>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-5.<br><br>Quality Review completed by 14454 on May 13, 2016. | R 0000 | North Woods Village at Edison Lakes submits this Plan of Correction ("POC") in accordance with specific regulatory requirements. It shall not be construed as an admission of any alleged deficiency cited. The Provider submits this POC with the intention that it be inadmissible by any third party in any civil or criminal action against the Provider or any employee, agent, officer, director, or shareholder of the Provider. The Provider hereby reserves the right to challenge the findings of this survey if at any time the Provider determines that the disputed findings: (1) are relied upon to adversely influence or serve as a basis, in any way, for the selection and/or imposition of future remedies, or for any increase in future remedies, whether such remedies are imposed by the state of or any other entity; or (2) serve, in any way, to facilitate or promote action by any third party against the Provider. Any changes to Provider policy or procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceeding on that basis. | |
| R 0092<br><br>Bldg. 00 | 410 IAC 16.2-5-1.3(i)(1-2)<br>Administration and Management - Noncompliance<br>(i) The facility must maintain a written fire | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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| | and disaster preparedness plan to assure continuity of care of residents in cases of emergency as follows:<br>(1) Fire exit drills in facilities shall include the transmission of a fire alarm signal and simulation of emergency fire conditions, except that the movement of nonambulatory residents to safe areas or to the exterior of the building is not required. Drills shall be conducted quarterly on each shift to familiarize all facility personnel with signals and emergency action required under varied conditions. At least twelve (12) drills shall be held every year. When drills are conducted between 9 p.m. and 6 a.m., a coded announcement may be used instead of audible alarms.<br>(2) At least every six (6) months, a facility shall attempt to hold the fire and disaster drill in conjunction with the local fire department. A record of all training and drills shall be documented with the names and signatures of the personnel present. | | | |
| | Based on interview and record review, the facility failed to conduct fire drills on each shift per quarter, for 3 of 3 quarters reviewed.<br><br>Finding includes:<br><br>On 5-10-2016 9:25 A.M., a record review of the "North Woods Village Fire Drill Report" for July 2015 through March 2016 was conducted. The 3rd shift drill was missing for the 3rd quarter of 2015. The 3rd shift drill was missing for the 4th quarter of 2015. The 2nd shift drill was missing for the 1st quarter of 2106. | R 0092 | North Woods Village will conduct fire drills quarterly on each shift. 1-2. No residents were adversely affected by the missed fire drills. The facility will designate new tools to track drill schedules that meet regulatory standards. 3. A new quarterly tracking tool will be used to ensure the facility conducts drills quarterly on each shift. The results of the drills will be reviewed by the Executive Director. 4. The Director of Environmental Services will report the results of the drills each quarter to the Executive Director. 5. This corrective action will be implemented by May 27,2016. | 06/15/2016 |

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| | During an interview on 5-10-2016 at 10:25 A.M., the Maintenance Director indicated, "...the drills should be done on each shift, every quarter and they were not...."<br><br>On 5-10-2016 at 1:27 P.M., the current policy titled, "Emergency Management Policy" was received by the Executive Director. The policy indicated, "...Emergency Management Policy...Standard...2. Training and Drills-Employees...b. Fire drills will be conducted quarterly on each shift under the supervision of the Executive Director...." | | | |
| R 0273<br><br>Bldg. 00 | 410 IAC 16.2-5-5.1(f)<br>Food and Nutritional Services - Deficiency<br>(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.<br>Based on observation, interview and record review, the facility failed to store and serve food under sanitary conditions, regarding dating of food, expiration of stored foods, hand washing and serving of food in 1 of 1 kitchens and 2 of 3 | R 0273 | 1-2. On review of our 24 hr reports no symptoms were found which would indicate residents were affected by facility practice. These records will continue to be monitored. 3. The following measures will be put in place to | 06/27/2016 |

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| | dinning rooms. This had the potential to effect 51 of 51 residents.<br><br>Findings include:<br><br>1. On 5-9-16 between 10:35 A.M. and 11:17 A.M., a kitchen tour was conducted with the DM (Dietary Manager). During this time, the following was observed:<br><br>Walk in cooler:<br>A open, undated, box containing 6 chocolate covered rice crispy treats and 6 mini blueberry muffins.<br><br>A box containing 1-10# (pound) tube of fresh ground beef with a use/freeze by date of 4-12-16. 6-10# tubes of fresh ground beef with a use/freeze by date of 5-5-16.<br><br>A box, dated 5-4, containing 4-8# packages of fresh beef ball tips. The DM indicate at this time"... the meat comes in fresh... we keep it in the refrigerator and use it as we need it... I had no idea it was out dated...this ground beef looks like it has turned...."<br><br>Walk in freezer:<br>No inside thermometer.<br>A open, undated, bag containing 6 chicken breasts. The DM indicated at | | ensure regulatory compliance. 1. Re-education of the staff on the following: · General education for staff on food handling,nutrition, and regulation requirements<br>· Food handling techniques<br>· Food storage, labeling, and dating · Hand washing<br>· Transporting of covered foods<br>· Cross contamination issues 2. Dietitian visit will occur on 6/6/2016 to provide additional observation and training. 3. Sanitation audits will be conducted routinely by the Director of Dining Services focusing on meal service, kitchen procedures, labeling, dating, and food storage. 4. The results of the sanitation audits will be reported to the executive director or his designee. These audits will commence June 1, 2016 on a daily basis for a two week period. Assuming the results of the audits during the prior two weeks were acceptable, the week 3 audit checks will only occur 3 days per week to confirm continued compliance. This process will continue until the sanitation concerns have been cleared by the Food Quality Committee comprised of the Director of Dining Services, Executive Director and additional staff as deemed appropriate. Once all practices are deemed compliant on an ongoing basis, the Director of Dining Services will only conduct random audits on an ongoing | |

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| | this time"...yes it should have a date...."<br><br>Reach in cooler:<br>A container of cooked rice, dated 5-4-16 .<br>A half gallon of 2% milk, dated 4-27 use by 5-4. The DM indicated " .. we get busy... we don't always check the dates... we keep milk 5 days after opening... I never use a inside thermometer... I use the outside digital thermometers to check the temperatures...."<br><br>Bread rack:<br>A open, undated, package of sub buns. The DM indicated" ...those should have a date...."<br><br>Line Cooler:<br>An, open, undated bag of whipped topping.<br><br>Clean dish rack:<br>2 plates, 7 bowls, 1 coffee cup, 2 carafes, stored upright. The DM indicated " they should be stored upside down...."<br><br>Service cooler:<br>A carryout container dated of 5-4-16.<br>No inside thermometer.<br>A open container of Vanilla Med Pass 2.0, dated 4-27-16. The DM indicated "...we keep those for 5 days...."<br><br>Reach in cooler in the Glades | | basis. Noncompliance of staff will be addressed initially with coaching gradually progressing through disciplinary action if needed. Final completion date 6/27/2016. | |

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| | neighborhood:<br>An open, undated, gallon of orange juice.<br>An open, undated, gallon of cranberry juice.<br><br>2. On 5-9-16 between 11:50 A.M. and 1215 P.M., the following was observed during the lunch meal in the vista and main dining room:<br><br>At 11:52 A.M., Employee #3 washed her hands for 10 seconds then served a resident their lunch plate.<br><br>At 11:54 A.M., Employee #5 washed her hands for 5 seconds then served a resident their lunch plate.<br><br>At 11:56 A.M., the Dietary Manager washer her hands for 10 seconds then set up a silverware place setting for a resident.<br><br>At 11:57 A.M., Employee #5 washed her hands for 7 seconds then served a resident their lunch plate.<br><br>At 11:59 A.M., Employee #7 placed a pan of uncovered of pan mixed vegetables into the warmer cart and pushed it down the hallway to the main dinning room.<br><br>At 12:07 P.M., Employee #4 served a | | | |

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| | lunch plate to a resident, walked away, then returned, took the plate from the resident and gave it to another resident.<br><br>At 12:15 P.M., the Dietary Manager was observed leaning down on her forearms, on the table, talking to a resident.<br><br>During an interview on 5-10-16 at 9:22 A.M., the DM indicated "...hands should be washed for 20 seconds... hands should be washed before serving food... incorrectly served plates should be disposed of not given to another resident... leftover food should be stored for 72 hours...."<br><br>During an interview on 5-10-16 at 1:38 P.M., the DM indicated "...we don't cover the food when it's put in the warmers... staff should not lean on tables during food service...."<br><br>On 5-10-16 at 9:20 A.M., the DM provided the current, undated, policy titled "Dining Storage Practices." The policy indicated "...2...e. All refrigerated foods soul be dated...food should not be kept past the use by date indicated on the package...."<br><br>On 5-10-16 at 10:11 A.M., the DM provided the current, undated, policy titled "Handwashing Practices." The | | | |

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| | policy indicated "... How: ...2. Scrub your hands,including under your fingernails and arms for 20 seconds...." | | | |