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 04/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EASTLAKE TERRACE	3109 E BRISTOL ELKHART, IN 46514

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
R 000 Bldg. 00	This visit was for the Investigation of Complaint IN00171725. Complaint IN00171725 - Substantiated. State deficiency related to the allegation is cited at R273. Survey dates: April 17, 18 and 20, 2015 Facility number: 010065 Provider number: 010065 AIM number: N/A Census bed type: Residential: 86 Total: 86 Residential sample: N/A These state findings are cited in accordance with 410 IAC 16.2-5.	R 000		
R 273 Bldg. 00	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. Based on observation and interview, the facility failed to ensure food was	R 273	This Plan of Correction is not to be construed as an admission of or agreement with the findings	05/29/2015

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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	prepared under sanitary conditions following a grease fire on the griddle stove/oven. This resulted in the kitchen being closed until all after effects of the fire were removed. The facility also failed to store dishes in a manner to prevent contamination and to provide a waste receptacle for easy use at the hand washing station. This occurred in 1 of 1 kitchens observed and had the potential to affect 86 of 86 residents. Finding includes: 1. On 4/17/15 at 12:45 P.M., an interview was conducted with the Dietary Manager (DM). The DM indicated there had been a fire in the kitchen on 4/6/15 at 3:00 P.M. She indicated it was a small grease fire at the back of the griddle stove located more to the middle of the kitchen. Staff used the spray extinguishers to extinguish the fire. The local fire department was called and did an on site visit. The sprinkler system above the griddle stove did not go off. The DM indicated they had "gotten rid of bread and bananas" after the fire. They were in the process of cleaning the kitchen a section at a time. The DM indicated they were still preparing meals and serving from the kitchen. The evening meal was to be Roast Beef and Turkey sandwiches and chips.		and conclusions in the Statement of Deficiencies, or the proposed administrative penalty (with right to correct) on the community. Rather, it is submitted as confirmation of our ongoing efforts to comply with all statutory and regulatory requirements. In this document, we have outlined specific actions in response to each allegation or finding. We have not presented all contrary factual or legal arguments, nor have we identified all mitigating factors. **1.The far left knob on the grill top, which is used to adjust the heat on the left side of the grill, has been removed. A permanent cover has been placed over the knob area to prevent any access to the grill heat control for the left side of the grill. This will prevent that side of the grill from getting to hot. This was completed on April 20, 2015. In addition, the grease catch pan will be part of the daily kitchen cleaning scheduled. It will be cleaned, at a minimum, at the end of each day and more often if necessary. The Director of Dining Services, or her designee, will monitor/audit the above twice per week for 2 months and once per week ongoing thereafter.**	

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	On 4/17/15 at 1:20 P.M., the Director of Nursing (DON) was interviewed. She indicated there was a burner by the grease trap but they did not know who turned the burner on. There was a label on the burner control which indicated not to turn this burner on. On 4/17/15 at 1:52 P.M., a tour of the kitchen was conducted accompanied by the DM. Upon entering the kitchen, the hand washing station sink was dirty and the paper towels for hand drying were missing. At this time the DM requested staff to fill the towel dispenser. The griddle stove had been taken out of the kitchen and was in the back parking lot being cleaned with a power wash and hand scrubbing. Dietary staff were in the process of preparing food, slicing tomatoes, near the are being cleaned. Other staff were cleaning near the food prep area. The kitchen equipment was being moved about as staff were cleaning. The floor was very slick and had scattered paper and food debris throughout the kitchen. There were tops of food seasoning containers open. The DM was unable to say if the were open during the fire and contaminated. There was a bread rack with bread in wrappers in the kitchen that had not been removed after the fire. Staff was unable to		**In addition, the stove/griddle top will be removed from the kitchen and cleaned twice per year/even six months. This will be in conjunction with the twice per year kitchen hood cleaning. The cleaning will be done by the Maintenance Director, the Dietary Manager or their designee.** **1.The trash receptacle will be relocated within the kitchen that will permit easy access to the hand washing sink and the waste basket designated to receive and contain the soiled hand towels used after washing one's hands. Dining services staff will be in-serviced where to properly place the trash receptacle. In-servicing of the dining services staff will be conducted by the Executive Director or his designee, and will be completed by May 29, 2015. The Director of Dining Services or her designee will monitor/audit the above twice per week for 2 months and once per week ongoing thereafter.** **2. (Con't) Bowls, cups and saucers will be stored and stacked**	

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	indicate if the bread wrappers were contaminated by the extinguishing spray. During the tour, the griddle stove was observed in the parking lot. The drip pan had been removed. The maintenance supervisor and the DM were in the process of cleaning the stove by hand scrapping and using a power washing. The back of the stove had been removed and a build up of grease was observed to the back of the stove where the drip pan was located. There was a build up of a hard black substance near the burner elements. The DM indicated it was to hard to scrap off. The DM indicated staff cleaned the drip pan daily but the back of the stove had not been cleaned on over 2 years. On 4/17/15 at 2:15 P.M., the facility was informed they were not to serve food from the kitchen until the kitchen was thoroughly cleaned and equipment replaced and in working order. Serving food from the kitchen would require another tour and authorization to use. On 4/18/15 at 10:35 A.M., a kitchen tour was conducted accompanied by the Administrator. The equipment had been cleaned and was now in working condition in the kitchen. All counters were clean. The open spice containers		**in the upside down position. . Dining services staff will be in-serviced how to properly store and stack the soup cups. In-servicing of the dining services staff will be conducted by the Executive Director or his designee, and will be completed by May 29, 2015. The Director of Dining Services or her designee will monitor/audit the above twice per week for 2 months and once per week ongoing thereafter.**	

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	and bread had been removed from use. The hood over the over area had been cleaned. The floors were clean. The administrator indicated the floors had been mopped several times. At 10:55 A.M., the facility was given the go ahead to use the kitchen to prepare and serve meals. On 4/20/15 at 2:05 P.M., the Administrator was interviewed. He indicated the equipment was the original building equipment and was 19 years old. He was unable to provide any type of cleaning recommendations form the manufacture. There were no facility policy and procedure for cleaning the stove. They just go by the cleaning schedule. On 4/20/15 at 2:20 p.m., the cleaning schedules were reviewed. The oven cleaning and catch pan cleaning had been marked off daily April 13, 14 and 15, 2015. There were no orientation to cleaning and/or procedures available for review. 2. During kitchen tours on 4/17/15 at 1:52 P.M., 4/18/15 at 10:35 A.M. and 4/20/15 at 2:10 P.M., bowls, cups and saucers were stored in the upright position. During the tour on 4/20/15, the DM indicated she was unaware they were			

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	to be covered or stored inverted. Also, during each of the tours the trash receptacle for the handwashing sink was unavailable to use. It was located under the sink and behind a large trash barrel. This Residential tag relates to Complaint IN00171725.			