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 07/11/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYND PLACE	2410 E MCGALLIARD RD MUNCIE, IN 47303

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R000000	This visit was for Post Survey Revisit (PSR) to the State Licensure Survey completed on 4/24/14. Survey Date: July 11, 2014 Facility Number: 004428 Provider Number: 004428 AIM Number: N/A Survey Team: Tina Smith-Staats, RN-TC Karen Lewis, RN Toni Maley, BSW Census Bed Type: Residential: 30 Total: 30 Census Payor Type: Medicaid: 0 Other: 30 Total: 30 Sample: 3 These State findings are in accordance with 410 IAC 16.2-5. Quality review completed by Debora Barth, RN.	R000000	**Re: Survey Event ID DMQR12** Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.	

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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R000269	410 IAC 16.2-5-5.1(b) Food and Nutritional Services - Noncompliance (b) The menu or substitutions, or both, for all meals shall be approved by a registered dietician. Based on observation, interview and record review, the facility failed to have menus for residents with a physician's orders for a mechanical soft diet for 1 of 1 resident reviewed for menus for modified diets (Resident #R12). Findings include: Resident #R12's record was reviewed on 7/11/14 at 10:00 a.m. Resident #R12's current diagnoses included, but were not limited to, mental retardation, seizure disorder and anemia. Resident #R12 had a current, 9/14/13, physician's order for a mechanical soft diet. During a 7/11/14, 9:50 a.m. interview, Cook #1 indicated he had prepared and served the breakfast meal and had been the person in charge of the kitchen during the breakfast meal. When questioned, he indicated there were no special menus or recipes for residents with altered diets such as mechanical soft or pureed diets. He indicated the nurses or CNAs just tell him what to serve people. He	R000269	**R 269** **What Corrective Action will be accomplished for those residents found to have been affected by the deficient practice:** Resident #12 was assessed, physician and family were notified. Cooks were provided recipes for mechanical soft diets. Staff have been in- serviced on preparing mechanical soft diets. **How will the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:** An audit was completed on Lynd Place resident's diet orders. This audit revealed that there aren't currently any other modified diets. **What measure will be put in place to ensure the deficient practice doesn't recur:** Kitchen staff shall maintain a binder with recipes for mechanical soft diets along with a Resident diet binder. Nursing staff will provide the Kitchen staff new orders at time received and diet binder will be updated. Kitchen staff will review recipes to ensure recipes available for new diet order.	08/15/2014

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	additionally indicated that if the nursing staff told him to put items in a blender he would, but there were no special instructions to tell him what to do. Lastly he indicated residents have the right to eat anything they want to eat so there were no special menus. During a 7/11/14, 12:35 p.m., interview, the Food Services Supervisor indicated she had yet to develop a full collection of mechanical soft menus for all meals of the 4 week menu cycle. A current, July 2013, facility handbook titled "Dining & Nutritional Services Handbook", which was provided by the Director of Nursing on 7/1/14 at 11:50 a.m., indicated the following: "Mechanically Altered Diets- A Mechanically altered diet is defined as food with modified texture to accommodate the chew/swallow ability of Resident. [Corporation name] offers a mechanical diet and a pureed diet."		**How the corrective action will be monitored to ensure the deficient practice will not recur:** Community Service Manager or designee will receive a copy of new diet orders at the same time Kitchen staff receive a copy. Community Service Manager or designee will check Kitchen diet binder within 24 hours to ensure they have new order. Community Service Manager or designee will review recipe binder at that time ensure recipes are available for new diet order. Physician Orders will continue to be reviewed monthly by Care Service Manager or designee. Executive Director and or Registered Dietician and or Dietician will conduct Kitchen Sanitation/Dining & Hospitality Audit quarterly. **By what date the systemic changes will be completed:** August 15, 2014	
R000273	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			

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	local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, interview and record review, the facility failed to ensure food was prepared and served under sanitary conditions regarding cleanliness of surfaces and dating and labeling of food items. This deficient practice had the potential to impact 30 of 30 residents whose meals were prepared in the facility kitchen. Findings included: 1. During a 7/11/14, 9:40 a.m. kitchen sanitation tour, the following concern: a. The cabinet fronts had a sticky yellow, gold, brown residue on the surface primarily around the handles. b. The oven drip pan located under the burners was covered in burnt-on brown/black residue. c. The center island food preparation table had marred, chipped edges and surfaces. d. The cabinets, which housed the dishes and were located over the food preparation table, had gray, brown, yellow sticky residue and dust on the fronts and shelves.	R000273	**R 273 What Corrective Action will be accomplished for those residents found to have been affected by the deficient practice:** The cabinets with sticky yellow, gold, brown residue on the surface around the handles have been cleaned. The oven drip pan was cleaned. The island food preparation table with chips and marred has been replaced. The cabinets which houses the dishes located over the food preparation table have been cleaned of residue and dust. The products in 3 pitchers of drinks and small bowls of fruit/salads and cheeses that were undated and unlabeled were immediately removed. The product was thrown out. Employees responsible for cleaning the kitchen have been re-oriented to cleaning schedule. **How will the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:** An inspection of the kitchen was completed and area's that needed cleaning have been cleaned. **What measure will be put in place to ensure the deficient practice doesn't recur:** New employees responsible for maintaining the cleaning of kitchen will be oriented to cleaning schedule at time of hire. The Executive Director or Designee will	08/15/2014

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	e. There were 3 pitchers of drinks and small bowls of fruits/salads and cheeses undated and unlabeled in the reach-in refrigerator. 2. A current, 4/2/13, facility form titled "Daily Cleaning Schedule and Morning Walk-thru" indicated to staff they were to check daily: "Refrigerators - All food items Covered. Labeled and Dated" "Inspect kitchen sanitation cleanliness from night shift, review with RD [Registered Dietitian] or MOD [Manger on Duty] as appropriate." "Stove top, grill, shelf above stove" "Fronts of cabinets" 3. During a 7/11/14, 3:00 p.m., interview the Acting Administrator indicated 30 of 30 residents ate meals prepared in the facility kitchen.		complete a Daily Cleaning Schedule and Morning walk- thru no less than 3 days per week. Immediate action will be taken based on findings from this review. The Executive Director or Dietician will complete a Kitchen Sanitation/Dining & Hospitality Report Quarterly. Employees will receive additional training based on findings from this Report. **How the corrective action will be monitored to ensure the deficient practice will not recur:** The Executive Director or designee will complete a Daily Cleaning Schedule and Morning walk –thru no less than 3 days per week. The Executive Director will complete a Kitchen Sanitation/Dining & Hospitality Report Quarterly. **By what date the systemic changes will be completed**: August 15 2014**R 273 What Corrective Action will be accomplished for those residents found to have been affected by the deficient practice:** The cabinets with sticky yellow, gold, brown residue on the surface around the handles have been cleaned. The oven drip pan was cleaned. The island food preparation table with chips and marred has been replaced. The cabinets which houses the dishes located over the food preparation table have been cleaned of residue and dust. The products in 3 pitchers of drinks and small bowls of fruit/salads and cheeses that were undated and unlabeled	

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			were immediately removed. The product was thrown out. Employees responsible for cleaning the kitchen have been re-oriented to cleaning schedule. **How will the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:** An inspection of the kitchen was completed and area's that needed cleaning have been cleaned. **What measure will be put in place to ensure the deficient practice doesn't recur:** New employees responsible for maintaining the cleaning of kitchen will be oriented to cleaning schedule at time of hire. The Executive Director or Designee will complete a Daily Cleaning Schedule and Morning walk- thru no less than 3 days per week. Immediate action will be taken based on findings from this review. The Executive Director or Dietician will complete a Kitchen Sanitation/Dining & Hospitality Report Quarterly. Employees will receive additional training based on findings from this Report. **How the corrective action will be monitored to ensure the deficient practice will not recur:** The Executive Director or designee will complete a Daily Cleaning Schedule and Morning walk –thru no less than 3 days per week. The Executive Director will complete a Kitchen	

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			Sanitation/Dining & Hospitality Report Quarterly. **By what date the systemic changes will be completed**: August 15 2014	