

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 05/07/2015
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NAME OF PROVIDER OR SUPPLIER YORK PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 725 W 50TH ST MARION, IN 46953
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(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	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: May 6 and 7, 2015</p> <p>Facility number: 004028 Provider number: 004028 AIM number: n/a</p> <p>Census bed type: Residential: 41 Total: 41</p> <p>Census payor type: Other: 41 Total: 41</p> <p>Residential sample: 7</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-5.</p>	R 000		
R 273 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 local sanitation and safe food handling standards, including 410 IAC 7-24. Based on interview, observation, and record review, the facility failed to ensure</p>	R 273	Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists	06/02/2015

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>foods used for resident consumption were stored safely and disposed of timely. This deficient practice had the potential to affect 41 of 41 residents who currently received meals from the facility kitchen.</p> <p>Findings include:</p> <p>During the initial kitchen tour on 5/6/15 at 9:25 a.m., the following was observed:</p> <p>1. Inside the kitchen refrigerator, 13 one gallon containers of whole milk were observed on the shelf, marked with "Use By 5/4/15". One gallon of milk was observed as having been opened with approximately 3/4 of contents remaining; 12 one gallon containers remained unopened. Five containers of cottage cheese were observed, each labeled as containing 5 pounds of cottage cheese. One container of cottage cheese was observed to be marked with open date of 4/1/15 and "Use By 5/3/15", with approximately 2.5 cups remaining inside the container.</p> <p>2. Review of a document titled "Kitchen Appliance Temperature Log" for the kitchen refrigerator and freezer units was observed to have temperatures documented for May 2 and 3, 2015. The columns dated May 1, 4, 5, and 6 were observed to be without documentation.</p>		<p>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. 1. Milk and cottage cheese were disposed of immediately. 2. Staff were re-educated as to the importance of checking temperatures and out dates and recording those findings daily to ensure proper storage of food. 41 residents had the potential to be affected by this practice. Going forward when the products are delivered by the truck, employees will check the expiration date prior to accepting the delivery to ensure that the products will not out date quickly and/or before the next truck delivery. Education of staff included not only daily checking and recording of temperature but also to check refrigerated products for open and expiration dates. ED or designee will do random log and refrigerator temps/logs/dates checks to ensure compliance by kitchen</p>				

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	<p>During an interview with the Dietary Manager on 5/6/15 at 9:30 a.m., she indicated the milk and cottage cheese should have been disposed of by the expiration dates. She also indicated refrigerator and freezer temperatures should be checked and documented daily by kitchen staff.</p> <p>During an interview with Employee #1, on 5/7/15 at 10:46 a.m., she indicated that any staff member had access to the kitchen refrigerators to prepare a drink or snack for a resident.</p> <p>Review of a policy titled "Storage of Products", dated 7/1/14, provided by the Administrator on 5/7/15 at 10:20 a.m., indicated the following:</p> <p>"...III. Items should be dated before being stored and should be placed behind similar items already on the shelf to ensure that older items are used first..."</p> <p>Review of a policy titled "Equipment Maintenance and Safety", dated 7/1/14, provided by the Administrator on 5/7/14 at 10:25 a.m., indicated the following:</p> <p>"...III. Gauges on refrigerators, freezers, and the dish machine must be checked daily and the results of the check</p>		<p>staff. All of the above interventions were completed as of 6/2/15.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	recorded on the Kitchen Appliance Temperature Log..."				