

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 11/04/2015
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NAME OF PROVIDER OR SUPPLIER PRIMROSE RETIREMENT COMMUNITY OF KOKOMO	STREET ADDRESS, CITY, STATE, ZIP CODE 329 W RAINBOW DR KOKOMO, IN 46901
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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 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey</p> <p>Survey dates: November 2 and 4, 2015</p> <p>Facility Number: 011555 Provider Number: 011555 AIM Number: NA</p> <p>Census Bed Type: Residential: 23 Total: 23</p> <p>Census Payor Type: Other: 23 Total: 23</p> <p>Sample: 8</p> <p>These State findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review completed by 21662 on November 9, 2015.</p>	R 0000		
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 local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, record review and</p>	R 0273	THE POLICY ENTITLED	11/20/2015

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>interview the facility failed to ensure food service workers wore hairnets while in the food preparation area and failed to monitor refrigerator temperatures. This deficient practice had potential to affect 23 of 23 residents who received meals from the kitchen.</p> <p>Findings include:</p> <p>During the initial tour of the kitchen on 11/2/15 at 8:30 a.m., it was observed two CNAs were working in the kitchen without haircoverings.</p> <p>A review of the refrigerator temperatures logs for October, 2015 received from Cook#1 on 11/2/15 at 9:50 a.m., indicated 5 of 31 days , the refrigerator and freezer temperatures were not monitored and not recorded.</p> <p>During an interview with the Dining Director on 11/4/15 at 9:15 a.m., he indicated hairnets were to worn in the kitchen. He indicated temperatures were monitored and recorded on night shift and were not completed on the days indicated on the log.</p> <p>A review of the policy titled "Employee Sanitary Practices," dated 8/07 received from Dining Director on 11/4/15 at 9:45 a.m., indicated "...Purpose: All</p>		<p>"EMPLOYEE SANITARY PRACTICES" WAS REVIEWED WITHOUT CHANGE. ALL STAFF WILL BE RE-EDUCATED ON THE POLICY "EMPLOYEE SANITARY PRACTICES" WITH EMPHASIS ON THE USE OF HAIR RESTRAINTS. THE COOK ON DUTY WILL BE RESPONSIBLE TO ENSURE THAT ALL STAFF ARE WEARING HAIR RESTRAINTS WHILE IN THE KITCHEN. THE ADMINISTRATOR OR HIS REPRESENTATIVE WILL DO SPOT CHECKS OF THE KITCHEN DURING MEAL TIMES 3X PER WEEK TO ENSURE ALL STAFF ARE WEARING HAIR RESTRAINTS. RESULTS OF THESE CHECKS WILL BE REVIEWED AT THE MONTHLY QA MEETING FOR THE NEXT 2 MONTHS TO ENSURE COMPLIANCE THE POLICY "FOOD STORAGE" WAS REVIEWED WITHOUT CHANGE. ALL STAFF WILL BE EDUCATED ON THE POLICY "FOOD STORAGE" WITH EMPHASIS ON THE COMPLETION OF THE TEMPERATURE LOGS FOR ALL REFRIGERATORS AND FREEZERS HOUSING RESIDENT FOOD. THE COOK WILL BE RESPONSIBLE FOR COMPLETION OF THE TEMPERATURE LOGS DAILY FOR ALL REFRIGERATORS AND FREEZERS USED BY THE KITCHEN. THE DINING</p>				

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	employees will use sanitary practices to assure safe food is provided to residents... 1. Wear hair restraints and clean clothes...."		SERVICES MANAGER WILL REVIEW THESE LOGS WEEKLY TO ENSURE THEY ARE BEING COMPLETED. RESULTS OF THESE CHECKS WILL BE REVIEWED AT THE MONTHLY QA FOR THE NEXT 2 MONTHS TO ENSURE COMPLIANCE.		