

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 05/05/2016
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NAME OF PROVIDER OR SUPPLIER BELL OAKS PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 4200 WYNTREE DR NEWBURGH, IN 47630
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: May 4 & 5, 2016</p> <p>Facility number: 004903 Provider number: 004903 AIM number: N/A</p> <p>Census bed type: Residential: 46 Total: 46</p> <p>Census payor type: Other: 46 Total: 46</p> <p>Residential Census: 46</p> <p>Sample: 7</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed by #02748 on May 9, 2016.</p>	R 0000	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.	
R 0154	410 IAC 16.2-5-1.5(k)			

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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Bldg. 00	<p>Sanitation and Safety Standards - Deficiency (k) The facility shall keep all kitchens, kitchen areas, common dining areas, equipment, and utensils clean, free from litter and rubbish, and maintained in good repair in accordance with 410 IAC 7-24.</p> <p>Based on observation, interview, and record review, the facility failed to ensure opened foods were covered and dated, floors, vents, and walls were clean, refrigerators had thermometers, outdated foods were discarded, and failed to ensure appliances were kept clean and in good repair. These observations were made during 2 of 2 kitchen observations. This had the potential to affect all 46 residents residing in the facility.</p> <p>Findings include:</p> <p>During the initial kitchen tour, on 5/21/14 at 9:25 a.m., with the Chef present, the following observations were made:</p> <p>1. The walls were dirty with a brown substance on them, holes were in the walls in the kitchen and dishwasher rooms, and a wall between the kitchen and dishwasher room had wall board and paint missing on the corner.</p> <p>2. The floors in the kitchen, dishwasher room, and the dry storage areas had dirt, debris, and paper on them.</p>	R 0154	<p>R154 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>1.Walls in kitchen and dish room have been cleaned and/or painted. Completed 5/27/16.</p> <p>2.Floors in the kitchen, dish room, and the dry storage areas have been cleaned. Completed 5/6/16.</p> <p>3.Vents in the kitchen area have been cleaned and/or painted. Completed 5/6/16.</p> <p>4.Black substance above disposal sink in dish room and on the wall next to the spice rack has been cleaned. Completed 5/6/16.</p> <p>5.Can opener has been cleaned. Completed 5/6/16.</p> <p>6.Thermometers have been installed in all refrigerators and freezers in the kitchen and walk in area.</p> <p>7.Lid to sugar bin has been replaced. Completed 5/6/16.</p> <p>8.All outdated and/or undated bread items have been disposed of. Completed 5/5/16.</p> <p>9.Floors in the walk in refrigerator and freezer have been cleaned. Completed 5/6/16.</p> <p>10.Undated salsa, mayonnaise, cole slaw dressing and Thousand Island dressing have been</p>	05/27/2016			

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	<p>3. Five (5) vents in the kitchen area were observed to have black dirt on them.</p> <p>4 . A black substance was smeared above the disposal sink in the dishwasher room and in the kichen on the wall next to the spice shelf.</p> <p>5. A can opener, located at the end of the prep table, was soiled with a dark brown substance on it.</p> <p>6. Thermometers were missing from the free-standing refrigerator that housed a tray cart in the kitchen, a small white refrigerator in the kitchen, and the walk-in refrigerator.</p> <p>7. The lid to the sugar bin was partially off in the dry storage area.</p> <p>8. Two (2) boxes of croissants were in the dry storage area on the bread rack with an expiration date of 3/4/16 on them. Several loaves of bread were located on the bread rack with no expiration date on them.</p> <p>9. The floors in the walk-in refrigerator and the walk-in freezer had debris on them.</p> <p>10. A large container of salsa,</p>		<p>disposed of. Completed 5/5/16.</p> <p>11.The rust on the metal rack of the ice machine has been removed. Completed 5/6/16.</p> <p>12.Leftover food items in the free standing refrigerator have been disposed of. Completed 5/5/16.</p> <p>13.Small white refrigerator has been disposed of. Completed 5/5/16.</p> <p>14.Drawer under the prep table has been repaired. Completed 5/27/16.</p> <p>15.The ledge in front of the steam table has been cleaned. Completed 5/5/16. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>By correcting the above mentioned deficient practices, the facility has eliminated the potential of other residents to be affected. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not</p> <p>On 5/11/16, all dietary staff were in-serviced by the Clinical Services Manager on proper kitchen sanitation and safety standards to include Cleaning and Sanitizing. Kitchen Sanitation, Equipment Cleaning and Sanitizing, Safe Food Handling, Washing and Sanitizing Dishes and Utensils, Equipment Maintenance and</p>	

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	<p>mayonnaise, coleslaw dressing, and Thousand Island dressing were in the walk-in refrigerator with no open dates on them.</p> <p>11. The metal rack on the ice maker was rusty.</p> <p>12. The tray cart, which was in the free standing refrigerator, had a piece of ham and a bowl of salad with dressing on a plate in it. It was uncovered and undated.</p> <p>13. A small white refrigerator had a broken handle, the door did not close properly, and the freezer section had a large amount of ice on it.</p> <p>14. A drawer from under the prep table was missing and was found on a cart with utensils in it, under a table.</p> <p>15. The ledge in front of the steam table had a black substance on it.</p> <p>During a tour of the kitchen on 5/5/16 at 7:50 a.m., the same was observed.</p> <p>During an interview with the Chef on 5/4/16 at 9:40 a.m., the Chef indicated the refrigerators and freezers should have thermometers in them. He indicated the facility kept a log of the refrigerator and freezer temperatures.</p>		<p>Kitchen Appliance Temperatures. On 5/11/16, all dietary staff were in-serviced by the Clinical Services Manager on the Daily Cleaning Schedule and Morning Walk Thru Checklist, Kitchen Appliance Temperature Logs and the Sanitation and Quality Audit Tool.</p> <p>1.How the corrective actions will be monitored to ensure the deficient practice will not recur, ie, what quality assurance program will be put into place.</p> <p>2.The Chef is responsible for sustained compliance. The Executive Director or her designee will monitor the Daily Cleaning Schedule and Morning Walk-thru check list and the Kitchen Appliance Temperature Log on normal business days and monitor the Sanitation and Quality Audit Tool on a weekly basis for 3 months, then bi-weekly for 3 months, than monthly thereafter.</p> <p>By what date the systemic changes will be completed. 5/27/16</p>				

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	<p>During an interview on 5/5/16 at 8:00 a.m., the Assistant Chef indicated the kitchen had a cleaning schedule but the staff was not required to check it off. She further indicated the kitchen did not have a log for documenting the temperatures of the dishwasher, the freezer, or the refrigerators. She further indicated the kitchen could use an "overhaul".</p> <p>A kitchen cleaning schedule was provided by the Executive Director on 5/5/16 at 1:15 p.m. The cleaning schedule indicated the kitchen should be cleaned daily.</p> <p>A "Kitchen Appliance Temperature Log" form, dated 6/2013 and provided by the ED on 5/5/16 at 1:15 p.m., indicated the temperatures of the refrigerators, freezers, and dishwasher were to be documented daily.</p> <p>A policy, dated 7/2013 and obtained from the ED on 5/5/16 at 1:15 p.m., indicated appliance temperatures should be monitored daily and recorded on the "Kitchen Appliance Temperature Log".</p> <p>A policy, dated 7/2013 and obtained from the ED on 5/5/16 at 1:15 p.m., indicated it was important to clean food preparation and serving areas on a regular</p>			

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R 0274 Bldg. 00	<p>basis.</p> <p>410 IAC 16.2-5-5.1(g)(1-3) Food and Nutritional Services - Noncompliance (g) There shall be an organized food service department directed by a supervisor competent in food service management and knowledgeable in sanitation standards, food handling, food preparation, and meal service.</p> <p>(1) The supervisor must be one (1) of the following: (A) A dietitian. (B) A graduate or student enrolled in and within one (1) year from completing a division approved, minimum ninety (90) hour classroom instruction course that provides classroom instruction in food service supervision who has a minimum of one (1) year of experience in some aspect of institutional food service management. (C) A graduate of a dietetic technician program approved by the American Dietetic Association. (D) A graduate of an accredited college or university or within one (1) year of graduating from an accredited college or university with a degree in foods and nutrition or food administration with a minimum of one (1) year of experience in some aspect of food service management. (E) An individual with training and experience in food service supervision and management.</p> <p>(2) If the supervisor is not a dietitian, a dietitian shall provide consultant services on</p>			

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	<p>the premises at peak periods of operation on a regularly scheduled basis. (3) Food service staff shall be on duty to ensure proper food preparation, serving, and sanitation.</p> <p>Based on interview and record review, the facility failed to provide an organized food service department directed by a supervisor competent in food service management, in that, the facility did not have a food service supervisor. This had the potential to affect 46 of 46 residents.</p> <p>Findings include:</p> <p>During an interview on 5/4/15 at 9:20 a.m., the Chef indicated he was the Dietary Manager of the facility.</p> <p>During an interview on 5/5/16 at 7:50 a.m., the Assistant Chef indicated the Chef approved the menus for the residents. The Assistant Chef further indicated she thought the facility had a dietician, but she was unable to remember her name and indicated she had only seen her one (1) time at the facility.</p> <p>During record review of the employee files on 5/5/16 at 10:00 a.m., the files indicated the Chef was not a graduate or student of a food service class or an individual trained or supervised in food</p>	R 0274	<p>R274 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? A consultant Registered Dietician is making an initial visit to the community on 5/20/2016 to review kitchen sanitation and Safety Standards. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>By correcting the above mentioned deficient practice, the facility has eliminated the potential of other residents to be affected. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. Executive Director, Clinical Services Manager and Dietary Manager have been in-serviced and educated on the above regulatory requirement by Executive Director on 5/6/2016. A Registered Dietician has been contracted through Crandall Dieticians to provide routine quarterly visits to the community.</p> <p>How the corrective actions will be monitored to ensure the</p>	05/20/2016			

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	<p>service supervision and management.</p> <p>During an interview with the Executive Director (ED) on 5/5/16 at 2:00 p.m., the ED indicated the facility had just hired a new dietician but the facility did not have a license or a contract with her. The ED indicated the company had a registered dietician who worked out of Chicago. The ED indicated the company dietician would approve the menus for the facilities but did not visit the facility on a regular basis.</p> <p>The facility was unable to produce a licensure for a registered dietician for the facility who came to the facility on a regular basis.</p>		<p>deficient practice will not recur, ie, what quality assurance program will be put into place.</p> <p>The Chef is responsible for sustained compliance. The Executive Director and/or designee will monitor timely routine visits by the Registered Dietician to ensure continued compliance. Monitoring will be ongoing. By what date the systemic changes will be completed 5/20/16</p>				