

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

PRINTED: 01/30/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155220	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/06/2023
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NAME OF PROVIDER OR SUPPLIER DYER NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 601 SHEFFIELD AVE DYER, IN 46311
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F 0000 Bldg. 00	<p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey and the Investigation of Complaints IN00392424, IN00392575, and IN00392985 completed on 11/22/22.</p> <p>This visit was done in conjunction with the Investigation of Complaint IN00395443.</p> <p>Complaint IN00392424 - Not Corrected.</p> <p>Complaint IN00392575 - Not Corrected.</p> <p>Complaint IN00392985 - Corrected.</p> <p>Complaint IN00395443 - Substantiated. Federal/State deficiencies related to the allegations are cited at F677.</p> <p>Survey dates: January 5 and 6, 2023.</p> <p>Facility number: 000125 Provider number: 155220 AIM number: 100266740</p> <p>Census Bed Type: SNF/NF: 112 Residential: 35 Total: 147</p> <p>Census Payor Type: Medicare: 14 Medicaid: 76 Other: 22 Total: 112</p>	F 0000	The facility kindly requests a desk review.	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Natalie Porcaro	Administrator	01/27/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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F 0677 SS=D Bldg. 00	<p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 1/10/23.</p> <p>483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;</p> <p>Based on record review and interview, the facility failed to ensure dependent residents received help with Activities of Daily Living (ADLs) related to twice a week showers/bed baths for 1 of 3 residents reviewed for ADLs. (Resident B)</p> <p>Finding includes:</p> <p>Resident B's closed record was reviewed on 1/5/23 at 9:41 a.m. Diagnoses included, but were not limited to, anxiety disorder, diabetes mellitus, and high blood pressure.</p> <p>The Discharge Minimum Data Set (MDS) assessment, dated 12/13/22, indicated the resident was cognitively intact for daily decision making.</p> <p>The December 2022 Bath and Skin Report Sheets indicated the resident received bed baths on the following days: - 12/12/22 - 12/22/22 - 12/29/22</p> <p>Interview with the Director of Nursing on 1/6/23 at 1:49 p.m., indicated she was unable to provide any further documentation related to at least twice a</p>	F 0677	<p>Dyer Nursing & Rehabilitation</p> <p>Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p>F677 ADL Care Provided for Dependent Residents What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident B- Shower or bed bath has been provided twice weekly. Resident B was assessed, upon return from the hospital, and no adverse effects were noted.</p> <p>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>	01/26/2023

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	<p>week bed baths being given for the resident.</p> <p>This deficiency was cited on 11/22/22. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-38(b)(2)</p>		<p>Residents dependent on ADLs have the potential to be affected by the same alleged deficient practice.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; Staff were re-educated on providing all residents, with a focus on dependent residents, assistance with ADL care to include general grooming, hair washing, regular showers or bed baths per resident's plan of care. Showers/bed bath master schedule was reviewed to ensure all resident beds have assigned shower/bed bath days twice weekly.</p> <p>Wound care coordinator will verify showers/bed baths were provided daily according to master schedule and any refusals were documented accordingly. Education provided in all new hire orientation and agency orientation.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place; DON/designee will randomly observe 10 residents three times weekly, with a focus on dependent residents, to ensure that they are receiving assistance with ADL care including grooming, hair</p>	

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F 0758 SS=D Bldg. 00	<p>483.45(c)(3)(e)(1)-(5) Free from Unnec Psychotropic Meds/PRN Use</p> <p>§483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that--</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and</p>		<p>washing, facial hair removal and showers or bed baths are provided. DON/designee will present a summary of the audits to the Quality Assurance committee monthly for 6 months. Thereafter, if determined by the Quality Assurance committee, auditing and monitoring will be done quarterly and present quarterly at the QA meeting. Monitoring will be on going.</p> <p>Date by which systemic corrections will be completed: 1/26/2023</p>	

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	<p>documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.</p> <p>Based on record review and interview, the facility failed to ensure residents did not receive unnecessary medications without adequate indications for use for 1 of 3 residents reviewed for unnecessary medications. (Resident 3)</p> <p>Findings include:</p> <p>Resident 3's record was reviewed on 1/5/23 at 1:03 p.m. Diagnoses included, but were not limited to,</p>	F 0758	<p>Dyer Nursing & Rehabilitation</p> <p>Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p>F758 Free from unnecessary</p>	01/26/2023

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	<p>anxiety disorder, major depressive disorder, and insomnia.</p> <p>The Quarterly Minimum Data Set (MDS) assessment, dated 12/12/22, indicated the resident was cognitively intact for daily decision making. The resident had received insulin, anti-anxiety medications, and antidepressant medications daily for the past seven days.</p> <p>A Physician's Order, dated 12/6/22, indicated paroxetine (an antidepressant medication) 10 milligrams (mg) tablet once a day.</p> <p>A Physician's Order, dated 12/8/22, indicated xanax (an anti-anxiety medication) 0.25 mg twice a day.</p> <p>A Physician's Order, dated 12/29/22, indicated olanzapine (an antipsychotic medication) 2.5 mg tablet once a day for agitation.</p> <p>The record lacked documentation related to any behaviors.</p> <p>Interview with the Director of Nursing on 1/6/23 at 1:44 p.m., indicated the resident had not been seen by any outside behavioral health services and she could not find an indication for use for the olanzapine.</p> <p>This deficiency was cited on 11/22/22. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-48(a)(4)</p>		<p>psychotropic meds/PRN use What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident 3 - MD aware and order received to discontinue Olanzapine. Resident 3 assessed and no adverse reaction noted to the administration of Olanzapine. 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; All Residents receiving psychotropic medications have the potential to be affected by the same alleged deficient practice. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; Staff were re-educated on ensuring there is an appropriate diagnosis/indication for use of psychotropic medications. Staff were also educated on documenting behaviors after notifying the physician of the behaviors. Education included in all new hire orientation as well as agency staff orientation. An audit has been conducted of all residents with psychotropic</p>	

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F 0812 SS=E Bldg. 00	483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must -		<p>medication orders to ensure psychotropic medications had an adequate Diagnosis /indication for use.</p> <p>Facility has contracted with new psychiatric services.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place;</p> <p>DON/Designee will randomly audit 10 residents with new psychotropic medications twice weekly to ensure there is an appropriate diagnosis/indication for its use, and related behaviors have been documented.</p> <p>The Director of Nursing/designee will present a summary of the audits to the Quality Assurance committee monthly for 6 months. Thereafter, if determined by the Quality Assurance committee, auditing and monitoring will be done quarterly and present quarterly at the QA meeting. Monitoring will be on going.</p> <p>Date by which systemic corrections will be completed: 1/26/2023</p>	

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	<p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>Based on observation, record review, and interview, the facility failed to serve and prepare food under sanitary conditions related to dirty food equipment, steam tables, wire racks, and standing mixer for 1 of 1 kitchens observed. This had the potential to affect the 111 residents who received food from the kitchen. (The Main Kitchen)</p> <p>Findings include:</p> <p>During the Kitchen Sanitation Tour on 1/6/23 at 9:45 a.m. with the Assistant Dietary Food Manager, the following was observed:</p> <p>a. The storage racks that housed clean pots and pans were sticky to touch. The plastic containers on the racks that housed clean utensils were dirty inside with a dirty spoon noted.</p> <p>b. There was a heavy accumulation of burned</p>	F 0812	<p>Dyer Nursing & Rehabilitation</p> <p>F 812 Food Procurement, Store/ Prepare/Serve-Sanitary</p> <p>Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p>	01/26/2023

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	<p>food and crumbs on the stove top.</p> <p>c. There was a heavy accumulation of burned food spillage and grease on the inside of both convection ovens and on the inside of the glass doors. There was grease noted on the sides of the ovens.</p> <p>d. There was a heavy accumulation of dried food spillage and grease on the back splash of the griddle and stove.</p> <p>e. There was a heavy accumulation of food spillage on the bottom of the steam table.</p> <p>f. There was a heavy accumulation of dirt, dried food spillage, and grease on a portable steam table.</p> <p>Interview with the Assistant Dietary Manager at that time, indicated the steam table was not in use and not functional.</p> <p>g. There was a dirty food stained piece of plastic over the stand mixer. There was a moderate amount of food crumbs on the stand and around the bowl and a brown liquid noted inside the bowl.</p> <p>Interview with the Assistant Dietary Food Manager at that time, indicated all of the above was in need of cleaning or repair.</p> <p>The plan of correction weekly audits, indicated the following: - Week of 12/5/22: floors dirty-yes, deep clean scheduled with housekeeping. Oven dirty-yes scheduled deep clean. - Week of 12/12/22: floors-yes deep cleaned with machine. - Week of 12/19/22: top of stove-cleaned. Flat</p>		<p>The storage racks that housed clean pots and pans were cleaned. The plastic containers on the racks that housed clean utensils and spoons were cleaned.</p> <p>The accumulation of burned food and crumbs on the stove top were cleaned.</p> <p>The accumulation of burned food spillage and grease on the inside of both convection ovens and on the inside of the glass doors were cleaned. The grease noted on the sides of the ovens was cleaned.</p> <p>The accumulation of dried food spillage and grease on the back splash of the griddle and stove was cleaned.</p> <p>The accumulation of food spillage on the bottom of the steam table was cleaned.</p> <p>The accumulation of dirt, dried food spillage, and grease on a portable steam table was cleaned.</p> <p>The food stained piece of plastic over the stand mixer was cleaned. The food crumbs on the stand and around the bowl and a brown liquid noted inside the bowl was cleaned.</p> <p>Phoenix Industrial Cleaning services came out to deep clean the kitchen as follows: stove,</p>	

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	<p>top-cleaned. - Week of 12/25/22: steamer needs cleaning-yes cleaned. Table under juice machine-yes cleaned. Dish room cleaned.</p> <p>Interview with the Administrator on 1/6/23 at 10:45 a.m., indicated the Dietary Food Manager has been gone for 1 week. Prior to her leaving, she was making sure sanitation was being completed in the kitchen. The Registered Dietitian had not completed a sanitation tour of the kitchen.</p> <p>This deficiency was cited on 11/22/22. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-21(i)(3)</p>		<p>double oven, and wash floor and baseboard on 1/12/23.</p> <p>A kitchen sanitation audit was completed on 1/19/23 by the facility's registered dietician with no findings.</p> <p>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>All facility residents have the potential to be affected by the same alleged deficient practice.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>Dietary staff have been re-educated regarding, proper cleaning and sanitation of equipment, and drying techniques. All new dietary staff will be educated regarding proper cleaning and sanitation of equipment and drying techniques.</p> <p>All alleged concerns have been added to routine dietary cleaning schedule.</p> <p>How the corrective action(s) will be monitored to ensure the</p>	

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F 0921 SS=E Bldg. 00	483.90(i) Safe/Functional/Sanitary/Comfortable Environ §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation, record review and interview, the facility failed to ensure the kitchen area was clean and in good repair related to dirty floors, dirty trash cans, lime build up, food build up on the floors and baseboards, and food spillage on pipes, for 1 of 1 kitchen areas. (The	F 0921	deficient practice will not recur, i.e., what quality assurance programs will be put into place; Administrator or designee to audit sanitation of kitchen area 5 times a week for 6 months. Administrator/designee will present a summary of the audits to the Quality Assurance committee monthly for 6 months. Thereafter, if determined by the Quality Assurance committee, auditing and monitoring will be done quarterly and present quarterly at the QA meeting. Monitoring will be on going. Date by which systemic corrections will be completed: 1/26/2023 Dyer Nursing & Rehabilitation Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an	01/26/2023

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	<p>Main Kitchen.)</p> <p>Findings include:</p> <p>During the Kitchen Sanitation Tour on 1/6/23 at 9:45 a.m. with the Assistant Dietary Food Manager, the following was observed:</p> <p>a. The white PVC pipes under the dish machine were dirty with dried food spillage.</p> <p>b. There was a moderate amount of lime build up on floor under the dish machine and under the food prep table.</p> <p>c. There was a moderate amount of adhered dirt and grime along the base board in the entire kitchen.</p> <p>d. The outside of all the garbage cans were dirty with dried food substance.</p> <p>e. The white PVC pipes under a food prep sink were dirty. The food prep sink was not in working order and had been that way for a very long time. Inside the sink was dried food spillage and there was lime build up underneath on the floor.</p> <p>f. There was a heavy accumulation of food crumbs and debris under the tables and along the wall.</p> <p>Interview with the Assistant Dietary Manager at that time, indicated all of the above was in need of cleaning or repair.</p> <p>The plan of correction weekly audits, indicated the following: - Week of 12/5/22: floors dirty-yes, deep clean scheduled with housekeeping. Oven dirty-yes</p>		<p>admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p>F921 Safe/Functional/Sanitary/Comfortable Environment What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; The white PVC pipes under the dish machine were power washed and cleaned. The lime build up on floor under the dish machine and under the food prep table was cleaned. The adhered dirt and grime along the base board in the entire kitchen was cleaned. The outside of all the garbage cans were cleaned. The white PVC pipes under a food prep sink were cleaned. The food prep sink, dried food spillage and lime build up underneath on the floor were cleaned. The food crumbs and debris under the tables and along the wall were cleaned. Phoenix Industrial Cleaning services came out to deep clean the kitchen as follows: stove, double oven, wash floor and baseboard on 1/12/23. A kitchen sanitation audit was completed on 1/19/23 by the facility's registered dietician with no findings.</p>	

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	<p>scheduled deep clean.</p> <ul style="list-style-type: none"> - Week of 12/12/22: floors-yes deep cleaned with machine - Week of 12/19/22: top of stove-cleaned. Flat top-cleaned. - Week of 12/25/22: steamer needs cleaning-yes cleaned. Table under juice machine-yes cleaned. Dish room cleaned. <p>Interview with the Administrator on 1/6/23 at 10:45 a.m., indicated the Dietary Food Manager has been gone for 1 week. Prior to her leaving, she was making sure sanitation was being completed in the kitchen. The Registered Dietitian had not completed a sanitation tour of the kitchen.</p> <p>This deficiency was cited on 11/22/22. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(f)</p>		<p>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>All residents have the potential to be affected by the same alleged deficient practice.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>Staff were re-educated on the procedure of notifying maintenance/environmental services of any necessary repairs/cleaning needed. All new employees will be educated on the procedure of notifying maintenance/environmental services of any necessary repairs/cleaning needed.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place;</p> <p>Environmental services supervisor/Maintenance department/ designee will audit 15 rooms per week on alternating units for Environmental/cleaning issues and maintenance issues. Any identified issues will be corrected.</p> <p>Dietary Manager/designee will</p>	

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R 0000 Bldg. 00	<p>This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on 11/22/22. This visit included a PSR to the Recertification and State Licensure Survey and the Investigation of Complaints IN00392424, IN00392575, and IN00392985 completed on 11/22/22.</p> <p>This visit was done in conjunction with the Investigation of Complaint IN00395443.</p> <p>Complaint IN00392424 - Not Corrected.</p> <p>Complaint IN00392575 - Not Corrected.</p> <p>Complaint IN00392985 - Corrected.</p> <p>Complaint IN00395443 - Substantiated. Federal/State deficiencies related to the</p>	R 0000	<p>audit the kitchen 5 days a week for cleanliness and possible items that need to be addressed. Administrator/designee will present a summary of the audits to the Quality Assurance committee monthly for 6 months. Thereafter, if determined by the Quality Assurance committee, auditing and monitoring will be done quarterly and present quarterly at the QA meeting. Monitoring will be on going. Date by which systemic corrections will be completed: 1/26/2023</p> <p>The facility kindly requests a desk review.</p>	

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R 0273 Bldg. 00	<p>allegations are cited at F677.</p> <p>Survey dates: January 5 and 6, 2023.</p> <p>Facility number: 000125</p> <p>Residential Census: 35</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <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.</p> <p>Based on observation, record review, and interview, the facility failed to serve and prepare food under sanitary conditions related to dirty food equipment, steam tables, wire racks, and standing mixer for 1 of 1 kitchens observed. This had the potential to affect the 35 residents who received food from the kitchen. (The Main Kitchen)</p> <p>Findings include:</p> <p>During the Kitchen Sanitation Tour on 1/6/23 at 9:45 a.m. with the Assistant Dietary Food Manager, the following was observed:</p> <p>a. The storage racks that housed clean pots and pans were sticky to touch. The plastic containers on the racks that housed clean utensils were dirty inside with a dirty spoon noted.</p> <p>b. There was a heavy accumulation of burned</p>	R 0273	<p>Dyer Nursing & Rehabilitation</p> <p>R 273 Food Procurement, Store/ Prepare/Serve-Sanitary</p> <p>Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p>	01/26/2023

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	<p>food and crumbs on the stove top.</p> <p>c. There was a heavy accumulation of burned food spillage and grease on the inside of both convection ovens and on the inside of the glass doors. There was grease noted on the sides of the ovens.</p> <p>d. There was a heavy accumulation of dried food spillage and grease on the back splash of the griddle and stove.</p> <p>e. There was a heavy accumulation of food spillage on the bottom of the steam table.</p> <p>f. There was a heavy accumulation of dirt, dried food spillage, and grease on a portable steam table.</p> <p>Interview with the Assistant Dietary Manager at that time, indicated the steam table was not in use and not functional.</p> <p>g. There was a dirty food stained piece of plastic over the stand mixer. There was a moderate amount of food crumbs on the stand and around the bowl and a brown liquid noted inside the bowl.</p> <p>Interview with the Assistant Dietary Food Manager at that time, indicated all of the above was in need of cleaning or repair.</p> <p>The plan of correction weekly audits, indicated the following: - Week of 12/5/22: floors dirty-yes, deep clean scheduled with housekeeping. Oven dirty-yes scheduled deep clean. - Week of 12/12/22: floors-yes deep cleaned with machine. - Week of 12/19/22: top of stove-cleaned. Flat</p>		<p>The storage racks that housed clean pots and pans were cleaned. The plastic containers on the racks that housed clean utensils and spoons were cleaned.</p> <p>The accumulation of burned food and crumbs on the stove top were cleaned.</p> <p>The accumulation of burned food spillage and grease on the inside of both convection ovens and on the inside of the glass doors were cleaned. The grease noted on the sides of the ovens was cleaned.</p> <p>The accumulation of dried food spillage and grease on the back splash of the griddle and stove was cleaned.</p> <p>The accumulation of food spillage on the bottom of the steam table was cleaned.</p> <p>The accumulation of dirt, dried food spillage, and grease on a portable steam table was cleaned.</p> <p>The food stained piece of plastic over the stand mixer was cleaned. The food crumbs on the stand and around the bowl and a brown liquid noted inside the bowl was cleaned.</p> <p>Phoenix Industrial Cleaning services came out to deep clean the kitchen as follows: stove,</p>	

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	<p>top-cleaned.</p> <p>- Week of 12/25/22: steamer needs cleaning-yes cleaned. Table under juice machine-yes cleaned. Dish room cleaned.</p> <p>Interview with the Administrator on 1/6/23 at 10:45 a.m., indicated the Dietary Food Manager has been gone for 1 week. Prior to her leaving, she was making sure sanitation was being completed in the kitchen. The Registered Dietitian had not completed a sanitation tour of the kitchen.</p> <p>This deficiency was cited on 11/22/22. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>		<p>double oven, wash floor and baseboard on 1/12/23.</p> <p>A kitchen sanitation audit was completed on 1/19/23 by the facility's registered dietician with no findings.</p> <p>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>All facility residents have the potential to be affected by the same alleged deficient practice</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>Dietary staff have been re-educated regarding, proper cleaning and sanitation of equipment, and drying techniques.</p> <p>All new dietary staff will be educated on proper cleaning and sanitation of equipment and drying techniques.</p> <p>All alleged concerns have been added to routine dietary cleaning schedule.</p> <p>How the corrective action(s) will be monitored to ensure the</p>	

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			<p>deficient practice will not recur, i.e., what quality assurance programs will be put into place;</p> <p>Administrator or designee to audit sanitation of kitchen area 5 times a week for 6 months.</p> <p>Administrator/designee will present a summary of the audits to the Quality Assurance committee monthly for 6 months. Thereafter, if determined by the Quality Assurance committee, auditing and monitoring will be done quarterly and present quarterly at the QA meeting. Monitoring will be on going.</p> <p>Date by which systemic corrections will be completed: 1/26/2023</p>	