

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 01/15/2016
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NAME OF PROVIDER OR SUPPLIER BROOKDALE CARMEL	STREET ADDRESS, CITY, STATE, ZIP CODE 301 EXECUTIVE DR CARMEL, IN 46032
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: January 12 and 15, 2016</p> <p>Facility number: 010416 Provider number: 010416 AIM number: N/A</p> <p>Census bed type: Residential: 48 Total: 48</p> <p>Sample: 7</p> <p>These state findings were cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review completed by 21662 on January 20, 2016.</p>	R 0000	<p>The following is the Plan of Correction for Brookdale Carmel in regards to the Statement of Deficiency for the State Residential Licensure Survey completed on January 12 and January 15, 2016</p> <p>This Plan of Correction is not be construed as an admission of or agreement with findings and conclusions in the Statement of Deficiency, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements; In this document, we have outlined specific actions in response to identified issues; We have not provided a detailed response to each finding, nor have we identified mitigating factors; We remain committed to the delivery of quality health care services and will continue to make changes and improvements to satisfy that objective</p>	
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.</p> <p>Based on observation, interview and record review, the facility failed to ensure</p>	R 0273	<p>R273 Food and Nutritional Services Deficiency What corrective action(s) will be</p>	02/22/2016

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>left over food was labeled, dated, and securely covered, staff members personal food items were not stored in the freezer, left over foods were removed from the freezer in the allotted time frame and food was served without using a new temperature probe wipe each time the foods were tempted in 1 of 1 kitchen reviewed for proper sanitation procedures and food handling. This deficient practice had the potential to affect 48 of 48 residents receiving food from the kitchen.</p> <p>Findings include:</p> <p>The kitchen tour began on 1/12/16 at 11:07 a.m., with the Dining Services Coordinator (DSC) in attendance and describing the items observed in the following areas:</p> <p>a. The dry storage area had the following food items observed: A one-quarter bag of a 13.3 ounce bag of Vanilla wafers were opened without an open date sitting on the shelf. 2 apple pies, 2 cherry pies and 1 peach pie along with a dozen sugar cookies and two dozen chocolate cookies sitting inside a dessert cart without a prepared date on any of the food items. A one-half bag of a 5 pound bag of Bowtie pasta was tied at the top of the bag, but had a hole in the top of the bag</p>		<p>accomplished for those residents found to have been affected by the alleged deficient practice? The Dining Services Coordinator (DSC) and all associates that work in the dining services department have been disciplined for the deficient practice The DSC and all associates that work in the dining services department will receive training regarding labeling, safety and sanitation by the Brookdale Regional Dining Services Director The DSC and/or designee will conduct an audit of the dining services department to ensure compliance of labeling, safety and sanitation daily x 1 month The Executive Director and/or designee will review and monitor the dining services audit to ensure that the dining services department is in compliance with labeling, safety and sanitation An member of dining services, failing to meet compliance, will result in disciplinary action How will the community identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected. The Dining Services Coordinator (DSC) and all associates that work in the dining services department have been disciplined for the deficient practice The DSC and all associates that work in the dining services department will receive</p>				

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	<p>by the tied knot and there was no open date labeled on the bag. 3 pounds of macaroni was opened without an open date.</p> <p>During an interview at that time the DSC, the DSC indicated when the bake goods were prepared, they should have had a prepared date placed on them and been placed in the walk in cooler. He indicated when food items were opened there was to be an open date on the food item. He indicated any food item opened should be closed securely or wrapped with saran wrap.</p> <p>b. The walk-in cooler had the following food items observed: 1 1/2 quarts chili with a prepared date marked on it was 11/21. The DSC indicated at that time the chili was in the walk-in cooler too long. 4 unidentified round items the DSC indicated this was one of his cook's personal items she placed in the walk-in cooler occasionally. The unidentified items did not have an open date. 10 ounces Zena's Puree dated 11/30. The DSC indicated at that time the food had been in the walk-in cooler too long and the food was a cook's personal food item. 8 ounces Zena's BBQ Pulled Pork dated 11/30. The DSC indicated at that time the food had been in the walk-in cooler</p>		<p>training regarding labeling, safety and sanitation by the Brookdale Regional Dining Services Director The DSC and/or designee will conduct an audit of the dining services department to ensure compliance of labeling, safety and sanitation daily x 1 month The Executive Director and/or designee will review and monitor the dining services audit to ensure that the dining services department is in compliance with labeling, safety and sanitation An member of dining services, failing to meet compliance, will result in disciplinary action What measures will be put into place or what systematic changes will the community make to ensure the alleged deficient practice does not recur? The DSC and/or designee will conduct an audit of the dining services department to ensure compliance of labeling, safety and sanitation on a daily basis as part of their routine job task to ensure compliance The Executive Director and/or designee will review and monitor dining services to ensure that the dining services department is in compliance with labeling, safety and sanitation An member of dining services, failing to meet compliance, will result in disciplinary action How will the corrective action(s) be monitored to ensure the deficient practice will not recur? What measures will be</p>				

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	<p>too long and the food was a cook's personal food item. 12 ounces Zena's bread without an open date or label. 4 heart shaped cakes without a date or label and was one of the cook's personal food items. One-half pint Rainbow Sherbert without an open date. 2 pounds Ground beef opened without an open date 1 pound Sugar snap peas opened without an open date. One-half pound peas opened without an open date. 1 1/2 pounds Capicola opened without an open date.</p> <p>During an interview at that time, the DSC indicated there should not be any employee personal food items in the walk-in freezer, the left over food after it had been placed in the freezer should only remain in the freezer for 1 month and any left over food should be labeled with a prepared date and food item label and any opened food item should have an opened date.</p> <p>During the second visit of the kitchen with the DSC in attendance on 1/15/16 at 11:14 a.m., the food for lunch was observed being tempted. The following was observed during the food</p>		<p>put into place or what systematic changes will the community make to ensure the alleged deficient practice does not recur? The DSC and/or designee will conduct an audit of the dining services department to ensure compliance of labeling, safety and sanitation on a daily basis as part of their routine job task to ensure compliance The Executive Director and/or designee will review and monitor dining services to ensure that the dining services department is in compliance with labeling, safety and sanitation An member of dining services, failing to meet compliance, will result in disciplinary action</p>				

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	<p>temperature procedure: Lead Cook #1 opened the top of two thermometer probe wipe swabs, then she stuck the thermometer probe into the first package of the thermometer probe wipe swab package and twirled it around. She tempted the Italian Chicken, then she placed the thermometer probe back into the first thermometer probe wipe swab package and twirled it around then stuck the tip of the thermometer into the second swab package and twirled it around. She tempted the roasted Zucchini, then she used the second thermometer probe wipe and twirled the thermometer probe around in the first swab package and twirled it around, then stuck the tip of the thermometer probe into the second swab package and twirled it around, then tempted the Chicken gravy.</p> <p>Lead Cook #1 opened a new thermometer wipe probe swab package stuck the thermometer probe into the swab package and twirled it around, then tempted the Herb Stuffing. She opened another thermometer probe wipe swab and twirled the thermometer probe into that probe package, then she tempted the pureed Lima beans. She opened another thermometer probe wipe swab package and twirled the thermometer probe around in the package, then she tempted the mechanical Ham. She opened</p>						

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	<p>another thermometer probe wipe swab package and twirled the thermometer swab around in that package, then tempted the pureed Ham. She opened another thermometer wipe probe swab package and twirled the thermometer probed around in the package, then she tempted the pureed risotto. After she finished tempting the food she took the thermometer and placed it back into the thermometer probe wipe swab package and twirled it around.</p> <p>During an interview at that time Lead Cook #1 indicated she had been told she could use the same thermometer probe wipe to sanitize the thermometer as long as she turned it each time.</p> <p>During an interview at that time, the DSC indicated she had been told a new wipe was to be used each time and she had been educated on the use of the thermometer probe wipes. He indicated she knew to use a new probe wipe each time.</p> <p>A current policy and procedure titled "2016 Dining Services Operating Standards" undated, provided by the Executive Director on 1/12/16 at 2:10 p.m., indicated "... 7.07 Labeling: If an item is not being served, it shall be covered, labeled and dated. All bulk</p>			

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	foods or food not intended for immediate consumption shall be covered with a lid or food film and labeled with item name, date prepared, time prepared and discard date. All foods shall be labeled with a Brookdale approved label...."			