

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 05/06/2016
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NAME OF PROVIDER OR SUPPLIER  BICKFORD OF GREENWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 3021 STELLA DRIVE GREENWOOD, IN 46143
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R 0000  Bldg. 00	<p>This visit was for State Residential Licensure Survey. This visit included the Investigation of Complaints IN00198907 and IN00199630.</p> <p>Complaint IN00198907 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00199630 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: May 2, 4, 5, and 6, 2016</p> <p>Facility number: 012938 Provider number: 012938 Aim number: N/A</p> <p>Census bed type Residential: 50 Total: 50</p> <p>Sample: 7</p> <p>These State findings are cited accordance with 410 IAC 16.2-5.</p> <p>Q.R. completed by 14466 on May 13, 2016.</p>	R 0000		
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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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R 0148 Bldg. 00	<p>410 IAC 16.2-5-1.5(e)(1-4) Sanitation and Safety Standards - Deficiency (e) The facility shall maintain buildings, grounds, and equipment in a clean condition, in good repair, and free of hazards that may adversely affect the health and welfare of the residents or the public as follows:</p> <p>(1) Each facility shall establish and implement a written program for maintenance to ensure the continued upkeep of the facility. (2) The electrical system, including appliances, cords, switches, alternate power sources, fire alarm and detection systems, shall be maintained to guarantee safe functioning and compliance with state electrical codes. (3) All plumbing shall function properly and comply with state plumbing codes. (4) At least yearly, heating and ventilating systems shall be inspected.</p> <p>Based on observation and interview, the facility failed to have their heating and ventilating systems inspected annually for 50 of 50 residents who reside at the facility.</p> <p>Findings Include:</p> <p>During the environmental tour on 05/05/16 at 2:30 p.m., with Maintenance Director, the following were observed: When asked to provide the most recent</p>	R 0148	In response to R 148- No residents were negatively affected by this deficient practice although potential did exist. Director and Maintenance Director educated on need for formal inspection of the heating and ventilation systems on an annual basis during exit interview May 6, 2016. Full inspection has been completed and documented by a licensed vendor on May 9, 2016 and will be completed on an annual basis going forward. Maintenance Director will	05/09/2016			

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R 0273 Bldg. 00	<p>copy of the facility's annual heating and ventilating system inspection, he indicated when he changed the filters quarterly he visually checked the machine and air handlers and monitored them, but he did not have an outside party come in and inspect the heating and ventilation systems. He also indicated he was not licensed nor had he received any prior training or education to do so.</p> <p>During an interview with the Administrator on 05/06/16 at 11:00 A.M., it was indicated the heating and ventilation systems have not been inspected by an outside party in 2015 or 2016. Administrator indicated the only current actions being taken are the Maintenance Director changing the filters and visually monitoring.</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. Based on observation and interview, the facility failed to ensure 50 of 50 residents who ate food prepare in kitchen received food prepared, distributed and serve under sanitary conditions.</p>	R 0273	<p>continue to monitor the system during the quarterly filter change and alert Director of any issues noted that would warrant early inspection. Divisional Director of Operations to audit inspection process during annual QA.</p> <p>In response to R- 273 No residents were negatively affected by this deficient practice although potential did exist. Dietary Cook#1 and all kitchen staff re-educated by the Director</p>	06/24/2016			

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	<p>Findings include:</p> <p>During the service of noon meal on 05/02/16 at 11:40 A.M., the following were observed:</p> <p>Dietary Cook #1 was observed serving the noon meal and preparing fresh vegetables for the evening meal with her hair net covering only the back half of her hair, leaving the front half of her hair exposed.</p> <p>On 05/05/2016 at 9:45 A.M., the Administrator provided a policy: titled #40300, dated 07/2012, and indicated it was the current policy use by the facility. A review of the policy indicated, "Policy, Good personal hygiene shall be observed by Bickford Family Members involved in dining service." Under procedure #1, "Hair nets shall be worn which shall completely cover all hair. Men may wear baseball caps if hair is no longer than behind the ears or is pulled back in a ponytail."</p> <p>During an interview with the Administrator 05-05-16 at 2:30 p.m., she indicated the staff receive training on hair coverage and facility policies are gone</p>		<p>on proper use of hair nets while in the food preparation areas on May 8th, 2016. Formal education, on Bickford policy for hair net use, for all staff provided during in-service meetings on May 18th-19th. Kitchen Manager and assistant cooks to monitor hairnet use and help enforce compliance with policy. Director or Assistant Director to do random checks of hair net use on each working day for the next four weeks. Manager on Duty will perform these audits on the weekend days. If compliance achieved, checks to be done during routine monthly quality checks . Daily checks will continue if compliance not achieved, with discipline process for repeated offenses. Divisional Directors to perform random checks during routine site visits and during annual QA.</p>				

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R 0274 Bldg. 00	<p>over during orientation. She indicated that it is expected for all staff to have their hair contained in the hairnet, and worn while in the food preparation areas at all times. Hair is covered to prevent contamination of food, equipment, and utensils for 50 of 50 residents residing in the facility.</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. (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</p>			

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	<p>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 the premises at peak periods of operation on a regularly scheduled basis.</p> <p>(3) Food service staff shall be on duty to ensure proper food preparation, serving, and sanitation.</p> <p>Based on observation and interview, the facility failed to ensure the Dietary Manger had training in food service management for 50 of 50 residents who reside in the facility.</p> <p>Findings include</p> <p>On 5/4/16, in review of employee licensure and certifications, it was observed the facility lacked a proper license or certification for the current Dietary Manager.</p> <p>In an interview with Dietary Manager on 05/05/16 at 2:00 P.M., she indicated she took a Safe Serve Management Certification one day class provided by Indiana Restaurant and Lodging Association (INRLA) in April of 2016. She indicated she has been back- up Dietary Manager for Bickford since 2014 and on 3/29/16 she was promoted to</p>	R 0274	<p>In response to R- 274No residents were negatively affected by this deficient practice although potential for harm did exist. Director and Kitchen Manager educated on qualifications for Kitchen Manager position during exit interview on May 6, 2016. Kitchen Manager will be registered for the next appropriate 90 hour course offered, with registration for course expected by June 30, 2016. Director to inform Divisional Director of Operations when course is completed. Documentation of completion to be included in personal file and posted in kitchen area.</p>	06/30/2016

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	<p>Dietary Manager. She worked at local grocery store as lead hot food cook from 2009- 2011, and she worked from 2006-2008 as a Dietary Cook. She indicated she has not completed an approved instruction course in food service management, nor had a 1 year experience as a dietary manager.</p> <p>In an interview with the Administrator on 5/6/16 at 11:30 A.M., she indicated the Dietary Manager was the back- up Dietary Manager from 2014 up until March of 2016, when she was offered the promotion. The Administrator indicated she was now aware the Dietary Manager did not have the proper certification for the position.</p>				