

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 09/07/2016
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NAME OF PROVIDER OR SUPPLIER  CRAWFORDSVILLE BICKFORD COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 100 BICKFORD LN CRAWFORDSVILLE, IN 47933
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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>Date of survey: September 7, 2016</p> <p>Facility number: 003674 Provider number: 003674 AIM number: N/A</p> <p>Census bed type: Residential: 14 Total: 14</p> <p>Census payor type: Other: 14 Total: 14</p> <p>Sample: 7</p> <p>This state finding is cited in accordance with IAC 16.2-5.</p> <p>Quality review completed by 29479.</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.</p> <p>Based on observation, interview, and</p>	R 0273	No residents were harmed by this	09/30/2016

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>record review, the facility failed to ensure a sanitary kitchen environment and sanitary food storage for 1 of 1 kitchen observation. This had the potential to affect 14 of 14 residents who received food that was prepared in the kitchen. Findings include:</p> <p>On 9/7/16 at 9:50 a.m., during a kitchen tour with the DM (Dietary Manager) the following were observed:</p> <p>a). The floors around the cove base throughout the kitchen were observed to be soiled and dingy with dried food particles, fresh food items and small pieces of paper debris.</p> <p>b). The bottom shelf of the freezer was observed to have food particles and a large white, glob of a food substance, which had dripped onto a frozen package of meat.</p> <p>c). The two refrigerators were observed to have food particles and liquid substance spills on the bottom shelves. The DM, on 9/7/16 at 10:15 a.m., indicated the kitchen floor was mopped daily, but the soiled cove base and the floor by the freezer and the two refrigerators were cleaned monthly. The DM indicated the white substance in the freezer was melted ice cream and the crumbs on the bottom shelves was food debris, which should have been cleaned</p>		<p>deficient practice although potential for harm did exist</p> <ul style="list-style-type: none"> <li>· Director has provided kitchen staff re-education on cleaning schedule and procedures for cleaning kitchen and equipment.</li> <li>· Refrigerator/ freezers all will be thoroughly cleaned inside and out</li> <li>· Any compromised food will be discarded</li> </ul> <p>Director will audit weekly for cleanliness of kitchen for eight weeks then resume monthly checks. Weekly checks to resume if unacceptable conditions re-occur.</p> <p>Divisional Directors will audit annually and on routine site visits</p> <p>Date of completion: 9/29 and ongoing</p>				

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	<p>immediately.</p> <p>On 9/7/16 at 3:15 p.m., the ADM (Administrator) indicated the kitchen floors and the cove base should be thoroughly cleaned nightly and the freezer and refrigerators should be cleaned immediately when a spill happened.</p> <p>The ADM provided a policy on 9/7/15 at 3:20 p.m., titled "Method - Kitchen," identified as current and dated SEPT 2007. The policy indicated, "...Floors...3. Mop floors with degreaser...."</p> <p>A policy, dated 3-2014, titled "Reach-In Freezer-Cleaning," identified as current was provided by the ADM on 9/7/16 at 3:20 p.m. The policy indicated, "Policy...All items of equipment are cleaned and sanitized in accordance with the guidelines established by the U.S. Department of Health and Human Services as stated in the 'Food Service Manual,' 1997...Procedure...Daily: 1. Immediately wipe up all spills thoroughly...Monthly:...3. Wring out clean cloth dipped in warm detergent sanitizing solution. Thoroughly wash the inside of the freezer (cleaning the bottom last). Air dry...."</p> <p>3.1-21(i)(3)</p>			