

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 08/25/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BRENTWOOD AT HOBART	STREET ADDRESS, CITY, STATE, ZIP CODE 1420 ST MARY CIR HOBART, IN 46342
---	---

(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 Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on 6/28/16.</p> <p>Survey date: August 25, 2016</p> <p>Facility number: 002627 Provider number: 002627 AIM number: N/A</p> <p>Census bed type: Residential: 89 Total: 89</p> <p>Sample: 8</p> <p>These State findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed by 32883 on 8/29/16.</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. Based on observation, record review, and</p>	R 0273	1. All food service functions will be completed in compliance with	09/15/2016

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.

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 08/25/2016
NAME OF PROVIDER OR SUPPLIER BRENTWOOD AT HOBART			STREET ADDRESS, CITY, STATE, ZIP CODE 1420 ST MARY CIR HOBART, IN 46342		
(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	
	<p>interview, the facility failed to ensure food was prepared and served under sanitary conditions related to the proper use of gloves for 1 of 1 kitchens. (The main kitchen)</p> <p>Finding includes:</p> <p>On 8/25/16 at 11:25 a.m., Dietary Cook #1 was observed wearing gloves to both of her hands. At that time, the cook was handling bags of frozen food, touching pans, plates and the deep fryer baskets. The cook picked up a raw unpeeled potato with the same gloved hands and rinsed it off at the sink. She placed the potato in the microwave oven to cook. The cook began preparing the food for the noon meal and served it onto the resident's plates. She was observed touching the utensils, plates, and the deep fryer baskets at that time while wearing the same pair of gloves to both of her hands. At 11:45 a.m., she picked up a bag of hamburger buns, reached in the bag with her gloved hands and removed two hamburger buns and placed them on a plate. She separated the buns with her gloved hands and placed them in the microwave. She removed the plate from the microwave and placed a hamburger patty on the bun. At that time, she placed the top of the bun on top of the hamburger patty with her gloved hands.</p>		<p>sanitation and safe handling practices. 2. The Dining Services Director will complete a "train-the trainer" in-service with a Dining Services Consultant no later than 8/26/2016 on proper sanitation and safe handling practices pertaining to food storage, preparation and service, with a particular focus on proper glove use. On or after 8/26/2016, the Dining Services Director will re-in service all staff having dietary service responsibilities. 3. The Dining Services Director, or designee will audit for compliance with sanitation and safe handling practices 3 times daily for one week, then 1 time daily for 2 weeks, then on a rotating basis for each time of meal service. 4. Quarterly and ongoing until the 2017 Re-Licensing Survey, the Quality Assurance committee will review the audit findings of the Dining Services Director to validate continued compliance.</p>		

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 08/25/2016	
NAME OF PROVIDER OR SUPPLIER BRENTWOOD AT HOBART				STREET ADDRESS, CITY, STATE, ZIP CODE 1420 ST MARY CIR HOBART, IN 46342			
(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			
	<p>At 11:48 a.m., the cook picked up the cooked potato with her gloved hands and placed it on a resident's plate. She cut the potato in half with her gloved hands. She did not change her gloves or use utensils while handling the ready to eat food.</p> <p>Interview with Dietary Cook #1 at that time, indicated she was unaware when to change her gloves after handling ready to eat foods.</p> <p>The current 6/29/16 Food Safety use of gloves policy provided by the Administrative Consultant on 8/25/16 at 12:55 p.m., indicated "Change gloves after handling raw meat, fish, poultry, or ready to eat food."</p> <p>Interview with the Dietary Food Manager on 8/25/16 at 11:50 a.m., indicated she had not properly inserviced her staff regarding the use of gloves and when to change gloves.</p> <p>This state residential finding was cited on 6/28/16. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>						