

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 12/29/2015
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NAME OF PROVIDER OR SUPPLIER BROWNSBURG MEADOWS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 7133 MEADOW TRAIL BROWNSBURG, IN 46112
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: December 28 & 29, 2015</p> <p>Facility number: 013356 Provider Number: N/A Aim Number: N/A</p> <p>Census bed type: Residential: 48 Total: 48</p> <p>Census by payor type: Other: 48 Total: 48</p> <p>Sample: 7</p> <p>This deficiency reflects State findings in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed 12/29/30 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</p>			

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>standards, including 410 IAC 7-24.</p> <p>Based on observation, interview, and record review, the facility failed to store cooked bacon at the appropriate temperature for 5 of 5 observations. This deficient practice had the potential to affect 48 of 48 residents who consumed food from the facility kitchen.</p> <p>Finding includes:</p> <p>On 12/28/15 at 10:05 a.m., a container of cooked bacon covered with plastic wrap was observed on the serving line counter in the kitchen.</p> <p>On 12/28/15 at 11:00 a.m., a container of cooked bacon covered with plastic wrap was observed on the serving line counter in the kitchen. The container was dated 12/28.</p> <p>On 12/28/15 at 11:15 a.m., a container of cooked bacon covered with plastic wrap was observed on the shelf above the salad bar in the main dining room. The container was dated 12/28. Cook #1 read the bacon temperature as 68 degrees Fahrenheit.</p> <p>On 12/28/15 at 2:36 p.m., a container of cooked bacon covered with plastic wrap was observed on serving line counter in the kitchen.</p>	R 0273	<p>R0273</p> <ol style="list-style-type: none"> Describe what the facility did to correct the deficient practice for each client cited in the deficiency. <ul style="list-style-type: none"> The food service department changed the practice on providing residents shelf-stable bacon by only purchasing shelf stable bacon bits. This practice was changed immediately following the survey. Describe how the facility reviewed all clients in the facility that could be affected by the same deficient practice, and state, what actions the facility took to correct the deficient practice for any client the facility identified as being affected. <ul style="list-style-type: none"> All residents had the potential to be affected but no signs and symptoms identified for any residents of negative outcome. There have been no food related illnesses reported to date. The use of fresh bacon as bacon bits was eliminated from the menu immediately. The shelf-stable bacon will only be used going forward. Describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recur, including any in-services, but also should include any system changes you made. 	01/30/2016

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	<p>On 12/28/15 at 2:38 p.m., a container of cooked bacon covered with plastic wrap was observed on the shelf above the salad bar in the main dining room.</p> <p>During an interview on 12/28/15 at 11:00 a.m., Cook #1 indicated the bacon in the kitchen was stored at room temperature for the salad bar and did not need to be refrigerated because it had a high fat content. She indicated the bacon had been cooked in the morning during breakfast and would be used for lunch and dinner service.</p> <p>During an interview on 12/28/15 at 11:18 a.m., Cook #1 indicated the bacon on the shelf above the salad bar had been cooked in the morning and was not stored in the cooler.</p> <p>During an interview on 12/28/15 at 2:36 p.m., the Dietary Manager (DM) indicated the staff made the bacon in the morning and it was stored at room temperature for the salad bars to prevent the fat from solidifying on the bacon. The DM indicated when the bacon was chilled in the refrigerator or salad bar cooler the fat solidified and left a white substance on the bacon. He indicated residents complained about the bacon on their salads having the white substance</p>		<p>Our practices have changed with the fresh cooked bacon no longer being used for salad bar options and has been replaced with a shelf stable product. The food service manager and general manager will complete a mandatory in-service with all food service staff before 1/30 to include the following: Review of the food handling policy, and the guidelines for holding the food. We will have food service staff monitor use by expiration date on shelf-stable bacon packaging. Any and all staff using shelf-stable bacon product is expected to observe the use by expiration date during preparation. During preparation if the products used by the date are expired product will be discarded immediately.</p> <p>4. Describe how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put in place.</p> <p>A QA tool has been implemented to ensure that food is temperatures are maintained appropriately and that food is discarded per policy. The food service manager and or designee will complete the QA tool 1 x daily for a week, then weekly for a month, and monthly for the next 3 months. The QA tool will be used starting 1/27/16. If the QA threshold is not maintained at a 100%, staff education will be</p>	

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	<p>on the bacon. The DM indicated the high fat content in the bacon caused bacteria to slowly develop on it and it was safe to store the bacon at room temperature.</p> <p>Section 187 of the Indiana "Retail Food Establishment Sanitation Requirements", dated 11/13/04, stated, "...potentially hazardous food shall be maintained as follows: (1) At one hundred thirty-five (135) degrees Fahrenheit or above...(2) At a temperature specified in the following: (A) At forty-one (41) degrees Fahrenheit or less."</p> <p>Section 193 of the Indiana "Retail Food Establishment Sanitation Requirements", dated 11/13/04, stated, "...(1) the food should be...(B) cooked and served, served if ready-to-eat, or discarded within four (4) hours from the point in time; when the food is removed from temperature control."</p> <p>On 12/29/15 at 10:34 a.m., the General Manager (GM) provided the current policy, titled, "Food Handling." The policy stated, "...1. The Community will serve food at a safe and appropriate temperature. 2. All food preparation and serving areas shall be maintained in accordance with state and local sanitation standards, food handling, food preparation, and meal service."</p>		completed again and the QA monitoring will continue with duration of additional 3 months.	

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	On 12/29/15 at 10:34 a.m., the General Manager (GM) provided a copy of the section titled, "Guidelines for Holding Food," of the manual titled, "ServSafe Manager Book." The manual stated, "Check food temperature at least every four hours. Throw out food that is not 41 (degrees Fahrenheit) or lower, or 135 (degrees Fahrenheit) or higher."						