

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/15/2014
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NAME OF PROVIDER OR SUPPLIER BROOKDALE PLACE VALPARAISO	STREET ADDRESS, CITY, STATE, ZIP CODE 2601 VALPARAISO ST VALPARAISO, IN 46383
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R000000	<p>This visit for the Investigation of Complaint IN00151042.</p> <p>Complaint IN00151042-Substantiated. State residential deficiencies related to the allegations are cited at R0041 and R0273.</p> <p>Survey date: July 15, 2014</p> <p>Facility number: 010757 Provider number: 010757 AIM number: N/A</p> <p>Surveyor: Heather Tuttle, RN-TC</p> <p>Census bed type: Residential: 69 Total: 69</p> <p>Census payor type: Private: 69 Total: 69</p> <p>Sample: 4</p> <p>These state findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on July 17, 2014, by Janelyn Kulik, RN.</p>	R000000		
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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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R000041	<p>410 IAC 16.2-5-1.2(o)(4) Residents' Rights - Deficiency (4) The facility shall develop and implement policies for investigating and responding to complaints when made known and grievances made by: (A) an individual resident; (B) a resident council or family council, or both; (C) a family member; (D) family groups; or (E) other individuals.</p> <p>Based on record review and interview, the facility failed to ensure all complaints and grievances were acted upon with resolution related to the Resident Council complaints regarding dietary services for 3 of 3 Resident Council meetings.</p> <p>Findings include:</p> <p>1. Review of the Resident Council meeting minutes for the month of May 2014 indicated a Resident Council meeting was held on 5/21/14. The residents had complaints about dietary services in regards to having too much rice.</p> <p>Review of the Resident Council meeting minutes for the month of June 2014 indicated a Resident Council meeting was held on 6/20/14. The residents had complaints about dietary services in regards to wanting more fresh fruit, ham</p>	R000041	<p>Complaint/Grievance forms have been placed in the nurse's station at Brookdale Place and in the programming area at Brookdale Clare Bridge for staff to have access should a complaint or grievance be expressed. Staff have been made aware of their location. Forms will be given to the Executive Director for resolution with the correct department.</p> <p>The Dining Services Coordinator during this time period has resigned her position as of July 17, 2014 with a new Coordinator starting July 22, 2014.</p> <p>Resident Council minutes from 2014 will be reviewed with the Dining Services Coordinator and the Executive Director to ensure that all concerns have been addressed.</p> <p>The policy for resident complaints and/or grievances will be</p>	08/01/2014

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	<p>and beans and cornbread.</p> <p>Review of the Resident Council meeting minutes for the month of July 2014 indicated a Resident Council meeting was held on 7/7/14. The residents had complaints about dietary services in regards to wanting more different things.</p> <p>Further review indicated there was no follow up documentation with the dietary department regarding the above mentioned complaints.</p> <p>Interview with the Health and Wellness Director on 7/15/14 at 10:45 a.m., indicated the Program Coordinator took care of the resident's concerns from their Resident Council meetings.</p> <p>Interview with the Program Coordinator on 7/15/14 at 10:52 a.m., indicated she was in charge of the Resident Council and for completing the meeting minutes. She further indicated if there were concerns or complaints from residents regarding the food, she would tell the Dietary Food Manager. She indicated she had not completed a concern form. The Program Coordinator was unaware of the facility's complaint and grievance policy and procedure.</p> <p>The current and revised Resident</p>		<p>provided to and reviewed with all management staff to ensure timely resolution. Compliance/resolution will be addressed in weekly Leadership Meetings held for timely response.</p>				

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R000273	<p>Comments/Grievance Procedures policy dated 4/1/2011 provided by the Executive Director, indicated "A resident, his/her representative, family member, visitor or advocate may file a verbal, or written comment, grievance or complaint concerning treatment, abuse, neglect, harassment, medical care, behavior of other residents, theft of property, etc. without fear of threat or reprisal in any manner. Complete an accurate and detailed Complaint/Grievance Form located at the nurse's station or community designated area."</p> <p>This State tag relates to Complaint IN00151042.</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, record review, and interview, the facility failed to ensure the food was stored in a sanitary manner related to old and outdated food in the reach in coolers. The facility also failed to ensure food was served to residents in a sanitary manner related the usage of gloves for 2 of 2 kitchens observed. (The</p>	R000273	Copies of the safe food handling standards 410 IAC 7-24 have been printed and copies provided in both kitchens. 1. Dining Services Coordinator witnessed during survey resigned her position effective immediately on July 17, 2014 and a new Dining Services Coordinator started on July 22, 2014. Meeting held with	08/01/2014

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	<p>Brookdale Kitchen and the ClaireBridge Kitchen)</p> <p>Findings include:</p> <p>1. On 7/15/14 at 8:35 a.m. the Dietary Food Manager was preparing and serving the breakfast meal in the Brookdale kitchen. At that time, she was observed wearing gloves to both of her hands while serving the breakfast. She was observed placing the toast with the same gloved hands onto the resident's plates. She was then observed touching the plates, spatulas, and other utensils with the same gloved hands. The Dietary Food Manager was then observed picking up the pancakes with her same gloved hands and placing them on the resident's plates. She then picked up the sliced cantaloupe with her gloved hands and placed it on the resident's plates without using utensils.</p> <p>Continued observation indicated the Dietary Food Manager then made more pancakes with the same gloved hands and flipped them with the spatula. She then put them on the steam table. She was then observed placing the sausage on the plates and picked up a couple of</p>		<p>all kitchen personnel to ensure proper glove usage understood and complied with. 2.A. Both kitchens have received a deep cleaning with all spices checked that they were properly labeled and dated. Compliance will be verified on a daily basis as new supplies are opened by Executive Director, Dining Services Coordinator or designee. 2. B. Meetings held with staff to discuss the importance of discarding outdated food. Compliance will be verified on a daily basis by adding to daily kitchen checklist. The daily kitchen checklist will be verified by the Executive Director, Dining Services Coordinator or designee daily and all items checked for proper compliance. 2. C Policies regarding proper thawing techniques discussed with staff and the importance to prevent contamination. 2. D Oven hood cleaning has been completed and added to the daily cleaning schedule to ensure future compliance. The daily kitchen checklist will be reviewed by the Executive Director, Dining Services Coordinator or designee daily and all items checked for proper compliance. 3. A. Meetings held with staff to discuss the importance of discarding outdated food. Compliance will be verified on a daily basis by adding to daily kitchen checklist. Executive Director, Dining Services</p>				

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	<p>pancakes with the same gloved hands and placed them on the plates to serve to the residents. She did not use any utensils to place the pancakes on the plates.</p> <p>Further observation at 8:43 a.m., the Dietary Food Manager was observed cutting the cantaloupe with the same pair of gloved hands and touching it by placing it into the bowl.</p> <p>At 8:45 a.m., she removed the gloves and made a sanitation bucket and placed new gloves on her hands at 8:50 a.m. At that time, she was not observed to wash her hands with soap and water.</p> <p>Continued observation at 9:00 a.m., the Dietary Food Manager indicated she had taken the temperatures of the food, however, she had not documented them in the book. She indicated the temperature of the sausage was 180 degrees Fahrenheit. The sausage was observed on the steam table. The Dietary Food Manager was asked to take the temperature again. At that time, the temperature of the sausage was 127 degrees Fahrenheit.</p> <p>2. On 7/15/14 at 9:00 a.m., the following was observed during the Kitchen Sanitation tour in the Brookdale kitchen:</p>		<p>Coordinator or designee will check all coolers daily to assure any outdated foods have been removed from service. 3. B Oven hood cleaning has been completed and added to the daily cleaning schedule to ensure future compliance.</p> <p>The Executive Director, Dining Services Coordinator or designee daily will review the daily cleaning schedule and all items checked for proper compliance. 3. C. Ceiling vent above coffee maker has been cleaned and added to the daily cleaning schedule for the kitchen. The daily kitchen checklist will be reviewed by the Executive Director, Dining Services Coordinator or designee daily to ensure compliance. 3. D. Both stove and grill have been thoroughly cleaned and staff reminded of importance in cleaning properly. Stove/grill cleaning on daily kitchen schedule. The daily kitchen checklist will be reviewed by the Executive Director, Dining Services Coordinator or designee daily and all items checked for proper compliance. Staff meeting held with all kitchen personnel to remind of proper temperatures for food transportation, held and served at 140 degrees and proper thawing techniques. With the hiring of a new Dining Services Coordinator and proper re-education of all kitchen personnel we are confident of compliance with all sanitation and</p>	

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	<p>A. There were two spices on the spice rack with no date of when they were opened. One jar was dill weed and the other was lemon pepper blend.</p> <p>B. The reach in cooler had food that was outdated. There was a bag of spinach that was rotten with a received date of 6/30/14. There were five rotten zucchinis. There was a container of pork and gravy with a use by date of 7/13/14. There was a container of tarter sauce with a use by date of 7/13/14. There was a container of carrot salad with a use by date of 7/12/14. There was a bag of sliced turkey with a use by date of 7/11/14. There was a container of tapioca pudding with a use by date of 7/11/14.</p> <p>Interview with the Dietary Food Manager at that time, indicated the food should have been discarded.</p> <p>C. There were two packages of chicken breasts in the sink sealed in plastic bags. Interview with the Dietary Food Manager at the time, indicated she had removed the chicken breasts from the freezer to thaw around 8:00 a.m.</p> <p>Continued observation indicted some of the chicken breasts were starting to thaw.</p>		safe food handling standards set by the State of Indiana.				

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	<p>The chicken was not in water or in a pan, just laying in the kitchen sink.</p> <p>D. The oven hood was observed dirty and greasy.</p> <p>3. On 7/15/14 at 9:15 a.m., the following was observed during the Kitchen Sanitation tour in the ClaireBridge kitchen with Dietary Cook #1 and the Dietary Food Manager:</p> <p>A. The reach in cooler had food that was outdated. There was a bowl of egg salad with no date on it. There was bag of rotten spinach with a date received of 6/29/14. There was a bag of sliced turkey with a use by date of 7/11/14.</p> <p>B. The oven hood was observed to dusty and greasy.</p> <p>C. The ceiling vent above the coffee maker had a large of accumulation of dust and dirt.</p> <p>D. The sides of the grill and stove were greasy with adhered grease noted. The grates on the stove were dirty with burned food observed.</p> <p>Interview with the Dietary Food Manager on 7/15/14 at 9:40 a.m., all of the above was in need of cleaning.</p> <p>Review of the current 5/10 Use of Gloves policy provided by the Executive Director indicated "Single use, approved</p>			

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	<p>food handlers gloves shall be sued for only one task such as working with ready-to-eat food or with raw animal food, used for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation. Food Production/Plating Area: Before putting the food handler's gloves on, hands must be washed according to proper hand washing procedures."</p> <p>Review of the current 2013 Operating Standards for Dining Services provided by the Executive Director, indicated all hot food shall be transported, held and served at 140 degrees Fahrenheit. There were two acceptable ways to thaw frozen food. The first was in the refrigerator at 40 degrees Fahrenheit or below or in a drain pan under cold running potable water.</p> <p>This State tag relates to Complaint IN00151042.</p>						