

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 03/04/2015
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NAME OF PROVIDER OR SUPPLIER TANGLEWOOD TRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 530 W TANGLEWOOD LN MISHAWAKA, IN 46545
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R 000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: March 2, 3, & 4, 2015</p> <p>Facility number: 009669 Provider number: 009669 AIM number: N/A</p> <p>Survey team: Shauna Carlson, RN - TC Julie Baumgartner, RN Sharon Ewing, RN Pamela Williams, RN</p> <p>Census bed type: Residential: 75 Total: 75</p> <p>Residential sample: 7</p> <p>These state findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review completed on March 7, 2015, Brenda Meredith, RN.</p>	R 000		
R 147 Bldg. 00	<p>410 IAC 16.2-5-1.5(d) Sanitation and Safety Standards - Deficiency (d) The facility shall comply with fire and</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>safety standards, including the applicable rules of the state fire prevention and building safety commission (675 IAC) where applicable to health facilities.</p> <p>Based on observation, interview and record review, the facility failed to complete fire drills on all three shifts, for two of four quarters. This has the potential to affect 75 out of 75 residents.</p> <p>Findings include:</p> <p>On 3/2/15 at 2:00 P.M., record review of the monthly fire drills found no documentation that fire drills, conducted during the second and third quarter, were performed on the 3rd shift.</p> <p>An interview with the maintenance supervisor on 3/2/15 at 2:55 P.M., indicated "...that fire should be done quarterly, one drill on all three shifts...."</p> <p>On 3/3/15 at 3:05 P.M., the current policy, titled "Fire Drills," dated 4/1/1997 revised 7/20, " Fire Drills" was provided by the Executive Director. The policy indicated, "... Fire Drills must be executed on a monthly basis ... as per state regulation... Every shift must participate...."</p>	R 147	<p>This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or the proposed administrative penalty (with right to correct) on the community. Rather, it is submitted as confirmation of our ongoing efforts to comply with all statutory and regulatory requirements. In this document, we have outlined specific actions in response to each allegation or finding. We have not presented all contrary factual or legal arguments, nor have we identified all mitigating factors.</p> <p>R147 410 IAC 16.2-5-1.5 (d) Sanitation and Safety Standards</p> <p>Corrective Actions accomplished for those residents found to have been affected by the deficient practice.</p> <p>Additional Fire drill will</p>	03/27/2015			

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			<p>be conducted on third shift.</p> <p>How to Identify Other Residents</p> <p>All residents residing in the community have the potential to be affected.</p> <p>Systemic Changes</p> <p>The Executive Director will educate the Maintenance Director on Fire Safety policy.</p> <p>Monitoring Q.A.</p> <p>The Executive Director/designee is responsible for monitoring compliance of Fire Safety Drills.</p> <p>completed fire drills will be</p>	

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R 273 Bldg. 00	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, interview and record review, the facility failed to ensure meals were served in a sanitary manor for	R 273	submitted to the Executive Director once a month to ensure compliance. As part of the community's quarterly Continuous Quality Improvement meetings, the agenda will include community measures of monitoring fire drills documentation compliance completed by the Maintenance Director. This measurement of compliance will continue until compliance is met. Completion Date: 3/27/2015	03/27/2015

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	<p>1 of 1 dining rooms and 1 of 1 kitchen.</p> <p>Finding includes:</p> <p>1. On 3/2/15 between 11:35 A.M., to 12:30 P.M., during the initial kitchen tour the following was observed.</p> <p>At 11:38 A.M., Cook # 5 was observed to have a mustache and beard that was not covered with a beard net.</p> <p>At 11:40 A.M., Cook # 6 was observed to have a mustache and beard that was not covered with a beard net.</p> <p>During an interview at 11:40 A.M., the DSD (Dietary Service Director) indicated "... yes they should have a beard nets on...."</p> <p>At 11:43 A.M., in the pastry storage room, a scoop was observed in the flour bin, 9 loaf pans and 13 muffin tins were observed stored upright. They DSD indicated at this time "... the scoop should not be in the flour...."</p> <p>At 11:46 A.M., in the reach in freezer the following was observed: *an open, undated, bag of salmon filets containing 3 filets, *an open, undated, bag of hamburger patties containing 8 patties,</p>		<p>R273 410IAC 16.2-5-5.1 (f) Food and Nutritional Services</p> <p>Corrective Actions accomplished for those residents found to have been affected by the deficient practice.</p> <p>1. Dietary staff has been informed about compliance and was advised to wear a beard net when present in the kitchen.</p> <p>a. An open undated food has been dated and labeled to ensure compliance.</p> <p>b. The clean dish storage rack was covered.</p> <p>c. The hole underneath the grill and baseboard behind the prep table was repaired.</p> <p>d. log for 3 compartment sink was implemented and disinfectant level corrected to required level.</p> <p>e. The drain under the 3 compartment sink was repaired.</p> <p>f. Metal mixing bowls were put facedown to ensure compliance.</p> <p>2. All servers were informed about compliance and they were</p>	

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	<p>*an open, undated, bag of breaded fish filets containing 8 filets,</p> <p>*an open, undated, bag of egg rolls,</p> <p>*a tray with 9 dessert bowls of strawberry ice cream and 12 dessert bowls of vanilla ice cream, uncovered, with no date on them,</p> <p>*1- 3 gallon container of strawberry, vanilla, and no added sugar vanilla ice cream open with no date,</p> <p>*1- 3 gallon container of orange sherbet and rainbow sherbet, open with no date. on it.</p> <p>During an interview at 11:50 A.M., Cook #5 indicated "... I don't wear a beard net... they tell me I don't need to...."</p> <p>At 11:52 A.M., Kitchen staff #8 was observed to have a mustache and beard but no beard net on.</p> <p>At 11:53 A.M., the clean dish storage rack was observed to have 100 small plates, 30 soup bowls, 75 small dessert bowls, stored right side up and uncovered. The DSD indicated at this time " ... these are clean and should be covered...."</p> <p>At 11:54 A.M., a hole was observed in the floor underneath the grill next to the floor drain and in the baseboard behind the prep table next to the grill. The DSD</p>		<p>advised to not touch the rims of the cups and plates.</p> <p>How to Identify Other Residents</p> <p>All residents residing in the community have potential to be effected by these deficiencies.</p> <p>Systemic Changes</p> <p>Staff will be in-serviced on proper storage and sanitation of dishes, dating food, food storage</p> <p>open containers, hairnet, beard net use, sanitation, and food handling and preparation</p> <p>and customer service.</p> <p>Monitoring Q.A.</p> <p>The Dining Services director/designee will complete weekly audit of kitchen areas utilizing the</p>	

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	<p>indicated "... I don't know why those are there or what they are from...."</p> <p>At 11:56 A.M., 30 dinner plates were observed on the clean rack stored upright and uncovered.</p> <p>At 11:58 A.M., the test strip was performed for the disinfectant level of the 3 compartment sink and tested 0 PPM (parts per million). The DSD indicated at this time "...it should be green at 200 PPM..." During an interview with employee # 8 he indicated "... we used to have a log for the disinfectant level but I don't know where it is...."</p> <p>At 12:00 P.M., a hole was observed in the floor next to a uncovered floor drain under the dirty dishes counter. The utility room door was observed to be propped open by a mop bucket full of dirty water. The DSD indicated at this time "... this door should be closed at all times. The DSD was then observed dumping the dirty mop water into a drain in the utility room, water then backed up across the floor out of the drain under the 3 compartment sink. The DSD indicated at this time "... I don't know why the water is backing up like that, it shouldn't do that..." Employee #8 at this time drained the water from the first compartment of the 3 compartment sink, water was</p>		<p>dietary checklist. Identified areas will be corrected immediately and additional measures will be implemented as indicated.</p> <p>As part of the community's quarterly Continuous Quality Improvement meeting the agenda will include discussion on compliance with indication sanitation, food handling and preparation and customer service. This measurement of compliance will continue until compliance is met.</p> <p>Completion Date: 3/27/2015</p>				

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	<p>observed backing up out of the drain running across the floor to in front of the utility room door.</p> <p>At 12:15 P.M., in the clean storage room 17 large metal mixing bowls were observed stored nested and upright. The DSD indicated at this time "...no these shouldn't be stored like that..."</p> <p>At 12:17 P.M., in the walk in freezer, 28 small individual containers of sour cream were observed with no date on them. The DSD indicated at this time "... all food that is open should be closed and dated...."</p> <p>On 3/3/15 at 2:30 P.M., the Executive Director (ED) provided the current facility policy titled, "Washing and Sanitizing Dishes," dated 2005. The policy indicated "...7... water with approved sanitizing agent at a proper concentration...."</p> <p>On 3/3/15 at 3:05 P.M., the Executive Director provided the current facility policy titled, "Labeling," dated 2005. The policy indicated food items must have a label with the name of item, date prepared, by whom, and date of discard.</p> <p>On 3/3/15 at 3:05 P.M., the Executive Director provided the current facility</p>			

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	<p>policy titled, " Hair Restraints," dated 2005. The policy indicated beards of 1/2 " or longer must be covered also.</p> <p>On 3/4/15 at 9:30 A.M., review of the Multi-Quat Sanitizer instructions for the 3 compartment sink indicated " ... range 150-400 PPM...."</p> <p>2. On 3-2-2015 at 12:33 P.M., an observation of Server #2 serving plates to a table of 4 residents by handling the plate by placing her thumb on the inside rim of the plate.</p> <p>On 3-2-2015 at 12:35 P.M., an observation of Server #3 serving ice cream in dessert cups by handling them with the palm of her hand over the cups and her fingers touching the rims of the cups. Server #4 was observed by serving the dessert cups by the rims.</p> <p>On 3-2-2015 at 12:47 P.M., an observation of Server #2 serving ice cream sundaes in dessert cups by handling them with the palm of her hand over the cups.</p> <p>On 3-2-2015 at 3:45 P.M., an interview was conducted with the ED. The ED indicated that the plates should be served without thumbs on the rims and the dessert cups should not be served with</p>			

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	<p>the palms over the cups.</p> <p>On 3-3-2015 at 1:25 P.M., during a confidential interview, a resident indicated, "...when no one is around to watch over them, they reach over people and have their thumbs on the plates when they are serving us."</p> <p>On 3-4-2015 at 11:50 A.M., during an interview, the DSD indicated the wait staff should not serve the plates with their thumbs on the plates or fingers on the rims of the cups.</p>			