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
	155549		12/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWBEND LIVING CENTER	7524 E JACKSON ST MUNCIE, IN 47302

(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
F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00187916. Complaint IN001867916 - Substantiated. Federal/State deficiency related to the allegations is cited at F371. Survey dates: December 2 and 3, 2015 Facility Number: 000681 Provider Number: 155549 AIM Number: 100286100 Census Bed Type: SNF: 47 Total: 47 Census Payor Type: Medicare: 1 Medicaid: 34 Other: 12 Total: 47 Sample: 4 This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1. QR completed by 11474 on December 7, 2015.	F 0000	Submission of this Plan of Correction does not constitute an admission to or an agreement with facts alleged on the survey report. Submission of this Plan of Correction does not constitute an admission or an agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. The Plan of Correction is prepared and submitted because of requirements under State and Federal law. Please accept this Plan of Correction as our credible allegation of compliance.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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F 0371 SS=F Bldg. 00	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation and interview, the facility failed to ensure air vents in the food preparation area and the walls, floors and ceiling tiles throughout the kitchen were clean and in good repair. This deficient practice had the potential to affect 46 of 47 residents who receive meals prepared in the facility kitchen. Findings include: During the kitchen tours on 12/2/15 at 9:00 a.m.,10:11 a.m. and 12/3/15 at 10:17 a.m., the following observations were made: Food Preparation Area: An accumulation of a black debris and brown stains noted on the floor. Rusted sections of metal frame trim, discoloration, cob webs and dried food was present on ceiling tiles. An accumulation of visible dust was	F 0371	1 & 2. No residents were negatively affected by the deficient practice, but 46 of 47 residents had the potential to be affected. All air vents in the kitchen have been replaced. A new kitchen ceiling has been installed. All walls throughout the kitchen have been cleaned. All floors have been cleaned, stripped and re-waxed. 3. The cleaning policies of the kitchen have been reviewed and no changes are indicated at this time. The Dietary Department, including manager, have been re-educated on kitchen cleanliness, with a special focus on the cleaning of walls, floors and ceiling (See Attachment A). The preventative maintenance program has been reviewed and the schedule for cleaning vents has been changed to monthly (See Attachment B). The Maintenance Supervisor has been re-educated on the preventative maintenance program with a special focus on cleanliness of vents (See Attachment B). The procedure for	01/01/2016

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	observed on the air vents. Damaged and torn ceiling tiles. General Kitchen Area: Stains and dirt on the walls. An accumulation of a black debris and brown stains noted on the floor. Rusted sections of metal frame trim, discoloration, dried food was present on the ceiling tiles. Damaged and torn ceiling tiles. During an interview on 12/2/15 at 9:00 a.m., the Dietary Supervisor indicated the floors were swept and mopped after each shift. The cleaning schedule was reviewed for November 2015 and found to be complete. During the kitchen tour on 12/3/15, the Administrator was present and acknowledged the condition of the walls, floor and ceiling tiles in the kitchen. A request for information regarding the kitchen observations was made. The Administrator indicated no other information was available. During an interview on 12/3/15 at 8:00		buffing floors has been reviewed and updated to reflect buffing of the kitchen floor to be done weekly (See Attachment C). The Housekeeping Supervisor has been re-educated on the policy with a special focus on buffing the kitchen floor weekly (See Attachment C). An auditing form has been implemented (See Attachment D). 4. The Administrator or designee will complete the auditing tool on scheduled work days as follows: Daily to ensure the kitchen remains clean, sanitary and in good repair. Should a concern be noted, immediate corrective action will occur. Results of these reviews and any corrective actions will be discussed during the facility's QA meetings on an ongoing basis for a minimum of 6 months and the plan adjusted, if indicated.	

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	a.m., the Maintenance Supervisor indicated the air vents in the kitchen were scheduled to be cleaned quarterly. The Maintenance Supervisor indicated the cleaning of the kitchen floor was the responsibility of the dietary staff but the floor was to be buffed by the Housekeeping Department on a monthly schedule. During an interview on 12/3/15 at 8:58 a.m., the Maintenance Supervisor presented a copy of the "Equipment Record" that indicated the air vents were scheduled to be cleaned quarterly. The Maintenance Supervisor indicated the last time the air vents had been cleaned was in Septmeber, 2015. During an interview on 12/3/15 at 9:47 a.m., the Housekeeping Supervisor indicated the staff in the kitchen were responsible for the daily cleaning of the kitchen floors. "They are supposed to do it after each shift. I buff the kitchen once a month." Review of the buffing schedule indicated the last time the kitchen floor had been buffed was 10/4/15. "We missed November because of the Thanksgiving rush." Review of a current policy, dated 11/2014, titled "Cleaning Schedule" was provided by the Administrator on 12/3/15			

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	at 10:00 a.m. The policy indicated the following: "Cleaning Schedule Policy: It is necessary to ensure that equipment is cleaned and sanitized on a timely basis. Procedure:... 4. Once initialed and dated by the employee, the dietary manager inspects the item and works with the employee if cleaning is not satisfactory...." This Federal tag relates to Complaint IN00187916. 3.1-21(h)(3)			