

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 01/05/2016
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NAME OF PROVIDER OR SUPPLIER  BROOKDALE CASTLETON	STREET ADDRESS, CITY, STATE, ZIP CODE 8480 CRAIG ST INDIANAPOLIS, IN 46250
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R 0000  Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey date: January 4 &amp; 5, 2016</p> <p>Facility number 009894 Provider number: 009894 AIM number : N/A</p> <p>Residential Census: 100</p> <p>Sample : 7</p> <p>This State findings was cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review was completed by 21662 on January 8, 2016.</p>	R 0000	<p>This Plan of Correction is not to be construed as an admission of 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>	
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, interview, and record review, the facility failed to use proper sanitation procedures for preparation and serving of food. This</p>	R 0273	<p>Corrective action In-service training for the kitchen staff completed on 1/15/16 for the Brookdale policy for labeling and dating and illustrated with an</p>	01/16/2016

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.

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	<p>deficient practice had the potential to affect 100 of 100 residents receiving meals from the kitchen.</p> <p>Findings include:</p> <p>The kitchen tour was completed on 1/4/16 at 10:07 a.m. The Dining Room Supervisor and the Executive Chef were present during the tour.</p> <p>The walk in refrigerator was observed to have leftovers in Styrofoam containers that were not labeled. The Dining Services Supervisor at this time indicated the containers were not labeled.</p> <p>During an observation of the lunch service on 1/4/16 at 11:30 a.m., Cook #3 did not wash his hands prior to donning gloves and plating 3 side dishes of potato salad and placing on the food cart. Cook #3 removed his gloves and did not wash his hands. He then proceeded to unplug food cart, touch plate covers and push food cart from the kitchen.</p> <p>During an observation on 1/4/16 at 11:35 a.m., Utility staff #4 came into the kitchen, touched 2 clean bowls, mandarin orange container, serving spoon, then plated 2 bowls of mandarin oranges and took them into the dining room to the resident's who had requested them.</p>		<p>example of a properly labeled item. No residents were affected by this finding Systemic Changes All dining services staff being trained on proper labeling and dating Procedures Monitoring Dining services management will ensure daily at the end of the shift That each item is properly labeled, dated and discarded when necessary Corrective Action Audit completed on 1/15/16 to ensure that proper signage is posted and Training utilized for hand washing and glove usage. No resident was affected with this finding Systemic changes In-service with the kitchen staff completed on 1/15/16 to explain Proper procedure for hand washing and will be reviewed dail yin pre shift meetings for the next 30 days. Monitoring Dining Managers will review and monitor hand washing daily by randomly observing team members and documenting their adherence to the proper hand washing procedures and glove usage for the next 30 days and thereafter. Corrective action Demonstrating proper cleaning and sanitizing procedures and determining at what critical control points cross contamination would occur. No resident was affected by this finding. Systemic changes In-service training for the kitchen staff completed on 1/15/16 for the Brookdale policy for cleaning of equipment and</p>	

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	<p>Utility staff #4 then returned to the kitchen and donned gloves without washing hands and plated lettuce salad. Utility staff #4 took the salad to the resident, returned to the kitchen, removed gloves and washed hands for 10 seconds.</p> <p>During an observation on 1/4/16 at 11:43 a.m., Cook #3 returned the food cart from the dining room to the kitchen. Cook #3 donned a pair of gloves without washing his hands. Cook #3 used a wet rag from a sanitizer bucket and wiped the food prep board down. Cook #3 took the rag and wiped down 2 knives.</p> <p>At that time the Executive Chef indicated the knives should be washed, not cleaned with sanitizer, and the staff should wash hands after removing gloves.</p> <p>The Executive Director provided the Hand Washing Policy and the Dining Operation Standards Manual for 2016 on 1/4/16 at 12:02 p.m.</p> <p>The Hand Washing policy indicated, "...1. Hand washing is to be done :...After removal of latex gloves...3...lather thoroughly for at least 20 seconds...."</p> <p>The Dining Operation Standards Manual indicated, "...Associates shall use clean and sanitized utensil, forks, spoons, and</p>		<p>cutting boards and reviewed daily in pre shift meetings for the next 30 days. Monitoring Dining services management will ensure daily at the end of the shift that each item is properly cleaned and sanitized by having each associate document and them validate on their cleaning list and continual observation daily from dining managers.</p> <p>Executive Director will conduct one audit of meal prep each week times 4 weeks or until a pattern of compliance is established</p> <p>Executive Director will direct additional corrective action based on audit findings</p>	

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	scoops. Hands, food utensils and food contact surfaces used in the preparation of raw fish/meat/poultry shall be properly washed and sanitized before used for the peroration of ready-to-eat foods to avoid cross-contamination...."				