

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155471	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/07/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER FOUR SEASONS RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1901 TAYLOR RD COLUMBUS, IN 47203
--	---

(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	<p>This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey.</p> <p>Survey dates: January 4, 5, 6, and 7, 2016</p> <p>Facility number: 000543 Provider number: 155471 AIM number: N/A</p> <p>Census bed type: SNF: 13 Residential: 119 NCC: 45 Total: 177</p> <p>Census payor type: Medicare: 13 Other: 45 Total: 58</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by 34849 on January 12, 2016.</p>	F 0000	<p>Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. This Plan of Correction constitutes the written compliance for the deficiencies cited. However, submission of this Plan of Correction shall not constitute an admission, or an agreement that the allegations made are accurate. This Plan of Correction is submitted to meet the requirement established by State and Federal law.</p> <p>The Mission of Four Seasons Retirement Center is to enhance the quality of life for older adults within a secure environment which supports their needs, values interest and independence while encouraging personal and spiritual development.</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155471	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/07/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER FOUR SEASONS RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1901 TAYLOR RD COLUMBUS, IN 47203
--	---

(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 0282 SS=D Bldg. 00	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, interview and record review, the facility failed to ensure that physician's orders were followed, as written, related to oxygen therapy, for 1 of 8 residents reviewed for physician's orders. (Resident #78)</p> <p>Findings include:</p> <p>The clinical record for Resident #78 was reviewed on 01/06/2016 at 9:58 A.M.</p> <p>Diagnoses included, but were not limited to, pneumonia, chronic diastolic congestive heart failure, type 2 diabetes mellitus and acute embolism and thrombosis of unspecified deep veins of right lower extremity.</p> <p>The admission MDS (Minimum Data Set) assessment for Resident #78, dated 12/24/2015, indicated the resident was cognitively impaired and had a BIMS (Brief Interview for Mental Status) score of 9.</p> <p>The "Potential for Activity Intolerance</p>	F 0282	<p>Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. This Plan of Correction constitutes the written compliance for the deficiencies cited. However, submission of this Plan of Correction shall not constitute an admission, or an agreement that the allegations made are accurate. This Plan of Correction is submitted to meet the requirements established by State and Federal law. The Mission of Four Seasons Retirement Center is to enhance the quality of life for older adults within a secure environment which supports their needs, values interest and independence while encouraging personal and spiritual development. Four Seasons requests that compliance with Federal and State rules be determined through paper review. Corrective Actions: After the error was found, and after checking the documented O2 saturation levels for Resident # 78, the physician was called. It was reported to the physician that Resident # 78 was</p>	01/22/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155471	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/07/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER FOUR SEASONS RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1901 TAYLOR RD COLUMBUS, IN 47203
--	---

(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
	<p>Care Plan" was reviewed for Resident #78. The interventions included, but were not limited to, "oxygen per MD order and monitor O2 (oxygen) saturations per protocol".</p> <p>The physician's order for Resident #78, dated 12/29/2015, indicated O2 at 2 liters per minute by nasal cannula, may titrate to keep SpO2 (oxygen saturation level) greater than 90%.</p> <p>During an observation on 01/05/2016 at 10:37 A.M., Resident #78 was sitting in his room in a chair without oxygen therapy being administered. During an interview at this time, Resident #78 indicated he often felt like he could not get enough air.</p> <p>During an observation on 01/06/2016 at 9:44 A.M., Resident #78 was sitting in a chair in his room, sleeping, without oxygen therapy being administered.</p> <p>During an interview and observation on 01/06/2016 at 10:06 A.M., the SSD (Social Service Director) indicated Resident #78 was monitored on a regular basis and was currently in a deep sleep, snoring, with no oxygen therapy being administered.</p> <p>During an interview on 01/06/2016 at</p>		<p>refusing to wear oxygen cannula during the day, and was only wearing it at nighttime. The physician then clarified the order for the patient to read: O2 at 2 LPM as needed to keep Resident # 78's O2 saturation above 90%. All staff nurses and nursing supervisors will continue to monitor physician orders for specificity. Beginning immediately, all staff nurses will document correctly, including medication administration or the resident's refusal to be compliant. All physician orders will be followed as written, and physicians and families will be notified of any refusals based on our policy. What measures will be put into place to prevent recurrence of deficient practices? All staff nurses will document on the back of the TAR/MAR when a resident declines a treatment or a medication order from a physician. After two consecutive refusals, staff nurses will notify the physician. Re-educating of the nursing staff on these measures began immediately and all re-education was completed by 1/22/2016 (Exhibit A). Four Seasons policy and procedure entitled: 'Physician and Family Notification Policy' (Exhibit B) has been reviewed and updated to read: The resident's physician and family/POA will be notified when the resident is non compliant with the physician's order. Notification</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155471	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/07/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER FOUR SEASONS RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1901 TAYLOR RD COLUMBUS, IN 47203
--	---

(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
	<p>10:42 A.M., the DON (Director of Nursing) indicated the physician's order for Resident #78, dated 12/29/2015, did not specify if oxygen was to be administered prn (as needed).</p> <p>During an interview on 01/06/2016 at 11:04 A.M., the DON indicated she was going to contact the physician to clarify the oxygen order. The DON further indicated the resident had refused to wear oxygen during the day.</p> <p>During an interview on 01/06/2016 at 2:28 P.M., Resident #78 indicated the staff told him he did not have to wear his oxygen during the day since his oxygen levels were "good". The resident further indicated he was tired and had not been feeling well for the past few days.</p> <p>During an interview on 01/06/2016 at 2:56 P.M., LPN (Licensed Practical Nurse) #2 indicated the resident was normally tired after therapy. Resident #78 takes naps after breakfast and lunch. LPN #2 indicated the resident's blood oxygen saturation (SpO2) had been tested every shift and the resident had only needed oxygen therapy if his SpO2 dropped below 90% per physician's order on 12/29/2015. LPN #2 further indicated</p>		<p>will occur when the resident has refused their medication or treatment for two doses/episodes in a row. Staff were in-serviced on this policy that all physician orders will be followed as written or as subsequently clarified (Exhibit C). How will Corrective Actions be monitored? By 1/22/2016, audits (Exhibit D) will be performed by night shift nurses, making sure the physician has been notified if a resident has refused a medication/treatment for 2 doses in a row as stated in our Medication Administration General Policy (Exhibit E, 14 and 15). Night shift nurses will be educated on how to perform the audits before 1/22/2016. Audits will begin on 1/22/2016 and will be ongoing. Results will be reported at Four Seasons QAPI quarterly meetings through 2016. Date systemic changes will be completed? All corrective Actions began immediately. Portions of these Corrective Actions were initiated and completed on 1/06/2016 during the ISDH survey and all corrective actions and systemic changes will be completed and implemented by 1/22/2016.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155471	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/07/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER FOUR SEASONS RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1901 TAYLOR RD COLUMBUS, IN 47203
--	---

(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
	<p>there was no certain time of day the Sp02 was checked. The Sp02 was not checked while the resident was walking unless he showed signs of distress.</p> <p>During an interview on 01/06/2016 at 3:03 P.M., OT (Occupational Therapist) #3 indicated she was not aware of the physician order written on 12/29/2015 for Resident #78 to have continuous oxygen therapy. OT #3 indicated nursing staff advised her the resident only required oxygen therapy when his Sp02 dropped below 90%. OT #3 further indicated nursing staff were to notify the therapy department of any changes in physician orders.</p> <p>During an interview on 01/06/2016 at 3:05 P.M., OTA (Occupational Therapy Assistant) #4 indicated Resident #78 had difficulties with shortness of air last week and the Sp02 levels were documented above 90%. OTA #4 was not aware of the physician order written on 12/29/2015.</p> <p>During an interview on 01/07/2016 at 9:59 A.M., the DON indicated Resident #78 often told staff he had been short of air. The resident's Sp02 levels had been checked and always read above 90%.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155471	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/07/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER FOUR SEASONS RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1901 TAYLOR RD COLUMBUS, IN 47203
--	---

(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
	<p>The DON further indicated nursing staff should have called and clarified the original physician's order for oxygen.</p> <p>The DON indicated the original order did read for the resident to be on continuous oxygen therapy and not prn.</p> <p>During an interview on 01/07/2016 at 11:31 A.M., SLP (Speech-Language Pathologist) #6 indicated she was aware on 12/30/2015 of the physician's order written on 12/29/2015 for Resident #78 to have oxygen. SLP #6 indicated her understanding of the order was a general order for oxygen saturations to be monitored and prn oxygen titrated to stay above 90%.</p> <p>During an interview on 01/07/2016 at 11:37 A.M., Physician #5 indicated the initial order written on 12/29/2015 was written for Resident #78 to be on continuous oxygen therapy at 2 liters per minute by nasal cannula and may be titrated to keep SpO2 levels above 90%.</p> <p>The physician received a call from the facility on 01/06/2016 to verify the orders. After he reviewed the resident's most recent SpO2 results, along with the resident's refusal to wear the nasal cannula during the day, he changed the</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155471	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/07/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER FOUR SEASONS RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1901 TAYLOR RD COLUMBUS, IN 47203
--	---

(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
R 0000 Bldg. 00	<p>order to 02 (oxygen therapy) 2 liters by nasal cannula as needed to keep SpO2 levels above 90%.</p> <p>The current "Charting and Documentation" policy, dated 02/11/2004, was provided by the DON on 01/06/2016 at 11:00 A.M. and reviewed at that time. The policy indicated, "...record significant information in detail..."</p> <p>3.1-35(g)(2)</p> <p>This visit was for a State Residential Licensure Survey.</p> <p>Residential Census: 119 Sample: 7</p> <p>These State findings are cited in accordance with 410 IAC 16.2-5.</p>	R 0000	<p>Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. This Plan of Correction constitutes the written compliance for the deficiencies cited. However, submission of this Plan of Correction shall not constitute an admission, or an agreement that the allegations made are accurate. This Plan of Correction is submitted to meet the requirement established by State and Federal law.</p> <p>The Mission of Four Seasons Retirement Center is to enhance the quality of life for older adults within a secure environment which supports their needs,</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155471	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/07/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER FOUR SEASONS RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1901 TAYLOR RD COLUMBUS, IN 47203
--	---

(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
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.</p> <p>Based on observation, interview and record review, the facility failed to ensure food was prepared and stored under sanitary conditions, in that trash cans were not covered when not in use, dishes were not stored in a safe and sanitary manner, and air vents, storage shelves and equipment were unclean. This practice had the potential to affect 116 of 119 residents who received food prepared in the Residential kitchen.</p> <p>Findings include:</p> <p>The initial tour of the Residential kitchen was conducted on 01/06/2015 at 11:05 A.M. with the Kitchen Manager and the DFS (Director of Food Services). The following was observed:</p> <p>1. A large trash can, near a food preparation table and drink refrigerator, was open with no lid in the visible area. An empty "half and half" carton, used spoons and general garbage was visible</p>	R 0273	<p>values interest and independence while encouraging personal and spiritual development.</p> <p>Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. This Plan of Correction constitutes the written compliance for the deficiencies cited. However, submission of this Plan of Correction shall not constitute an admission, or an agreement that the allegations made are accurate. This Plan of Correction is submitted to meet the requirement established by State and Federal law. The Mission of Four Seasons Retirement Center is to enhance the quality of life for older adults within a secure environment which supports their needs, values interest and independence while encouraging personal and spiritual development. Four Seasons requests that compliance with Federal and State rules be determined through paper review. Corrective Actions: Correction for #1: The large trash can has been replaced by a foot pedal activated trash can to make sure that it remains covered at all times, but still not having to be</p>	01/22/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155471	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/07/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER FOUR SEASONS RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1901 TAYLOR RD COLUMBUS, IN 47203
--	---

(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
	<p>in the trash can. No food preparation was being conducted at the time nor were there any staff in the general area.</p> <p>2. In the Main Dry Storage room on a shelf, the length of the back wall, were several large, empty, plastic reusable containers stacked close to the ceiling. A white air vent, 12" x 12" (inches) was covered 1 1/2" in from the edge with thick gray dust. The vent was located above the walk way into the room.</p> <p>3. The bottom shelf of a food preparation table, containing cartons of individual pudding cups, had a yellow food substance that measured, 1 1/2" x 1 1/2" x 1/2 inch thick.</p> <p>4. In the Server's Storeroom, two boxes of "Plastic Rigid Plates" were stacked close to the ceiling. One box of small foam hinged lid containers and one box of medium foam hinged lid containers were on the floor next to the vacuum sweepers.</p> <p>5. The floor drain in front of the ice maker had 6 pieces of leafy green debris, an orange and white piece of paper and several pieces of gray matter on the drain grate.</p> <p>A follow up observation of the</p>		<p>touched during use. The new Trash can is pictured in the exhibit pdf, labeled A. Correction for #2: In the Main Dry Storage Room, items have been reorganized on the shelving unit to maintain 18 inches distance from the ceiling. The plastic containers in question were moved to the shelf below. The air vent was cleaned by maintenance staff and added to their preventative maintenance program to be cleaned once a month. Work orders will be placed weekly, and followed up on the next day after submission to make sure they were seen by maintenance staff. The newly organized shelving with the plastic containers moved down to maintain the 18" clearance is pictured in the exhibit pdf, labeled B. The clean ceiling vent is pictured in the exhibit pdf and labeled C. The copy of the preventative maintenance program shows all kitchen vents and lights to be scheduled for cleaning monthly, in the exhibit pdf on the page labeled D. Correction for #3: Training has been conducted to make sure the entire work areas are cleaned after use, not just the immediate work surfaces such as table tops. This training was conducted for staff during daily productions meetings. Signatures for all of the cooks on staff who have attended the production meeting with the topics covered are shown</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155471	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/07/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER FOUR SEASONS RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1901 TAYLOR RD COLUMBUS, IN 47203
--	---

(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
	<p>Residential Kitchen was completed on 01/07/2016 at 9:00 A.M. The following was observed:</p> <p>6. A large, open trash can was observed by a metal rack of clean bakeware. The trash can contained half a loaf of bread, a milk carton and other general trash. No lid was observed in the immediate area, no staff were in the immediate area, nor was there any food preparation being done at that time. A 3' x 3' (feet) area of the wall behind the trash can was covered in 1/4" (inch) tan splatters. The metal rack next to the trash can had a 1/4" white seed stuck to it, along with multiple 1/8" yellow pieces of debris stuck between the rods on the rack.</p> <p>7. In the Main Dry Storage room, on a shelf the length of the back wall, several large, empty, plastic reusable containers were stacked close to the ceiling. A white air vent 12"x 12" was covered 1 1/2" in from the edge with thick gray dust. The vent was located above the walkway leading into the room.</p> <p>During an interview on 01/07/2016 at 1:23 P.M., the Director of Maintenance indicated he did not have a work order for the dirty vent on the ceiling.</p> <p>8. The bottom shelf of a food preparation</p>		<p>in the exhibit pdf on the page labeled E. Correction for #4: The shelf in the Server's Storeroom has been lowered and reorganized to maintain 18 inches clearance from the ceiling. The lowering of the shelf to maintain 18" in the storeroom is pictured in the exhibit pdf on the pages labeled F -1, F-2, and F-3. The to-go boxes on the Storeroom floor had just been delivered, and were being put away; in the future this work will be completed without leaving any items temporarily on the floor.</p> <p>Correction for #5: Deck scrubbing had been the cleaning task that day, and the debris had had become lodged at the drain during the water removal. Training has now been conducted to thoroughly sweep before deck brushing to ensure that large items are removed before scrubbing. After water removal, drain covers will be removed and cleaned as well. This training was conducted at "Showtime," a pre-service meeting that employees attend daily. The signatures of all kitchen staff, and the topics covered during the "Showtime" meetings over multiple days is in the pdf exhibit on the pages labeled G-1 and G-2. Correction for # 6: Our policy stated that during periods of heavy use that the lid may remain off. The observation was during meal time, during which lots of items are being discarded</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155471	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/07/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER FOUR SEASONS RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1901 TAYLOR RD COLUMBUS, IN 47203
--	---

(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
	<p>table, containing cartons of individual pudding cups, had a yellow food substance 1 1/2" x 1 1/2" x 1/2" thick, on the shelf. Five gnats were crawling on and flying around the substance.</p> <p>During an interview on 01/07/2016 at 9:15 A.M., the Executive Chef indicated the floors were mopped at the end of every day, including underneath the equipment, and the kitchen had been deep cleaned on Monday, 01/04/2016, which included "deck brushing" all the floors and walls. He further indicated the metal storage racks for the dishes were washed weekly.</p> <p>During a walk through observation and interview on 01/07/2016 at 11:34 A.M., the DFS indicated all walls were cleaned weekly. He further indicated the yellow food substance on the shelf was lettuce. In the Server's Dry Storage room, four stacks of open disposable plates were stored with the food contact surface facing up. The DFS measured a stack of open plates in the Server's Store Room at 9 1/2" from the ceiling and 2 cartons of plastic plates measured 6" from the ceiling. In the Main Dry Storage Room, the DFS measured rectangular plastic reusable food containers at 5 1/2" from the ceiling and round plastic reusable food containers at 4" from the ceiling.</p>		<p>and we do not want production staff touching the trashcan lid repeatedly. We have added a bus tub on the shelf below the steam table, to throw away these items that can be dumped at the end of service. This change allows us to leave the trash cans covered at all times going forward. The bus tub is on a shelf not shared by any food or food contact items, only a sanitation bucket. The wall has been added to the cleaning tasks for that shelving unit and all other areas of the kitchen. All the cleaning tasks have had all the surrounding walls added to them, and that has been highlighted on the pages in the exhibit pdf on the pages labeled exhibit H, seven pages total. Correction for # 7: This is the same finding as # 2 in regards to me plastic containers being too close to ceiling, and the vent being dusty. The corrective actions are listed in # 2 above. Correction for # 8: This is the same finding as # 3 in regards to the shelf having a piece of lettuce on it, and the same corrective actions have been taken (see response to # 3). . Correction for # 9: The storage containers have been replaced with new, better sealing ones, and have been relocated to an upper shelf not near food prep. The cutting boards were relocated there as well to make sure that they will not become contaminated by food preparation. The new location of the utensil drawer and cutting</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155471	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/07/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER FOUR SEASONS RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1901 TAYLOR RD COLUMBUS, IN 47203
--	---

(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
	<p>The DFS indicated the policy was to store products 18" from the sprinklers [ceiling].An observation of the Assisted Living kitchen was conducted on 01/07/2016 at 11:34 A.M. The following was observed:</p> <p>9. Two, three-tier storage boxes, were observed sitting on the shelf below a food preparation table. One drawer was partially open and contained three clean whisks. Observed in the bottom of the drawer, were crumbs and green, white and brown flecks, as well as a 0.5" x 0.5" piece of plastic wrapper. Another drawer, when opened, contained several sets of clean kitchen tongs and had a 0.25" x 0.25" tan particle of food sitting in the bottom of the drawer. Next to the storage boxes was a rack of clean cutting boards, stored upright, sitting on the bottom shelf of the food preparation table. On the surface of the shelf surrounding the cutting boards, were scattered crumbs and several green, white and brown flecks.</p> <p>10. The vent on the right side of the ice cream freezer had six 1/2" gray pieces of dust hanging off the vent and a coating of dust on and inside the vent.</p> <p>11. Several stacks of clean ice cream bowls were observed sitting next to the</p>		<p>boards is pictured in the exhibit pdf on the page labeled Exhibit I. The old location of the utensil drawer is pictured on the page labeled Exhibit J. Correction for # 10: The vent has been specifically added to the ice cream freezer's twice-a-week cleaning schedule. This is shown on the cleaning task which shown in the attached exhibit on the pages labeled Exhibit H and K, with the vent being circled. The vent has been pictured on the page labeled Exhibit L. Correction for # 11: Staff has been trained to be more observant and to look for residue on dishes when putting clean dishes away, and not to be plating food where clean dishes are stored, so as not to contaminate clean dishes. This training was conducted during "Showtime," a pre-service meeting that employees attend daily. The signatures of all kitchen staff and the topics covered for the "Showtime" meeting for multiple days is in the exhibit pdf on the pages labeled G-1 and G-2. What measures will be put into place to prevent recurrence of deficient practices? Adequate steps have been taken to correct and ensure these deficiencies do not happen again. Items 1 through 11 were corrected while the survey was still being conducted. The in-service trainings were completed 1/15/16, and 1/17/16, and through 1/21/16.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155471		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 01/07/2016	
NAME OF PROVIDER OR SUPPLIER FOUR SEASONS RETIREMENT CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1901 TAYLOR RD COLUMBUS, IN 47203			
(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			
	<p>ice cream freezer. One bowl had a line of cream-colored substance smeared on the top inside of the bowl and the same substance was observed on the outside of the bowl underneath it.</p> <p>During an interview on 01/07/2016 at 11:40 A.M., the DFS indicated the storage boxes below the food preparation table contained clean utensils and the cutting boards stored next to the storage boxes were also considered clean. He further indicated the ice cream freezer is wiped down weekly on Sunday.</p> <p>The current facility policy titled, "Food Supply and Storage", dated "5/95" and revised "1/00", was provided by the DFS on 01/06/2016 at 1:17 P.M. and was reviewed at that time. The policy indicated, "...All food, non-food items and supplies used in food preparation shall be stored in such a manner as to prevent contamination to maintain the safety and wholesomeness of the food for human consumption..." and "...Store dry and staple items...18" from ceiling...Store all single-service items with food contact surfaces facing down. After single-serve items, such as disposable plates or containers, have been opened, they must be stored inverted on clean surfaces to prevent contamination..."</p>		<p>We will conduct ongoing training of staff on all these items to better ensure that they will not recur. The preventative measures taken to keep occurrences like these from happening again are: corrective actions have been added to the cleaning schedules with daily checklist that are completed to make sure the cleaning tasks have been done. The checklists are reviewed out by the supervisor at the end of shift to make sure everything has been done. Other preventive measures that have been taken include the re-organizing of storage so that supplies are no longer vulnerable to inadvertent contamination. How will Corrective Actions be monitored? These corrective actions will be monitored to ensure continuing compliance through the completion of our self-audit once a month by the Director to ensure cleaning and storage routines are being properly maintained. Another monitoring tool we will be using is the auditing of the kitchen for the facility's quarterly Quality Assurance Performance Improvement meetings. In these quarterly meetings, staff will share the results from self-audits of food safety and sanitation, as well as work safety, and discuss what can be done to continuously improve on results. Date systemic changes will be completed? These corrective actions and systemic changes will</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155471	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 01/07/2016
NAME OF PROVIDER OR SUPPLIER FOUR SEASONS RETIREMENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1901 TAYLOR RD COLUMBUS, IN 47203		
(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	
	<p>The current facility policy titled, "Solid Waste Disposal", dated "5/95" and revised "1/14", was provided by the DFS on 01/07/2016 at 1:58 P.M. and was reviewed at that time. The policy indicated, "...Garbage containers are clean, lined and covered at all times..."</p> <p>The current facility policy titled, "Cleaning of Food and Nonfood Contact Surfaces", dated "5/95" and revised "1/14", was provided by the DFS on 01/07/2016 at 2:06 P.M. and was reviewed at that time. The policy indicated, "...The food-contact surfaces of all cooking equipment shall be kept free of encrusted grease deposits and other accumulated soil...Nonfood contact surfaces of equipment...shall be cleaned as often as is necessary to keep the equipment free of accumulation of dust, dirt, food particles, and other debris..."</p>		be completed and implemented by 1/22/2016.		