PRINTED: 01/26/2023 FORM APPROVED OMB NO. 0938-039

DEPARTMENT OF HEALTH AND HUN	FORM APPR		
CENTERS FOR MEDICARE & MEDICA	AID SERVICES		OMB NO. 093
STATEMENT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY
AND DIANGE CODDECTION	IDENTIFICATION NUMBER	A DUILDING 00	COMPLETED

AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155469		A. BU	A. BUILDING 00 B. WING		COMPLETED 12/29/2022		
	PROVIDER OR SUPPLIEF F HOBART	8		4410 W	ADDRESS, CITY, STATE, ZIP COD V 49TH AVE RT, IN 46342		
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PROVIDER'S PLAN OF CORRECTI PREFIX (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPRO DEFICIENCY)		ATE	(X5) COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
F 0000							
Bldg. 00	This visit was for the IN00397867 and IN	ne Investigation of Complaints	F 00	000	The facility is respectfully requesting paper compliance	for	
	Complaint IN00397867 - Substantiated. No deficiencies related to the allegations are cited.				this citation. Submission of this plan of correction does not constitute		
	_	8016 - Substantiated. encies related to the 1 at F804.	admission or agreement by the facility of the truth of facts alleged or correction set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of requirement under state and federal law.				
		mber 28 & 29, 2022					
	Facility number: 000366				Please accept this plan of		
	Provider number: 1002				correction as our credible allegation of compliance.		
	Census Bed Type: SNF/NF: 85 Total: 85						
	Census Payor Type Medicare: 12	:					
	Medicaid: 64						
	Other: 9						
	Total: 85						
	These deficiencies accordance with 41	reflect State Findings cited in 0 IAC 16.2-3.1.					
	Quality review con	npleted on 12/30/22.					
F 0804 SS=E Bldg. 00	Temp §483.60(d) Food	opear, Palatable/Prefer and drink eives and the facility					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

TITLE

Katherine Bakrevski Administrator 01/13/2023

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclo 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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\$483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; \$483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. Based on observation, record review, and interview, the facility failed to serve I of I meal observed at a safe and appetizing temperature, related to a lunch meal served with temperatures of the food under 135 degrees and 5 of 7 residents interviewed indicated the food was cold. (Residents E, G, J, K, and L) Finding includes: During an interview on 12/28/22 at 3 p.m., the Regional Vice President indicated the sprinkler pipes had burst in the facility's kitchen and service hall on 12/25/22. They were unable to utilize the facility's kitchen aft his time. The facility meals were being cooked and prepared at a sister facility and were delivered to the facility in heated containers. During an observation on 12/28/22 at 3:11 p.m. with the Director of Nursing (DON) and the Assistant Director of Nursing (DON) and the Activity Room was being used as a storage room for the kitchen. There were empty trays set up on the food carts in the room with dictary cards and covered utensils on the trays. The ADON indicated paper products were being used and the	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
NAME OF PROVIDER OR SUPPLIER CASA OF HOBART (CA) ID SUMMARY STATEMENT OF DEFCIENCIE PREFIX TAG SUMMARY STATEMENT OF DEFCIENCIE RECULATORY OR I.S. EIDSTITYTNO INFOMMATION \$483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; \$483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appeizing temperature. Based on observation, record review, and interview, the facility failed to serve 1 of 1 meal observed at a safe and appeizing temperature, related to a lunch meal served with temperatures of the food under 135 degrees and 5 of 7 residents interviewed indicated the food was cold. (Residents E, G, J, K, and L) Finding includes: During an interview on 12/28/22 at 3 p.m., the Regional Vice President indicated the sprinkler pipes had burst in the facility's kitchen and service hall on 12/28/22 at 3 p.m., the Regional Vice President indicated the sprinkler pipes had burst in the facility's kitchen and service hall on 12/28/22 at 3 p.m. the Regional vice President indicated the sprinkler pipes had burst in the facility's kitchen and service hall on 12/28/22 at 3 p.m. the Regional Vice President indicated the sprinkler pipes had burst in the facility's kitchen and service hall on 12/28/22 at 3 p.m. the Regional Vice President indicated the sprinkler pipes had burst in the facility's kitchen and service hall on 12/28/22 at 3 p.m. the Regional Vice President indicated the sprinkler pipes had burst in the facility's kitchen and service hall on 12/28/27 at 3 p.m. the Regional Vice President indicated the sprinkler pipes had burst in the facility's kitchen and service hall on 12/28/22 at 3 p.m. the Regional Vice President indicated the service hall on 12/28/22 at 3 p.m. the Regional Vice President indicated the service was distincted to the facility in the birector of Nursing (ADON), the Activity Room was being used as a storage room for the APPROPRIATE COX3 3) Measures put into place/ System changes: The Delatary Manager and the dietary staff were in-s								
A 410 W 49TH AVE CASA OF HOBART (X4) ID SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG \$483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appetizing temperature, related to a lunch meal served with temperatures of the food under 135 degrees and 5 of 7 residents interviewed indicated the food was cold. (Residents E, G, J, K, and L) Finding includes: During an interview on 12/28/22 at 3 p.m., the Regional Vice President indicated the sprinkler pipes had burst in the facility's kitchen and service hall on 12/28/22 at 3 p.m., the Regional Vice President indicated the sprinkler pipes had burst in the facility's kitchen and service hall on 12/28/22 at 3 p.m. the Regional Vice President indicated the food was cold containers. During an observation on 12/28/22 at 3 1.11 p.m. with the Director of Nursing (DON) and the Assistant Director of Nursing (DON) and the Assistant Director of Nursing (DON) and the Activity Room was being used as a storage room for the kitchen. There were empty trays set up on the food carts in the room with dictary cards and covered utensils on the trays. The ADON indicated paper products were being used and the			155469	B. W	ING		12/29/	2022
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and appetizing temperature. Based on observation, record review, and interview, the facility failed to serve 1 of 1 meal observed at a safe and appetizing temperature. Provided to a lunch meal served with temperatures of the food under 135 degrees and 5 of 7 residents interviewed indicated the food was cold. (Residents E, G, J, K, and L) Finding includes: During an interview on 12/28/22 at 3 p.m., the Regional Vice President indicated the sprinkler pipes had bust in the facility's kitchen and service hall on 12/25/22. They were unable to utilize the facility's kitchen at this time. The facility meals were being cooked and prepared at a sister facility and were delivered to the facility in heated containers. During an observation on 12/28/22 at 3:11 p.m. with the Director of Nursing (DON) and the Assistant Director of Nursing (DON) and the Activity Room was being used as a storage room for the kitchen. There were empty trays set up on the food carts in the room with dictary cards and covered utensils on the trays. The ADON indicated paper products were being used and the			4410 W 49TH AVE					
PREFIX (BACH DEFICIENCY MIST BE PRECEDED BY FULL TAG TAG TAG TAG	(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	DROVIDER'S DI AN OF CORRECTION		(X5)
\$483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; \$483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. Based on observation, record review, and interview, the facility failed to serve 1 of 1 meal observed at a safe and appetizing temperature, related to a lunch meal served with temperatures of the food under 135 degrees and 5 of 7 residents interviewed indicated the food was cold. (Residents E, G, J, K, and L) Finding includes: During an interview on 12/28/22 at 3 p.m., the Regional Vice President indicated the sprinkler pipes had burst in the facility's kitchen and service hall on 12/25/22. They were unable to utilize the facility is kitchen at this time. The facility meals were being cooked and prepared at a sister facility and were delivered to the facility in heated containers. During an observation on 12/28/22 at 3:11 p.m. with the Director of Nursing (DON) and the Assistant Director of Nursing (DON) and the Activity Room was being used as a storage room for the kitchen. There were empty trays set up on the food carts in the room with dictary cards and covered utensils on the trays. The ADON indicated paper products were being used and the	PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHOULD BE		COMPLETION
conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. Based on observation, record review, and interview, the facility failed to serve 1 of 1 meal observed at a safe and appetizing temperature, related to a lunch meal served with temperatures of the food under 135 degrees and 5 of 7 residents interviewed indicated the food was cold. (Residents E, G, J, K, and L) Finding includes: During an interview on 12/28/22 at 3 p.m., the Regional Vice President indicated the sprinkler pipes had burst in the facility's kitchen and service hall on 12/25/22. They were unable to utilize the facility's kitchen at this time. The facility meals were being cooked and prepared at a sister facility and were delivered to the facility in heated containers. During an observation on 12/28/22 at 3:11 p.m. with the Director of Nursing (ADON), the Activity Room was being used as a storage room for the kitchen. There were empty trays set up on the food carts in the room with dietary cards and covered utensils on the trays. The ADON indicated paper products were being used and the	TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	VIE.	DATE
meals arrived from the other facility already set up and they were then placed on each tray. During a lunch meal observation on 12/29/22 at 11:46 a.m., the trays arrived and were being handling policy. 4) How the corrective actions will be monitored:		conserve nutritive appearance; §483.60(d)(2) Foo palatable, attractive appetizing temper Based on observation interview, the facility observed at a safe a related to a lunch most the food under 13 interviewed indicated (Residents E, G, J, I Finding includes: During an interviewed Regional Vice Presipipes had burst in the service hall on 12/2 utilize the facility's meals were being confacility and were decontainers. During an observation with the Director of Assistant Director of Assistant Director of Activity Room was for the kitchen. The the food carts in the covered utensils on indicated paper produced in the puring a lunch mean director of and they were then During a lunch mean director of a lunch mean director of the paper produced in the paper produced	od and drink that is /e, and at a safe and rature. on, record review, and ty failed to serve 1 of 1 meal and appetizing temperature, real served with temperatures as 5 degrees and 5 of 7 residents and the food was cold. K, and L) of on 12/28/22 at 3 p.m., the ident indicated the sprinkler are facility's kitchen and 5/22. They were unable to kitchen at this time. The facility booked and prepared at a sister alivered to the facility in heated from on 12/28/22 at 3:11 p.m. Thursing (DON) and the off Nursing (ADON), the being used as a storage room are were empty trays set up on a room with dietary cards and the trays. The ADON ducts were being used and the the other facility already set up placed on each tray. Il observation on 12/29/22 at	F 08	804	those residents identified: Information related to R(E), R(R (J), R(K), and R (L) was obtained during observational review and historical information review. No resident was harm by the alleged deficiency. 2) How the facility identified other residents: All the residents have the potential to be affected by the alleged deficient practice. 3) Measures put into place/System changes: The Dietary Manager and the dietary staff were in-serviced of maintaining food temperature when it is being served and withe food is being plated to ension compliance with safe food handling policy. 4) How the corrective actions	(G), onal ned ential on hen sure	01/14/2023

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155469		(X2) MULTIPLE CO A. BUILDING B. WING					
NAME OF PROVIDER OR SUPPLIER CASA OF HOBART		4410 V	STREET ADDRESS, CITY, STATE, ZIP COD 4410 W 49TH AVE HOBART, IN 46342				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION GEACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	ON (X5) BE COMPLETION PRIATE DATE		
	delivered immediate who resided on the was on paper plates. Resident E was obs spaghetti at 11:46 a cold. During an observati 12/29/22 at 11:55 a on a table, there we (canned heat) under no flames from the preparing plates of the pans, Cook 1 was side of the table. the tin foil covered food delivered. Cook 1 checked the at the time of the obwas 110.8 F. The paper. Cook 2 indicated the containers had gone prior to the observa	cleby by the staff to the residents Cherry Lane Unit. The meal and covered with tin foil. erved eating his meal of cm. He indicated his food was on of the Activity Room on cm., there were food pans set up re containers of Sterno the pans, though there were Sterno containers. Cook 2 was the spaghetti and sauce from as sitting on chair on the other are were 17 prepared trays with d on the cart ready to be temperature of the spaghetti astervation and the temperature asta sauce temperature was 90.3 e flames on the Sterno out approximately 10 minutes		The Executive Director/deswill conduct audit on food temperatures three times were for four weeks, then once were for five months. Will also in 5 residents per week for 4 and then every two weeks months to ensure meals an provided at an acceptable temperature related to palar (not considered "cold" or reprovided with a new/heated there are concerns related desired temperature) The results of these audits reviewed in Quality Assural Meeting monthly for 6 mon until an average of 90% compliance or greater is acceptable at a consecutive months. The Committee will identify any or patterns and make recommendations to revise plan of correction as indicated.	signee veekly veekly terview weeks for five e stability esident d meal if to will be nce ths or chieved ne QA trends e the ted.		
	Regional Vice Press at the facility in the and the staff were to temperature. During an interview Cook 1 and Cook 2	dent indicated the food arrived pans, in a heated container, be serve the food at the correct of on 12/29/22 at 12:13 p.m., indicated they had not atures of the food prior to					
	Resident's G, J, K,	and L had received their lunch					

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN OF CORRECTION IDENTIFICATION NUMBER		A. BUILDING	00	COMPLETED			
155469			B. WING 12/29/2022				
NAME OF PROVIDER OR SUPPLIER CASA OF HOBART			STREET ADDRESS, CITY, STATE, ZIP COD 4410 W 49TH AVE HOBART, IN 46342				
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	DROVIDERIC DI AN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	COMPLETION		
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION	TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		DATE	
	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION meal and were interviewed between 12:19 p.m. and 12:29 p.m. They all indicated their lunch meal was cold. During an interview on 12/29/22 at 1:27 p.m., the Dietary Manager indicated he checked the temperature of the food when it left the other facility and when it arrived at this facility. The food was to be kept hot with the use of the Sterno containers. He had not been informed the facility was out of the Sterno containers until today. The Cooks were to check the temperatures of the food before serving and during the serving. If the temperatures were not correct, they were to re-heat the food using the stove and oven located in the Kitchenette in the Activity Room. A facility policy for safe food handling, dated 9/1/20 and received from the Regional Vice President as current, indicated all hot foods would be held at greater than 135 degree temperatures. This Federal tag relates to Complaint IN00398016.						

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