

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155469	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/29/2022
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NAME OF PROVIDER OR SUPPLIER CASA OF HOBART	STREET ADDRESS, CITY, STATE, ZIP COD 4410 W 49TH AVE HOBART, IN 46342
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00397867 and IN00398016.</p> <p>Complaint IN00397867 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00398016 - Substantiated. Federal/State deficiencies related to the allegations are cited at F804.</p> <p>Survey dates: December 28 & 29, 2022</p> <p>Facility number: 000366 Provider number: 155469 AIM number: 100288900</p> <p>Census Bed Type: SNF/NF: 85 Total: 85</p> <p>Census Payor Type: Medicare: 12 Medicaid: 64 Other: 9 Total: 85</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 12/30/22.</p>	F 0000	<p><i>The facility is respectfully requesting paper compliance for this citation.</i></p> <p><i>Submission of this plan of correction does not constitute 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.</i></p> <p><i>Please accept this plan of correction as our credible allegation of compliance.</i></p>	
F 0804 SS=E Bldg. 00	<p>483.60(d)(1)(2) Nutritive Value/Appear, Palatable/Prefer Temp §483.60(d) Food and drink Each resident receives and the facility provides-</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Katherine Bakrevski	Administrator	01/13/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards 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 disclosed 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>§483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;</p> <p>§483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature.</p> <p>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)</p> <p>Finding includes:</p> <p>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.</p> <p>During an observation on 12/28/22 at 3:11 p.m. with the Director of Nursing (DON) and the Assistant 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 meals arrived from the other facility already set up and they were then placed on each tray.</p> <p>During a lunch meal observation on 12/29/22 at 11:46 a.m., the trays arrived and were being</p>	F 0804	<p>1) Immediate actions taken for those residents identified:</p> <p>Information related to R(E), R(G), R (J), R(K), and R (L) was obtained during observational review and historical informational review. No resident was harmed by the alleged deficiency.</p> <p>2) How the facility identified other residents:</p> <p>All the residents have the potential to be affected by the alleged deficient practice.</p> <p>3) Measures put into place/ System changes:</p> <p>The Dietary Manager and the dietary staff were in-serviced on maintaining food temperature when it is being served and when the food is being plated to ensure compliance with safe food handling policy.</p> <p>4) How the corrective actions will be monitored:</p>	01/14/2023
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	<p>delivered immediately by the staff to the residents who resided on the Cherry Lane Unit. The meal was on paper plates and covered with tin foil.</p> <p>Resident E was observed eating his meal of spaghetti at 11:46 a.m. He indicated his food was cold.</p> <p>During an observation of the Activity Room on 12/29/22 at 11:55 a.m., there were food pans set up on a table, there were containers of Sterno (canned heat) under the pans, though there were no flames from the Sterno containers. Cook 2 was preparing plates of the spaghetti and sauce from the pans, Cook 1 was sitting on chair on the other side of the table. there were 17 prepared trays with tin foil covered food on the cart ready to be delivered.</p> <p>Cook 1 checked the temperature of the spaghetti at the time of the observation and the temperature was 110.8 F. The pasta sauce temperature was 90.3 F.</p> <p>Cook 2 indicated the flames on the Sterno containers had gone out approximately 10 minutes prior to the observation.</p> <p>During an interview on 12/29/22 at 12:13 p.m., the Regional Vice President indicated the food arrived at the facility in the pans, in a heated container, and the staff were to serve the food at the correct temperature.</p> <p>During an interview on 12/29/22 at 12:13 p.m., Cook 1 and Cook 2 indicated they had not checked the temperatures of the food prior to serving.</p> <p>Resident's G, J, K, and L had received their lunch</p>		<p>The Executive Director/designee will conduct audit on food temperatures three times weekly for four weeks, then once weekly for five months. Will also interview 5 residents per week for 4 weeks and then every two weeks for five months to ensure meals are provided at an acceptable temperature related to palatability (not considered "cold" or resident provided with a new/heated meal if there are concerns related to desired temperature)</p> <p>The results of these audits will be reviewed in Quality Assurance Meeting monthly for 6 months or until an average of 90% compliance or greater is achieved x3 consecutive months. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p> <p>5) Date of compliance: 01/14/23</p>	

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

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	<p>meal and were interviewed between 12:19 p.m. and 12:29 p.m. They all indicated their lunch meal was cold.</p> <p>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.</p> <p>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.</p> <p>This Federal tag relates to Complaint IN00398016.</p> <p>3.1-21(a)(2)</p>			