

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 05/13/2016
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NAME OF PROVIDER OR SUPPLIER  WOOD RIDGE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 17650 GENERATIONS DR SOUTH BEND, IN 46635
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R 0000  Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: May 12 and 13, 2016</p> <p>Facility number: 001148 Provider number: 001148 AIM number: N/A</p> <p>Residential census: 52</p> <p>Sample: 7</p> <p>These State Residential findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review completed by 14454 on May 17, 2016.</p>	R 0000	Our facility strives to provide our residents with the best care possible. In accordance with that policy and practice, we have addressed the following issues:	
R 0092  Bldg. 00	<p>410 IAC 16.2-5-1.3(i)(1-2) Administration and Management - Noncompliance</p> <p>(i) The facility must maintain a written fire and disaster preparedness plan to assure continuity of care of residents in cases of emergency as follows:</p> <p>(1) Fire exit drills in facilities shall include the transmission of a fire alarm signal and simulation of emergency fire conditions, except that the movement of nonambulatory residents to safe areas or to the exterior of the building is not required. Drills shall be conducted quarterly on each shift to</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.

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	<p>familiarize all facility personnel with signals and emergency action required under varied conditions. At least twelve (12) drills shall be held every year. When drills are conducted between 9 p.m. and 6 a.m., a coded announcement may be used instead of audible alarms.</p> <p>(2) At least every six (6) months, a facility shall attempt to hold the fire and disaster drill in conjunction with the local fire department. A record of all training and drills shall be documented with the names and signatures of the personnel present.</p> <p>Based on interview and record review, the facility failed to perform fire drills on all three shifts per quarter and failed to complete any fire drills in January or February. This has the potential to affect 52 out of 52 residents.</p> <p>Finding includes:</p> <p>On 5-12-16 at 1:30 P.M., a record review of the facilities fire drill documentation indicated no fire drill was performed for the 3rd shift of the 3rd quarter in 2015. There was also no documentation fire drills were performed for the months of January and February of 2016.</p> <p>During an interview on 5-12-16 a 2:00 P.M., the AD (Administrative Director) indicated "... fire drills should be done on each shift quarterly... there was no maintenance supervisor during January or February...."</p>	R 0092	<p>Fire marshall and/or local fire department will be scheduled every six months to participate in fire and disaster drill. Fire drills will be conducted monthly by the maintenance director and reviewed by the administrator to ensure fire drills are conducted on all three shifts. The administrator or designee will review fire drill records monthly for 12 months to ensure compliance with regulations.</p>	06/01/2016

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R 0272 Bldg. 00	<p>On 5-12-16 at 2:50 P.M., the Administrative Director provided the policy titled "Disaster and Emergency Plans," dated January 2007, and indicated it was the policy currently used by the facility. The policy indicated "... Fire drills with meet the regulations...."</p> <p>410 IAC 16.2-5-5.1(e) Food and Nutritional Services - Deficiency (e) All food shall be served at a safe and appropriate temperature.</p> <p>Based on observation, interview and record review, the facility failed to ensure milk was served at appropriate temperatures. This had the potential to affect 4 of 4 residents that received milk from 1 of 1 kitchens.</p> <p>Finding includes:</p> <p>On 5-12-16 at 11:54 A.M., 4 residents in the dining room were observed to have a glass of milk on the table in front of them.</p> <p>On 5-12-16 at 12:02 P.M., during food temping with the DM (Dietary Manager) a glass of milk was temped at 52 degrees. The DM indicated at this time "... milk should be below 41 degrees...."</p>	R 0272	Staff will pour and serve milk when residents arrive at the table. New food temperature logs were implemented and in service provided by registered dietician on 5/25/2016 to dietary manager and all kitchen staff. The administrator or designee will review temperature logs weekly. The manager on duty will monitor meal service and temp milk poured at table to ensure milk served at appropriate temperatures.	05/31/2016

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R 0273 Bldg. 00	<p>On 5/19/15 at 2:26 P.M., the Administrative Director provided the policy titled "Food and Nutrition Services," dated December 2009 and 2015, and indicated this was the policy currently used by the facility. The policy indicated indicated "...8. Potentially hazardous food such as meat, milk ... shall be kept at 45 degrees F [Fahrenheit] or below...."</p> <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 store and serve food under sanitary conditions, regarding dating of food and plate storage, hairnet use and cleanliness in 1 of 1 kitchens.</p> <p>Findings include:</p> <p>On 5-12-16, between 10:36 A.M. and 11:05 A.M., during the initial kitchen</p>	R 0273	<p>Dietary Manager and staff were in serviced on 5/25/2016 on theimportance of dating and labeling all open items in coolers. In service conducted by contract registereddietician.</p> <p>Dietary manager will audit coolers to ensure all open items are labeledand dated and in compliance.</p> <p>Dietary manager will audit bread racks to ensure all opened bread</p>	06/15/2016

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	<p>tour, accompanied by the DM ( Dietary Manger), the following was observed:</p> <p>At 10:37 A.M., the strength of the 3 compartment sink tested at 0 PPM ( Parts Per Million). The dietary manager indicated at this time "... it's not testing at anything... it should be at 200... no I don't have a log for the testing of the 3 compartment sink... I have to make it up for the month of May yet...."</p> <p>At 10:39 A.M., the wall under the garbage disposal had a brown discoloration and a was bubbled. The DM indicated at this time"... it's been like that for a couple of months now...."</p> <p>At 10:41 A.M., a unknown person, with a baby, entered the kitchen without a hairnet on. The DM indicated at this time "... that was a former employee...."</p> <p>In the dry storage: An open, undated, package of brown gravy mix. An open, undated, package of spaghetti. 2 - 4 lb (pound) cans of chunk light tuna with a dent on the side near the bottom. 1 - 50 ounce can of chicken noodle soup with a dent on the side near the bottom. The DM indicated at this time "... yes they should be dated... dented cans shouldn't be used...."</p>		<p>isbeing dated.</p> <p>The administrator or designee will audit coolers weekly for 90 daysuntil protocols are established to ensure all open items are labeled and dated. The administrator will audit bread racks weekly for 90 days untilprotocols established to ensure all open bread is dated. A dented can area was established on 5/25/2016 to place dented cansuntil they can be returned to vendor to ensure they are out of production.</p> <p>Dietary manager will audit deliveries and stock to ensure no dentedcans are placed in production.</p> <p>The administrator will audit weekly for 90 days until protocols establishedto ensure dented cans are in the dented can storage and/or have been returnedto vendor.</p> <p>Dietary manager will audit dry storage area to ensure all open packagesare labeled and dated.</p> <p>The administrator will audit dry storage area weekly for 90 days untilprotocols are established to ensure all open packages are labeled and dated. New temperature longs were established for the three compartment sinkand implemented on 5/25/2016.</p>	

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	<p>In the walk in cooler:</p> <p>An undated, container of cooked beef tips.</p> <p>An open, undated, container of tea concentrate.</p> <p>An open, undated, package of scrambled egg mix.</p> <p>An undated, pitcher of orange juice.</p> <p>An open, undated gallon 2 % of milk.</p> <p>The DM indicated at this time"... yes they should be dated...."</p> <p>On the bread rack:</p> <p>An open, undated, package of hamburger buns.</p> <p>In the walk in freezer:</p> <p>A open to air, undated, package of chicken cordon royal.</p> <p>A open, undated, package of chicken wings.</p> <p>A open, undated, package of hamburger patties.</p> <p>A open, undated, package of chicken meat.</p> <p>A open, undated, container of diced ham.</p> <p>In the reach in cooler:</p> <p>A undated, plate containing 3 omelets.</p> <p>A open, undated package of sliced turkey.</p> <p>20 undated, bowls of potato salad.</p> <p>On the prep table shelf:</p>		<p>Dietary manager will audit temperature logs and spot check 3compartment sink to ensure compliance.</p> <p>The administrator will audit the temperature logs and check sinktemperatures weekly for 90 days until protocols established to ensurecompliance.</p> <p>Wall under the garbage disposal will be cleaned and repaired by6/15/2016.</p> <p>Dietary manager will monitor through weekly cleaning schedule to ensurearea stays clean and in good repair.</p> <p>Administrator or designee will monitor biweekly for 90 days untilprotocols established to ensure area is in good repair. Dietary manager and staff were in serviced on 5/25/2016 on the properstorage methods for dishes.</p> <p>Dietary manager will monitor for compliance.</p> <p>The administrator or designee will audit weekly for 90 days untilprotocols established to ensure compliance with storage od dishes.</p> <p>Wall behind ice machine will be repaired by 6/15/2016.</p> <p>Dietary manager will monitor through weekly cleaning schedule</p>	

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	<p>12 bowls and 6 plates, stored upright. The DM indicated at this time "... yes that's how they should be stored...."</p> <p>Employee #4 was observed in the kitchen with a beard, with no beard net on.</p> <p>In the kitchen server area: Coffee machine and coffee pots with a white substance covering it. Behind the ice machine, peeling paint, a 1-1/2 inch hole, a black substance streaked down the wall. Two corners with the splash tile missing. The DM indicated at this time "... it has been like this a couple of months now...maintenance knows about it...."</p> <p>On 11 tables in the dinning room: 22 drinking glasses with a white film on them. The DM indicated at this time "... I guess we should change the solution in the machine...."</p> <p>During an interview on 5-12-16 at 11:38 A.M., the AD (Administrative Director) indicated "... former employees are not to be in the kitchen... everyone should wear hairnets...."</p> <p>On 5-12-16 at 2:50 P.M., the Administrative Director provided the policy titled "Food and Nutrition</p>		<p>to ensure the area stays clean and in good repair.</p> <p>The administrator or designee will monitor biweekly for 90 days until protocols established to ensure area is in good repair. The two damaged tiles in service area will be repaired/replaced by 6/2/2016. Dietary manager being evaluated by administrator and contract registered dietician for ability and effectiveness in position. Dietary manager will be placed on an action plan by 6/6/2016.</p>	

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	<p>Services," dated December 2009 and 2015, and indicated this was the policy currently used by the facility. The policy indicated "...12. Food stored in refrigerators/freezers shall be covered, dated, and labeled... 14. Dishes, utensils, and preparation equipment shall be properly washed and stored to maintain sanitary conditions... 18. Floors, walls and ceilings will be properly constructed, clean and in good repair... 20. Unauthorized persons will be excluded from food preparation and storage areas... 22. All employees are required to wear hair nets or otherwise have hair restrained while working in the kitchen...."</p> <p>During an interview on 5-12-16 at 3:27 P.M., the AD indicated "... there are no freezer, refrigerator, sink, dishwasher, or food, temperature logs completed since February of this year... yes dietary should be completing logs...."</p>			