STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 07/15/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE GRANGER	430 CLEVELAND RD GRANGER, IN 46530

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R 0000 Bldg. 00	This visit was for a State Residential Licensure Survey. Survey dates: July 14 and 15, 2015 Facility number: 002656 Provider number : 002656 AIM number: N/A Census bed type: Residential: 52 Total: 52 Sample: 7 These State findings are cited in accordance with 410 IAC 16.2-5.	R 0000	The following is the Plan of Correction for Brookdale Granger regarding the Statement of Deficiencies dated July 15, 2015. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is a submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.	
R 0154 Bldg. 00	410 IAC 16.2-5-1.5(k) Sanitation and Safety Standards - Deficiency (k) The facility shall keep all kitchens, kitchen areas, common dining areas, equipment, and utensils clean, free from litter and rubbish, and maintained in good repair in accordance with 410 IAC 7-24. Based on observation, interview and record review, the facility failed to maintain a dry storage room that was free from rubbish on the floor and the ice machine door was clean. The facility	R 0154	The initial tour began while the DM (Dining Manager) was conducting the weekly food inventory. The dry storage was swept and trash emptied after the inventory completed by DM.The	08/03/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	failed to ensure the large stand alone mixer was cleaned after use. The facility also failed to ensure dishes and glasses were stored in an inverted position and on a clean surface. This affected one of one kitchen. Finding includes: On 7-14-2015, from 11:03 A.M. to 11:25 A.M., during an initial tour of the kitchen, the following observations and interviews with the DM (Dietary Manager) were made: The dry storage room was found to have Nilla Wafer cookies, some crushed, and pieces of paper from packaging on the floor. There was an overflowing trash can under the desk in the dry storage room with trash around the can. The DM indicated that the evening shift sweeps the dry storage room. A large stand alone mixer was uncovered and splattered with a brown substance, the mixing bowl was sitting upright. The DM indicated, "...the mixer had been used yesterday to make chocolate cake and I will be talking to kitchen staff about the proper way to clean and store the mixer...." A 4-shelf cart containing clean dishes,		mixer was cleaned and covered by dining associate on 7/14/2015. The cover for cart had been taken to laundry and actually returned while the initial tour was being conducted on 7/14/2015. The ice machine was deep cleaned by a dining associate and documented on log on 7/14/2015.The dishes on the 4 shelf card are now stored in downward position on the covered cart. The dinner plates that were stored above the steam table are now stored in the plate warmer and are covered.The associates responsible for service in the dining room were in-serviced not to store clean dishes on the clearing cart or a cart that is not clean. Per existing cleaning schedule "Routine Cleaning" will be maintained by dining associates and documented. Associates responsible for cooking were in-serviced on proper cleaning techniques and covering kitchen equipment when not in use by the DM. Dining associates have been in-serviced on the storage of clean dishes. The dining associates have been in-serviced on documenting deep cleans on the schedule by the DM. The DM is responsible for oversight and accountability. To monitor ongoing compliance, the DM and Executive Director (ED) will randomly audit for compliance using an internal audit tool for Dining Service for compliance	

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	was uncovered and open to air, and the dishes were stored in an upright position. Two shelves above the steam table were observed to have dinner plates sitting in an upright position. A 2 shelf cart used for clearing tables with food particles on it was observed with clean drinking glasses sitting upright, on top of the cart. The DM indicated, "...these are not supposed to be on here and will need to be washed again...the cover for the 4 shelf cart was soiled yesterday with the chocolate cake batter and is in the laundry...." The ice machine had food particles on the outside and inside of the door. The DM indicated, "...we deep clean it once a month and the ice machine is wiped down daily...." The deep clean log indicated that the last deep clean was May 2015. On 7-15-2015 at 10:00 A.M., the DM provided the current policy titled "Storage of Non Perishable Food-DS-04.013," effective date: 2005. The policy indicated, "...Policy detail...3. The storeroom shall be maintained free from dirt...." No other policies were received.		once weekly for three weeks, then monthly for two months.Completion date: August 3, 2015	

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R 0268 Bldg. 00	410 IAC 16.2-5-5.1(a) Food and Nutritional Services - Deficiency (a) The facility shall provide, arrange, or make available three (3) well-planned meals a day, seven (7) days a week that provide a balanced distribution of the daily nutritional requirements. Based on observation, interview and record review, the facility failed to serve a pureed diet according to the menu for 1 of 4 residents on pureed diets. Finding includes: On 7-14-2015 from 11:45 A.M. to 12:05 P.M., an observation of the pureed process was made for one pureed diet. Cook #4 indicated the other 3 pureed diets were already made and this was a new diet order for one resident. Cook #4 took a spoonful of corn and placed it into the food processor. No other ingredients were added to the corn. Cook #4 indicated, "I had my recipes but I don't know where they are right now." The pureed corn was scooped out of the food processor with a tablespoon onto a plate	R 0268	The associate noted in the survey has been in-serviced on having the recipes out and following the recipe during each meal preparation, on proper hand washing, including when to wash your hands.There are currently a total of three (3) residents on a puree diet living in our community.Dining Cooks and Dining Manager (DM) have reviewed the Daily Diet Modification Summary for puree diets. Dining Cooks have been in-serviced on how to prepare puree meals and follow puree recipes/modifications, including using a rubber spatula to scrape down sides of processor, adding thickener, seasoning, etc. and what foods to substitute for certain foods that cannot be pureed by the DM. Dining associates have been re-inserviced on proper hand	08/03/2015

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	and visible chunks of corn were observed. Cook #4 placed the food processor into the dishwasher, ran the dishwasher and removed the food processor. Cook #4 was not observed washing her hands during the process. Cook #4 took a spoonful of baked beans and placed them into the wet food processor. No other ingredients were added to the baked beans. The baked beans were poured on the plate with the corn. The baked beans proceeded to run until they were covering half of the plate. Cook #4 placed the food processor into the dishwasher, ran the dishwasher and removed the food processor. Cook #4 was not observed washing her hands during the process. Cook #4 placed a 6 oz (ounce) piece of barbecue chicken into the food processor with 2 scoops of barbeque sauce. No other ingredients were added to the chicken. Cook #4 then placed the pureed chicken onto the plate. No other items were pureed for this plate. On 7-14-2015 at 12:07 P.M., during an interview, the DM (Dietary Manager) indicated, "...we don't have recipes for the pureed's, we just have the recipes for the meals...." On 7-14-2015 at 12:20 P.M., a record review of the menu for the noon meal indicated, "BBQ [barbecue] chicken,		washing technique including when to wash your hands, by the DM. To monitor ongoing compliance the Regional Director of Dining Services/designee will randomly audit for compliance during the next two site visits and the DM and Executive Director (ED) will randomly audit for compliance using an internal audit tool for Dining Service for compliance once weekly for three weeks, then monthly for two months. Completion date: August 3, 2015	

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	baked beans, corn, roll and frosted banana cake." On 7-15-2015 at 10:00 A.M., during an interview, the DM indicated, "...the modification for the meal yesterday should have been steamed cauliflower instead of corn, corn can not be pureed...and the baked beans should have steamed green beans because baked beans should not be pureed...the chicken should have had broth and thickener added to it and she [Cook #4] forgot the bread...." On 7-15-2015 at 10:05 A.M., a record review of the policy "Daily Diet Modification Summary Report" for Tuesday July 14, 2015, indicated, "...*BBQ Chicken...8 oz....serve with bread selection...Serve with Barbecue Sauce or other gravy pureed 2 oz...*Baked Beans...0.5 cup...omit bacon...*Steamed Corn...0.5 cup...omit and substitute with_#41.9321% Steamed Cauliflower...." On 7-15-2015 at 10:08 A.M., a record review of the recipe for Puree Poultry, received from the DM at this time, indicated, "...4. Add hot broth and thickener and process until smooth...5. Scrape down sides of processor with a rubber spatula and process for 30			

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	seconds...8. Serve with 2.0 oz pureed sauce, glaze, or gravy to moisten and make the food tastier, easier to swallow and more attractive...." On 7-15-2015 at 10:09 A.M., a record review of the recipe for Puree Starchy Vegetable 3, received from the DM at this time, indicated, "...4. Scraper down sides of processor with a rubber spatula and process for 30 seconds ...Vegetables may require slightly more or less liquid and thickener depending on the season and how long they are cooked...Do not puree...corn...."			
R 0272 Bldg. 00	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. Based on observation, interview and record review, the facility failed to serve a pureed diet plate for 1 of 4 residents on a pureed diet at the proper temperature. Finding includes: On 7-14-2015 at 11:45 A.M., an observation of a pureed lunch plate was made. At 12:00 P.M., the pureed lunch	R 0272	The associate cited in the survey has been in-serviced on the importance of serving food at the appropriate temperature, what the appropriate temperature is and that it is the Cooks responsibility to send the food out of the kitchen at the appropriate temperature.Cooks have been in-serviced on the importance of serving food at the appropriate temperature, what the appropriate temperature is and that it is the	08/03/2015

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	plate was temped for service by Cook #4 and the temps were as follows: the BBQ (Barbecue) Chicken was 120 degrees, the baked beans were 130 degrees and the corn was 80 degrees. Cook #4 indicated that she does not reheat the plates because they (dining staff) will reheat them before serving on the dementia unit. On 7-14-2015 at 12:15 P.M., an observation was made on the dementia unit during lunch service. The pureed plate was not reheated before being served. On 7-14-2015 at 12:07 P.M., during an interview, the DM (Dietary Manager) indicated, "...the food should always be up to temp before sent out of the kitchen...." On 7-15-2015 at 10:07 A.M., a review of the recipes for puree meals, received from the DM at this time, indicated, "...5. Heat to serving temperature. Puree foods must be heated to a minimum of 165 degrees Fahrenheit...."		Cooks responsibility to send the food out of the kitchen at the appropriate temperature.The Dining Manager (DM) is responsible for monitoring and compliance that Cooks are sending food out of the kitchen at the appropriate temperature. To monitor ongoing compliance the Regional Director of Dining Services/designee will randomly audit for compliance during the next two site visits and the DM and Executive Director (ED) will randomly audit for compliance using an internal audit tool for Dining Service for compliance once weekly for three weeks, then monthly for two months.Completion date: August 3, 2015	
R 0273 Bldg. 00	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			

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	maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation and record review, the facility failed to ensure foods were served in a sanitary manner for 1 of 2 dining rooms. This was related to the use of hairnets, handwashing and serving food and drinks in the main dining room. Findings include: On 7/14/15 between 11:48 A.M., and 12:40 P.M., during the noon meal in the main dining room, the following was observed: At 11:50 A.M., Employee #3 was observed with hair hanging out of the back of her hairnet, when she exited the kitchen. At 11:56 A.M., Employee #3 was observed serving 2 bowls of pineapple, to two residents, with her thumb on the inside edge of the bowls. At 11:59 A.M., Employee #3 was observed serving a bowl of applesauce and a bowl of salad, to two residents, with her thumbs on the inside edge of the bowls. At 12:01 P.M., Employee # 5 was	R 0273	The associates noted in the survey have been in-serviced on wearing hair nets appropriately, proper meal service, hand washing - including when to wash your hands and for how long, and how to handle a residents food without touching the residents food with your bare hands.Associates that work in the kitchen have been in-serviced on wearing hair nets appropriately covering all hair. Associates have been re-inserviced on hand washing - including when to wash your hands and for how long.Associates have been in-serviced on how to handle a resident's food without touching the resident's food without touching the residents' food with your bare hands. The Dining Manager is responsible for monitoring and compliance that dining associates are wearing hair nets appropriately covering all hair. The Manager on Duty will monitor for appropriate service in the dining rooms including hand washing. To monitor ongoing compliance the Regional Director of Dining Services/designee will randomly audit for compliance during the next two site visits and the DM and Executive Director (ED) will randomly audit for compliance using an internal audit tool for Dining Service for compliance once weekly for three	08/03/2015

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	observed serving a glass of water with her fingers on the top rim. At 12:03 P.M., Employee #5 was observed to wash her hands for 8 seconds, then continued to serve lunch meals to residents. At 12:15 P.M., Employee #6 was observed to wash her hands for 8 seconds, then continued to serve lunch meals to residents. At 12:16 P.M., Employee #5 was observed to wash her hands for 7 seconds then continued to serve lunch meals to residents. At 12: 20 P.M., Employee #3 was observed serving a lunch plate to a resident with her thumb touching the corn on the plate. At 12:21 P.M., Employee #5 was observed serving a lunch plate to a resident with her thumbs on the inside edge of the plate. At 12:23 P.M., Employee #5 was observed to wash her hands for 8 seconds, then continued to serve lunch meals to residents. At 12:26 P.M., Employee #5 was		weeks, then monthly for two months.Completion date: August 3, 2015	

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	observed to wash her hands for 8 seconds, then continued to serve lunch meals to residents. At 12:28 P.M., Employee #3 was observed serving lunch plates to 4 residents with her thumb touching the inside rim of the plates. At 12:30 P.M., Employee # 3 was observed touch a residents back and arm then served a lunch plate to a resident with her thumb on the inside rim of the plate. At 12:32 P.M., Employee #5 was observed to wash her hands for 7 seconds, then continued to serve lunch meals to residents. At 12:33 P.M., Employee #3 was observed serving lunch plates, 2 residents with her thumb on the inside edge of the plates. At 12:34 P.M., Employee #5 was observed to pick up a residents dinner roll with her bare hands and butter it. On 7/15/15 at 9:30 A.M., the current policy titled, "Use of gloves," dated 2005 revised 5/10, was provided by the Dietary Manager. The policy indicated " ...2 ... associates shall use single use food			

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	handlers gloves when handling ready to eat food, if the use of tongs or other serving utensils is not practical .... " On 7/15/15 at 10:00 A.M., the current policy titled, "Hand Washing -Associates," dated June, 2002 updated December 2007, was received from the Administrator. The policy indicated " ...1. Appropriate fifteen (15) to twenty (20) second hand washing should be performed in situations including but not limited to: ...Before ...serving food .... "			