STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155792	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/03/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRYSIDE MEADOWS LLC	762 N DAN JONES RD AVON, IN 46123

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
F0000	This visit was for the Investigation of Complaint IN00105525. Complaint IN00105525- Substantiated. Federal/state deficiencies related to allegations are cited at F371 and F364. Survey date: April 3, 2012 Facility number: 012534 Provider number: 155792 AIM number: 201028420 Survey team: Michelle Hosteter, RN Census bed type: SNF: 17 SNF/NF: 90 Total: 107 Census payor source: Medicare: 19 Medicaid: 50 Other: 38 Total: 107 Sample: 13 These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.	F0000		

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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	Quality review completed 4/9/12 by Jennie Bartelt, RN.			

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F0364 SS=F	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.			
	Based on record review, observation and interview, the facility failed to ensure the residents' food was palatable and kept at acceptable temperatures for 4 out of 13 residents reviewed regarding food temperatures. [Resident E, Resident F, Resident G, and Resident H] The deficient practice had the potential to affect 107 of 107 residents who eat food out of 1 of 1 kitchen. Tuna salad from a cart containing a test tray outside the planned temperature parameter was served to 3 of 3 residents served tuna salad among the facility's 107 residents. (Residents E, M, and N) Findings include: In an observation during the tray service to the residents receiving room trays on 4/3/12 at 1:25 P.M., the test tray was checked after all of the residents were served and the temperature of the test tray was as follows: Tuna Salad: 58 degrees Fahrenheit. During an interview with the Dietary Manager at this time, she indicated the temperature was 39 degrees when she checked it in the kitchen, and she did not understand how in six to seven minutes the temperature could have risen so quickly. She	F0364	Preparation and/or execution of this plan of correction ingeneral, or this corrective action in particular, does not constitute anadmission or agreement by this facility of the facts alleged or conclusions setforth in this statement of deficiencies. The plan of correction and specific corrective actions are preparedand/or executed in compliance with state and federal laws. **F 364 Nutritive values/appear, palatable/prefertemp - It is the intent ofthis facility to ensure the residents' food is palatable and kept at acceptabletemperatures according to the facility policy. (In accordance with State andFederal Laws) I. Actions Taken:** Dietary staff will be re-educated by 5/3/12 on the facility palatablefood & temperature policy/procedure by Dietary Manager or designee. The food has been & is being served at palatabletemperatures. **II. Residents Affected:** There is the potential however no residents were affected. Dietary staff will be re-educated by 5/3/12 on the facility palatablefood &	05/03/2012

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	indicated that three of the residents on the 500 hall were the only ones to receive the tuna salad from the cart with the test tray (Resident E, Resident M and Resident N). In an interview with Resident E's family on 4/3/12 at 12:20 P.M., the family member indicated the resident feels the food lacks flavor and orders out a lot. The family member indicated she sees a lot of uneaten food on residents' trays returned to the kitchen. She indicated she comes to the facility a couple times a week. In an interview with Resident F on 4/3/12 at 12:40 P.M., she indicated the food is cold and lacks flavor. In an interview with Resident G on 4/3/12 at 3:00 P.M., she indicated she is limited on her diet as she has had esophageal surgery and usually can only eat soups. She indicated she receives a pureed diet, but the food is so nasty she can't eat it. She indicated a lot of times the soup is cold when she receives it. She also indicated the coffee is cold. She indicated she has requested family members to buy soup as the facility does not have a lot of variety. Resident G's family indicated he has noted CNA's saying residents won't eat the food because they don't like it. In an interview with Resident H on 4/3/12 at 4: 45 P.M., she indicated the food is cold and so is the coffee. She indicated has heard several other residents also complain the food is cold. In an interview with LPN #2 on 4/3/12 at 3:35 P.M., she indicated the residents complain they don't like the taste of the food sometimes. In an interview with CNA #3 on 4/3/12 at 3:37 P.M., she indicated the residents tell her they just		temperature policy/procedure by Dietary Manager or designee. The food has been & is being served at palatabletemperatures. **III. Measures Taken:** Per policy the dietary server will take the food temperatures prior to point of service (portioning). Temperatures will be recorded on the food temp log. If the temperature is not appropriate the food will not be served until the temperature is ensured per regulation. One test tray will be tested on each unit randomly by the dietary staff/dining host and/or designee one meal per day. Temps will be recorded on the Temperature Monitor Form. Resident Food Quality Evaluations will be completed by the dining host on each unit randomly. The evaluations will be reviewed by the Dietary Manager/designee. **IV. Monitoring:** The Dietary Manager and/or designee will monitor the food temperature logs per meal. One test tray will be tested on each unit randomly by the dietary staff/dining host and/or designee one meal per day. Temps will be recorded on the Temperature Monitor Form. Test trays will be monitored by the Dietary Manager/Supervisor and/or designee for 30 days. The results of the test tray temperatures will be reviewed by the CQI committee overseen by the ED. If threshold is not 100% achieved an action plan will be	

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	don't like the food and that it doesn't taste good. In an interview with the Administrator on 4/3/12 at 5:00 P.M., she indicated the residents had been complaining about the food being cold. A policy on food temperatures was provided by the Administrator on 4/3/12 at 4:50 P.M. The policy titled "Food Temperatures" dated 2/02 with revision dates of 3/04, 4/07, and 4/11 indicated, "...2. All hot and cold food items will be served to the resident at a temperature that is considered palatable at the time the resident receives the food...." This federal tag relates to Complaint IN00105525. 3.1-21(a)(1) 3.1-21(a)(2)		developed to further ensure compliance. Resident Food Quality Evaluations will be completed by the dining host on each unit randomly. The evaluations will be reviewed by the Dietary Manager/designee. The results of the Food Quality Evaluations will be reviewed by the CQI committee overseen by the ED. If threshold of 95% customer satisfaction is not achieved an action plan will be developed to further ensure satisfaction. To ensure compliance, the ED/designee is responsible for the Meal Service CQI tool weekly times 4 weeks, bi-monthly times 2 months, and then quarterly until continued compliance is maintained for 2 consecutive quarters.The results of these audits will be reviewed by the CQI committee overseen bythe ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance. **V. This plan of correction constitutes ourcredible allegation of compliance with all regulatory requirements. Our date of compliance is 5/3/12.**	

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F0371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions			
	Based on record review, observation and interview, the facility failed to maintain cold foods at a safe temperature on the food service cart on the 100 Hallway. The deficient practice had the potential to affect 20 of 20 residents receiving food from the cart on the 100 Hallway. Three of 3 residents among the 107 residents were served tuna salad from a cart with test tray indicating temperature outside planned parameters. (Residents E, M, and N) The deficient practice had the potential to affect 107 of 107 residents. All foods were served from 1 of 1 kitchen. Findings include: In an observation during the tour of the kitchen and tray line service on 4/3/12 at 11:27 A.M. the service line in the 100 hallway, the tuna salad was checked by Dietary Aid #1 prior to serving to residents and the temperature was 60 degrees She indicated that she would send back to the kitchen due to high temperature.. She further indicated this was not uncommon and she believed they should have a cold table as even after turning off the well for the steam table and placing the tuna salad on ice it still has trouble staying cold. The steam table in the 100 hallway was observed to not have any	F0371	Preparation and/or execution of this plan of correction ingeneral, or this corrective action in particular, does not constitute anadmission or agreement by this facility of the facts alleged or conclusions setforth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/orexecuted in compliance with state and federal laws. **F 371 Food Procure,Store/Prepare/Serve - Sanitary It is the intent ofthis facility to maintain food at a safe temperature on the food service carton the 100 hallway according to the facility policy. (In accordance with Stateand Federal Laws) I. Actions Taken:** Dietary staff will be re-educated by 5/3/12 on the facility palatablefood & temperature policy/procedure by Dietary Manager or designee. The food has been & is being served at palatabletemperatures. **II. Residents Affected:** There is the potential however no residents were affected. Dietary staff will be re-educated by 5/3/12 on the facility	05/03/2012

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	dividers in it. The Registered Dietician indicated in an interview on 4/3/12 at 11:45 A.M., the steam tables should have dividers in them to keep the steam and heat from transferring to the food kept on ice and for cold foods. During the tray service to residents receiving room trays on 4/3/12 at 1:25 P.M., the test tray was checked after all residents were served, and the temperature of the test tray was as follows: Tuna Salad: 58 degrees Fahrenheit. During an interview with the Dietary Manager at this time, she indicated the temperature was 39 degrees when she checked it in the kitchen and did not understand how in six to seven minutes the temperature could have risen so quickly. She indicated that 3 of the residents on the 500 hall were the only ones to receive the tuna salad from the cart with the test tray. [Resident E, Resident M, and Resident N] A policy on food temperatures was provided by the Administrator on 4/3/12 at 4:45 P.M. The policy titled "Food Temperatures" dated 2/02 with revision dates of 3/04, 4/07, and 4/11 indicated, "...8. Temperatures should be taken at the beginning of meal service and periodically during meal service and periodically during the meal service to ensure hot foods stay above 135 (degree sign) and cold food stay below 41(degree sign) during the portioning, transporting, and service process until received by the resident...." This federal tag relates to Complaint IN00105525. 3.1-21(i)(2) 3.1-21(i)(3)		palatablefood & temperature policy/procedure by Dietary Manager or designee. The food has been & is being served at palatabletemperatures. **III. Measures Taken:** Per policy the dietary server will take the foodtemperatures prior to point of service (portioning). Temperatures will be recorded on the foodtemp log. If the temperature is notappropriate the food will not be served until the temperature is ensured perregulation. Per policy the dietary server on the 100 hall will take thefood temperatures prior to point of service (portioning) as well. Temperatures will be recorded on the foodtemp log. If the temperature is notappropriate the food will be returned to the kitchen. The kitchen staff will send the food againonce the temperature is ensured per regulation. One test tray will be tested on each unit randomly by thedietary staff/dining host and/or designee. Temps will be recorded on the Temperature Monitor Form. **IV. Monitoring:** The Dietary Manager and/or designee will monitor the foodtemperature logs at each meal. One test tray will be tested on each unit randomly by the dietarystaff/dining host and/or designee one meal per day. Tempswill be recorded on the Temperature Monitor Form. Test trays will be monitored by the Dietary Manager/Supervisor	

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			and/or designee for 30 days. The results of the test tray temperatures will be reviewed by the CQI committee overseen by the ED. If threshold is not 100% achieved an action plan will be developed to further ensure compliance. To ensure compliance, the ED/designee is responsible for theMeal Service CQI tool weekly times 4 weeks, bi-monthly times 2 months, and thenquarterly until continued compliance is maintained for 2 consecutive quarters.The results of these audits will be reviewed by the CQI committee overseen bythe ED. If threshold of 95% is notachieved an action plan will be developed to ensure compliance. **V. This plan of correction constitutes ourcredible allegation of compliance with all regulatory requirements. Our date of compliance is 5/3/12.**	