

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/08/2024	
NAME OF PROVIDER OR SUPPLIER CHARLES FORD MEMORIAL HOME INC		STREET ADDRESS, CITY, STATE, ZIP CODE 920 S MAIN ST, NEW HARMONY, , 47631					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE			
R 0000	INITIAL COMMENTS This visit was for a State Residential Licensure Survey. Survey dates: January 4, 5, 8, 2024 Facility number: 001123 Residential Census: 15 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review competed on January 17, 2024.	R 0000	It is the policy of the Charles Ford Retirement Communities of New Harmony to provide the highest quality of care and services. By submitting the enclosed materials, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests the plan of correction be considered our allegation of compliance effective January 9, 2024, to the state finding of the State Recertification survey ID Number LRYWII conducted on January 4-8, 2024.				
R 0118	Personnel - Deficiency 410 IAC 16.2-5-1.4(c) (c) Any unlicensed employee providing more than limited assistance with the activities of daily living must be either a certified nurse aide or a home health aide. Existing facilities that are not licensed on the date of adoption of this rule and that seek licensure within one (1) year of adoption of this rule have two (2)	R 0118	R0118 The facility respectfully holds a difference of opinion regarding the alleged deficient practice finding. The question about adequately credentialed staff was presented by the surveyors just prior to the survey exit. The facility's Health Facility Administrator vocalized concern about the accuracy of this alleged deficient practice finding at the time it was presented and	01/09/2024			

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months in which to ensure that all employees in this category are either a certified nurse aide or a home health aide.

Based on interview and record review, the facility failed to ensure that unlicensed employees providing more than limited assistance with the activities of daily living were either a certified nurse aide or a home health aide for 3 of 5 days reviewed for staffing.

Findings include:

On 1/4/24 at 10:15 A.M., a copy of the schedule for the week of December 10 to December 16, 2023 were obtained from the Administrator. During that week, no CNA's were scheduled to work on 12/12/23 or 12/14/23.

On 1/5/24 at 10:06 A.M. during an interview with the Administrator she indicated the Resident Assistants (RA's) do not perform direct resident care. She indicated that staff was cross trained for dietary, housekeeping and nursing departments.

During an interview with the Office Manager on 1/5/24 at 10:25 A.M., she indicated the Resident Assistant (RA) and Certified Nursing Assistant (CNA) job descriptions are the same. A copy of the job description both job descriptions

again during the exit interview. Immediately upon review of additional documentation the facility realized the most accurate version of the schedule as worked was inadvertently omitted at the time of the survey. It is the policy of the Charles Ford Retirement Communities of New Harmony to provide the highest quality of care and services including appropriately credentialed staff members.

The corrective action taken for those residents found to have been affected by the alleged deficient practice is that the residents identified as residents, 4, 6 and 9 are receiving and will continue to receive all necessary care and services by staff members who are currently credentialed to provide those services. Additionally, the Assistant Director of Nursing has revised the master schedule to include credentials for ease of reference.

The corrective action taken for the other residents that have the potential to be affected by the same alleged deficient practice is that all residents have the potential to be affected by this alleged deficient practice. A review of the shower schedule and schedule as worked indicates no other residents have been identified to be affected by this alleged deficient practice. The Director of Nursing and Assistant Director of Nursing assign the work schedule and shower schedules to ensure an adequately credentialed employee

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were obtained and reviewed at that time.

The Office Manager indicated that on the job description were three items that indicated the employee is required to "prompt, cue, or assist*" with hygiene and grooming needs, bathing, dressing, and undressing as needed, and toileting as needed.

The job description when reviewed had an asterisk (*) after assist was followed by an explanation that indicated "*the amount of care given depends on employee certification level".

On 1/5/24 at 2:00 P.M., the Employee List provided by the Administrator was reviewed. The list included the following:

2 full-time RA's (Resident Assistant)

1 full-time CNA (Certified Nurse Aide)

1 part-time QMA (Qualified Medication Aide)

1 part-time CNA

1 CNA that works PRN (as needed)

2 full-time RA's

3 part-time RA's

is scheduled to provide the necessary care and services according to resident care.

The measures that have been put into place to ensure that the alleged deficient practice does not recur is that the Director of Nursing and Assistant Director of Nursing will continue to cross check work and shower schedules to ensure it meets residents bathing needs and that an adequately credentialed employee provides the care. The weekly shower schedule tool has been revised for ease of reference.

The corrective action taken to monitor to ensure the alleged deficient practice will not recur is that adequately credentialed employees will continue to fill out the weekly shower schedule tool and turn it into the Assistant Director of Nursing who will weekly attach it to the 24-hour sheets. The Quality Assurance Designee will monitor to ensure compliance weekly for a month, monthly for a quarter and quarterly for a year.

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6 RA's that work PRN

On 1/8/24 at 9:40 A.M. QMA was working as a CNA, she indicated that staffing was usually one nurse and one RA, except at night there was one nurse scheduled.

During a review of resident records, service plans and shower records on 1/8/24 at 9:46 A.M.:

On the schedule for Tuesday, 12/12/23, Resident 4 received a shower according to documentation of "done" on the shower record.

Resident 4's service plan was reviewed and indicated she requires stand-by-assistance for transferring in/out of shower; steadying; washing self; drying self; shampooing/rinsing/drying hair; applying lotion; toenail and fingernail care.

On the same day, Resident 6 received a shower as documented by "done" on the shower record. Resident 6's service plan indicated the resident required assistance for transferring in/out; steadying; washing self; drying self; applying lotion.

On Thursday, 12/14/23, Resident 9 had a shower as documented "done". Resident 9's service plan indicated the resident requires assistance

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transferring in/out, steadying;
washing self.

The shower records contained no signatures indicating who gave the showers, no certified nurse aide was scheduled on 12/12/23 or 12/14/23.

Based on interview and record review, the facility failed to ensure that unlicensed employees providing more than limited assistance with the activities of daily living were either a certified nurse aide or a home health aide for 3 of 5 days reviewed for staffing.

Findings include:

On 1/4/24 at 10:15 A.M., a copy of the schedule for the week of December 10 to December 16, 2023 were obtained from the Administrator. During that week, no CNA's were scheduled to work on 12/12/23 or 12/14/23.

On 1/5/24 at 10:06 A.M. during an interview with the Administrator she indicated the Resident Assistants (RA's) do not perform direct resident care. She indicated that staff was cross trained for dietary, housekeeping and nursing departments.

During an interview with the Office Manager on 1/5/24 at 10:25 A.M., she indicated the Resident Assistant (RA) and Certified Nursing Assistant

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(CNA) job descriptions are the same. A copy of the job description both job descriptions were obtained and reviewed at that time.

The Office Manager indicated that on the job description were three items that indicated the employee is required to "prompt, cue, or assist*" with hygiene and grooming needs, bathing, dressing, and undressing as needed, and toileting as needed.

The job description when reviewed had an asterisk (*) after assist was followed by an explanation that indicated "*the amount of care given depends on employee certification level".

On 1/5/24 at 2:00 P.M., the Employee List provided by the Administrator was reviewed. The list included the following:

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1 part-time QMA (Qualified Medication Aide)

1 part-time CNA

1 CNA that works PRN (as needed)

2 full-time RA's

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3 part-time RA's

6 RA's that work PRN

On 1/8/24 at 9:40 A.M. QMA was working as a CNA, she indicated that staffing was usually one nurse and one RA, except at night there was one nurse scheduled.

During a review of resident records, service plans and shower records on 1/8/24 at 9:46 A.M.:

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Resident 4's service plan was reviewed and indicated she requires stand-by-assistance for transferring in/out of shower; steadying; washing self; drying self; shampooing/rinsing/drying hair; applying lotion; toenail and fingernail care.

On the same day, Resident 6 received a shower as documented by "done" on the shower record. Resident 6's service plan indicated the resident required assistance for transferring in/out; steadying; washing self; drying self; applying lotion.

On Thursday, 12/14/23, Resident 9 had a shower as documented "done". Resident

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	9's service plan indicated the resident requires assistance transferring in/out, steadying; washing self. The shower records contained no signatures indicating who gave the showers, no certified nurse aide was scheduled on 12/12/23 or 12/14/23.			
R 0273	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(f) (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. Based on observation, record review, and interview, the facility failed to ensure that food was labeled with the appropriate open and expiration date based on 2 of 2 observations of the kitchen. Food containers were found not labeled in spice cabinet, kitchen refrigerator, and salad preparation refrigerator in the kitchen area.(Kitchen) Findings include: During the initial tour of the kitchen, on 1/4/24 at 9:11 A.M., during an observation of the kitchen refrigerator the following was observed:	R 0273	R0273	01/09/2024

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OMB NO. 0938-0391

Strawberry jelly container had no open date and an expiration date of 11/21/23

Gallon size container of open mustard dated 3/14/23 with an expiration date of 7/10/23 also had dried residue under the lid

Gallon size container of liquid butter with no open date

Container of baked potatoes with preparation date of 12/31/23 with no use by date

On 1/4/24 at 9:24 A.M., in the produce refrigerator there was a 1/2 bag of blueberries observed open but not dated.

On 1/4/24 at 9:25 A.M., in the salad preparation refrigerator the following was observed:

ham date 12/20- with use by date of 12/25/23

pickles date 12/11/23- with a use by of 12/16/23

lemon slices date 12/28/23 -with a use by date of 1/2/24

tomatoes slices date 12/22/23- use date 12/25/23

On 1/4/24 at 9:28 A.M., on a spice rack near the stove the following was observed:

1 container of Peanut Butter was opened with no open date

updated to make policies on dating clearer and now includes that all spices are to have an open date on them. Staff have been inserviced and given a copy of the updated policy. All Staff has been educated using SERV Safe video and testing. More education will also follow through the Relias Training Program.

The corrective action taken to monitor to ensure the deficient practice will not recur is that the task sheets for "cooks" have been revised to include daily checks for expiration dates or used by dates. The task sheet for the Assistant Kitchen Manager has been revised to check all labels and expiration dates or use by dates on a daily basis. The Dietary Manager task sheets have been revised to include weekly checkups on labeling, expiration dates or use by dates. The Dietician will be invited in on a quarterly basis to do a complete kitchen inspection including labels, expiration and used by dates. The Quality Assurance Designee will monitor to ensure compliance weekly for a month, monthly for a quarter and quarterly for a year.

Daily Duty Sheet A.M

Cook

Date_____

Initials

_____ Fill dishwasher checking temperature and PH record results

_____ Fill sanitizer buckets and test

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OMB NO. 0938-0391

1 container of lemon pepper
paprika with no open date

1 container of crushed red
pepper with no open date

1 container of black pepper with
no open date

On 1/4/24 at 9:45 A.M., in the
spice cabinet next to the kitchen
refrigerator the following were
observed:

1 container of onion bacon
seasoning with no open date

1 container of basil leaves with
no open date

1 bag of Tortilla corn chips with
no open date but expiration date
of 12/20/23

1 container of ground nut met
with no open date

1 container of sprinkles with no
open date

1 container of sunflower kernels
with no open date

1 container of corn starch with
no open date

1 container of cinnamon with no
open date

1 container of cayenne pepper
with no open date

1 container of whole celery with
no open date

for PH (1 tab, 3 LT Luke warm
water) record results. Place 1 on
bus cart, place 1 on prep station,
place one under toaster table and
1 near veggie sink.

____ Empty out the dehumidifier

____ Fill ice cream machine let sit
20 minutes and check temps.
Make sure lids are on tight.

____ Check and record freezer,
ice cream machine and refrigerator
temps

____ Prepare breakfast

____ Fill prep station and dessert
Cart

____ Roll silverware if needed for
lunch

____ Prepare lunch Items in order
of cooking time and place on
steam table

____ Serve lunch

____ Wash all dishes from lunch

____ Wash and sanitize all
surfaces in the kitchen and
microwave and steam table and
convection oven including the
microwave table and toaster.

____ Run through the ice cream
drip tray and coffee drip tray

____ Wipe down stove completely
from top to bottom

____ Sweep the floor and mats

____ Prep for the next day
according to the Menus (if no menu
ask supervisor) Also make sure
there is a recipe for the menu if you
don't have one ask the supervisor.

____ Complete extra cleaning

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1 container of rub sage with no open date

1 container of thyme leaves with no open date

1 bottle of lemon oil with no open date date

1 container of ground ginger with no open date

On 1/8/24 at 8:32 A.M., the spices in the spice cabinet was still not dated and the Strawberry Jelly was still the kitchen refrigerator not dated.

During an interview on 1/4/24 at 9:16 A.M., the Kitchen Manager indicated once food is opened it will be be disposed of 5 days after it is open. The larger containers of condiments will be dated with open date and use by the expiration date.

During on interview on 1/8/24 at 8:32 A.M., the Kitchen Manager indicated that the meat had been mislabeled by an employee and has a 5 day expiration from time open. She also indicated that the facility would go by expiration for things such as Ranch dressing once it was opened

During this same time, Cook 2 indicated there should be an open date on all things such as spices and marked with the expiration date also. The Kitchen Manager at this time

designated to you according to the cleaning sheets given to you at the beginning of the month

_____ Make sure all temp logs are completed and correct

_____ Check in deliveries and put away any items that need frozen or refrigerated.

_____ Clean carts/ bleach is necessary. Run plastic mesh thru dish

tank.

_____ Wipe down prep table inside and out, on the Clean the back of it off along with the bread shelf.

_____ Clean the steam table including the sneeze guard and the wells.

_____ Clean the shelf next to the stove top and bottom

_____ Check the Refrigerators for out of date food. Visually inspect produce (if you won't eat it, do not serve it!!!!) wipe down the bottoms of the refrigerators

_____ Check storeroom and cabinets for out of date food and cooking ingredients

Please have a supervisor or a person designated by the supervisor to sign off daily before clocking out.

Signature of supervisor _____

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indicated she was not aware of this practice.

On 1/8/24 at 8:50 A.M., a current, undated policy "Labeling Storing and Dating Food" was received from the Kitchen Manager. The policy indicated "... always label food not stored in its original container... after opening or preparing food, mark the date or date on which the food needs to be served, sold, or tossed if you plan to hold for longer than 24 hours. Left overs should hold a 5 date from the date cooked on the label..."

Based on observation, record review, and interview, the facility failed to ensure that food was labeled with the appropriate open and expiration date based on 2 of 2 observations of the kitchen. Food containers were found not labeled in spice cabinet, kitchen refrigerator, and salad preparation refrigerator in the kitchen area.(Kitchen)

Findings include:

During the initial tour of the kitchen, on 1/4/24 at 9:11 A.M., during an observation of the kitchen refrigerator the following was observed:

Strawberry jelly container had no open date and an expiration date of 11/21/23

Gallon size container of open

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mustard dated 3/14/23 with an expiration date of 7/10/23 also had dried residue under the lid

Gallon size container of liquid butter with no open date

Container of baked potatoes with preparation date of 12/31/23 with no use by date

On 1/4/24 at 9:24 A.M., in the produce refrigerator there was a 1/2 bag of blueberries observed open but not dated.

On 1/4/24 at 9:25 A.M., in the salad preparation refrigerator the following was observed:

ham date 12/20- with use by date of 12/25/23

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tomatoes slices date 12/22/23- use date 12/25/23

On 1/4/24 at 9:28 A.M., on a spice rack near the stove the following was observed:

1 container of Peanut Butter was opened with no open date

1 container of lemon pepper paprika with no open date

1 container of crushed red pepper with no open date

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1 container of black pepper with
no open date

On 1/4/24 at 9:45 A.M., in the
spice cabinet next to the kitchen
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seasoning with no open date

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no open date but expiration date
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1 container of ground nut met
with no open date

1 container of sprinkles with no
open date

1 container of sunflower kernels
with no open date

1 container of corn starch with
no open date

1 container of cinnamon with no
open date

1 container of cayenne pepper
with no open date

1 container of whole celery with
no open date

1 container of rub sage with no
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1 container of thyme leaves with
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1 bottle of lemon oil with no open date date

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During this same time, Cook 2 indicated there should be an open date on all things such as spices and marked with the expiration date also. The Kitchen Manager at this time indicated she was not aware of this practice.

On 1/8/24 at 8:50 A.M., a current, undated policy "Labeling Storing and Dating

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Food" was received from the Kitchen Manager. The policy indicated "... always label food not stored in its original container... after opening or preparing food, mark the date or date on which the food needs to be served, sold, or tossed if you plan to hold for longer than 24 hours. Left overs should hold a 5 date from the date cooked on the label..."			
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

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