

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 09/07/2022	
NAME OF PROVIDER OR SUPPLIER ELKHART PLACE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2024 COUNTY ROAD 24, ELKHART, , 46517					
(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 the Investigation of Complaint IN00383576. Complaint IN00383576 - Substantiated. State Residential Findings related to the allegations are cited at R273. Survey date: September 7, 2022 Facility number: 004353 Residential Census: 36 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed 9/12/22.	R 0000	Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any				

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

			conclusions set forth in this allegation by the survey agency.	
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 the kitchen was maintained in a clean, sanitary manner and food was served in a sanitary fashion. This deficient practice potentially affected all 36 residents in the facility who consumed food. Finding includes: During the kitchen sanitation tour, conducted on 9/7/2022 between 11:30 - 11:50 A.M. the following was noted: Kitchen floors, especially underneath the kitchen prep tables, sink areas, the steam table and underneath the stoves, had a heavy accumulation of debris and dust. Along the walls by the covebase, there was an approximately 1 inch black	R 0273	R 273 Food and Nutritional Services - Deficiency	10/07/2022

grime noted on the floor.

In the dry storage room, there was an unidentified dehydrated object on the floor in the corner adjacent to the entrance door. In addition, there was a french fry and other debris noted on the floors underneath the shelves.

The open metal shelving, utilized to store food prep containers and pans and resident dishware had an accumulation of dust and dried food splatters and felt gritty to the touch.

The window sill above a food prep area contained a cheese grater, a rolling pin, wash rags, a partially used bag of marshmallows, the stand mixer attachment, a hammer and an employees cell phone and charger cord. There was an accumulation of dust, dead flies and cob webs on the windowsill.

There was dried red splatters noted on the bottom shelf of the beverage reach in refrigerator. The FSS (Food Serviced Supervisor) was noted to place new milk in plastic gallon containers on top of the unclean surface.

The outside of the reach in refrigerators had dried food splatters on them, especially on the vent area.

The floors in the kitchen and dry storage were cleaned on 9/14/2022 by the Executive Director (ED) and staff. Items were removed from the windowsill and the windowsill was cleaned on 9/14/2022 by the ED. The open metal shelving, inside and outside of the beverage refrigerator, the wall behind the food prep sink, the knife holder, the ceiling in front of food prep sink, the microwave, and the two sheet cake pans were cleaned on 9/14/2022 by the ED and staff. The turkey and ham were separated on 9/7/2022 by the cook and placed on the bottom shelf of the cooler. The cook was reeducated on 09/12/2022 by the ED on the need to ensure the kitchen is maintained in a clean, sanitary manner and food is served in a sanitary fashion.

2 How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:

An audit of the kitchen and an observational audit of meal service was completed 09/13/2022 by the ED to ensure

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

There were dried food splatters on the wall behind the food prep sink. In addition, there was a magnetic knife holder on the same wall with three knives and a pizza cutter on it. The knife holder also had food splatters.

There was a red splatter substance noted on the ceiling in front of the food prep sink.

The microwave was noted to have food debris, crumbs and splatters on the inside and outside

There were two large sheet cake pans with a lemon cake in them, dated 9/6 -9/8. The corners of the pans were noted to have a buildup of black baked on substance

There was a whole turkey thawing in the middle reach in refrigerator on the same pan as a roll of ham. The ham had been opened on one end.

During observation of the meal service, conducted on 9/7/2022 between 12:05 P.M. - 12:10 P.M., the following was observed:

The cook was wearing a pair of light blue disposable gloves and was noted to touch the outside of a potato chip bag, the refrigerator handle, the handle of a three shelf cart, several stacked paper menus and large serving trays with her gloves

the kitchen is maintained in a clean, sanitary manner and food is served in a sanitary fashion. Concerns identified were corrected.

3 What measure will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:

Current dietary staff were reeducated on 09/12/2022 by the ED on the need to ensure the kitchen is maintained in a clean, sanitary manner and food is served in a sanitary fashion.

4 How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:

Effective 10/3/2022, the ED or designee will complete an audit of the kitchen and observational audits of meal service to ensure the kitchen is maintained in a clean, sanitary manner and food is served in a

hands. She then, without changing her contaminated gloves, touched a hot dog bun to position it on a plate and then reached in a bowl with her gloved hands to obtain a handful of potato chips and place them on a plate. The FSS was standing in front of the cook and did not correct the procedure until notified by the surveyor.

During an interview with the FSS and the Administrator, conducted on 9/7/2022 at 1:30 P.M., they indicated the policy and procedure regarding the dietary department was to follow the IAC state guidelines. The FSS indicated she had provided a scoop and tongs to the cook after the issues were brought to her attention. The FSS also provided a dietary manual book which contained some policies and procedures and a copy of the Daily, Weekly and Bi-monthly Cleaning Checklist for August and September 2022.

The policy and procedure, titled "Cleaning and Sanitizing" indicated the following: "...It is important to clean food preparation and serving areas on a regular basis. Food Contact Surface means those surfaces of equipment and utensils upon which food is placed and those surfaces on which food may drip, drain or

sanitary fashion. The audits will occur 3 times per week for 4 weeks, 2 times per week for 4 weeks, then weekly for 4 weeks. Results of the audits will be reviewed at QI meeting. The QI Committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be on-going.

5 By what date the systemic changes will be completed

splash during preparation or service. Surfaces that come in contact with food must be washing, rinsed and sanitized: Each time the surfaces are used, each time another type of food is being worked with and as often as possible, but minimally every four hours if being used constantly...."

The policy and procedure, titled, "Safe Food Handling" included the following: "...During food preparation, food items that will not be cooked before being served should be handled with utensils or gloved hands..."

There was no specific instruction on changing gloves when contaminated...."

Review of the August 7 - September 6, completed cleaning schedule, indicated the following items were signed off as having been cleaned on a daily basis: "...Microwave, inside and out...Front of Freezer and Refrigerator, Counter Tops, after each change of task and end of each meal service...Dry Storage room swept daily or as needed....Floors - clean of visible debris. Mob daily or as needed...."

The following was signed as completed on a weekly basis: "...Inside Refrigerator- complete wipe down including shelves...."

The following was signed as

completed on a bi-monthly basis: "...Windows and Window sills....Wash wall behind Stove/Oven...."

This State Residential finding relates to Complaint IN00383576.

Based on observation, record review and interview, the facility failed to ensure the kitchen was maintained in a clean, sanitary manner and food was served in a sanitary fashion. This deficient practice potentially affected all 36 residents in the facility who consumed food.

Finding includes:

During the kitchen sanitation tour, conducted on 9/7/2022 between 11:30 - 11:50 A.M. the following was noted:

Kitchen floors, especially underneath the kitchen prep tables, sink areas, the steam table and underneath the stoves, had a heavy accumulation of debris and dust. Along the walls by the covebase, there was an approximately 1 inch black grime noted on the floor.

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

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

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

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

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

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	