

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 05/09/2024	
NAME OF PROVIDER OR SUPPLIER FIVE STAR RESIDENCES OF NOBLESVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 7235 RIVERWALK WAY N, NOBLESVILLE, , 46062					
(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: 5/8/24 and 5/9/24 Facility number: 004417 Residential Census: 84 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed May 17, 2024.	R 0000	Deficiency ID: R _ 0000 Completion Date: 6/9/24 Plan of Correction Text: The submission of this Plan of Correction does not constitute admission by this provider of any conclusion set forth in the statement of deficiencies or any violation of regulations. This provider respectfully requests that the 2567 Plan of Correction be considered for desk review in lieu of Post Survey Review.				
R 0120	Personnel - Noncompliance 410 IAC 16.2-5-1.4(e)(1-3)	R 0120		06/09/2024			

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	(e) There shall be an organized inservice education and training program planned in advance for all personnel in all departments at least annually. Training shall include, but is not limited to, residents' rights, prevention and control of infection, fire prevention, safety, accident prevention, the needs of specialized populations served, medication administration, and nursing care, when appropriate, as follows: (1) The frequency and content of inservice education and training programs shall be in accordance with the skills and knowledge of the facility personnel. For nursing personnel, this shall include at least eight (8) hours of inservice per calendar year and four (4) hours of inservice per calendar year for nonnursing personnel. (2) In addition to the above required inservice hours, staff who have contact with residents shall have a minimum of six (6) hours of dementia-specific training within six (6) months and three (3) hours annually thereafter to meet the needs or preferences, or both, of cognitively impaired residents effectively and to gain understanding of the current standards of care for residents with dementia. (3) Inservice records shall be maintained and shall indicate the following: (A) The time, date, and location. (B) The name of the instructor.		Deficiency ID:R _ 0120 Plan of Correction Text: Plan of Correction Text: 1. The facility will ensure that the deficient practice be corrected by conducting an audit of team members that have been employed over a period of one year, to ensure that they have the required dementia-specific training. Any team members out of compliance will be assigned the required dementia-specific training to ensure compliance measures are met. 2. The facility will monitor and insure that all newly hired team members receive the required six (6) hours of dementia-specific training within six (6) months of hire and an additional three (3) hours of dementia-specific training	
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(C) The title of the instructor.

(D) The names of the participants.

(E) The program content of inservice.

The employee will acknowledge attendance by written signature.

Based on record review and interview, the facility failed to ensure employees who had been employed for greater than one year had three hours of annual dementia training for 3 of 3 employee reviewed for annual dementia training (Dietary Aide 4, CNA 5, and Housekeeper 6)

Findings include:

Employee record review, completed 5/9/24 at 9:15 a.m., indicated Dietary Aide 4 (start date 7/8/15), and CNA 5 (start date 9/20/22), each had documentation of 1.50 hours for annual dementia training. Housekeeper 6 (start date 4/5/19) lacked documentation for annual dementia training.

During an interview on 5/9/31 at 2:45 p.m., the Administrator indicated dementia training happened during town hall trainings, but the time was not split up to designate the dementia portions from the rest of the training session.

A current facility policy, effective 8/1/18, titled, "Team Member

annually thereafter.

3. The Business Office Manager (BOM) and/or designee, in the absence of the BOM, will be responsible for overseeing and monitoring the training compliance, ensuring that the facility is meeting regulation requirements. The BOM and/or designee will ensure that team members are assigned the required amount of dementia-specific training at hire and annually.

4. Dementia specific training will be reviewed to ensure that compliance is met with each new hire and on-going of team members, annually to ensure that the training requirements are met.

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Records", provided by the Administrator on 5/9/24 at 2:37 p.m., indicated the following: "...Policy Statement: Five Star maintains records, including personnel files, separate medical/confidential files, and other records (collectively "Team Member Records") for all team members in accordance with federal, state, local laws, regulations and rules"

Based on record review and interview, the facility failed to ensure employees who had been employed for greater than one year had three hours of annual dementia training for 3 of 3 employee reviewed for annual dementia training (Dietary Aide 4, CNA 5, and Housekeeper 6)

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	of the training session. A current facility policy, effective 8/1/18, titled, "Team Member Records", provided by the Administrator on 5/9/24 at 2:37 p.m., indicated the following: "...Policy Statement: Five Star maintains records, including personnel files, separate medical/confidential files, and other records (collectively "Team Member Records") for all team members in accordance with federal, state, local laws, regulations and rules"			
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, interview, and record review, the facility failed to prepare and distribute food under sanitary conditions in the facility kitchen. Findings include: During a lunch service observation in the dining room, on 5/8/24 at 11:09 a.m., food service staff were observed walking throughout the dining room, carrying paper meal order	R 0273	Deficiency ID:R _ 0273 Plan of Correction Text: Plan of Correction Text: 1. Safe food handling and handwashing will be monitored daily for thirty (30) days to ensure that the deficient practice is corrected. The Food & Beverage Director (FB) and dietary team members will receive additional safe food handling and handwashing training per company policy. The Food & Beverage Director (FB) and dietary team members will be trained	06/09/2024

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OMB NO. 0938-0391

tickets. They moved from table to table taking individualized meal orders in a restaurant fashion. When taking the orders, they each touched the tickets with their hands and wrote on the tickets with ink or pencil. The meal order tickets were then taken into the kitchen.

During the lunch meal preparation and serving observation, on 5/8/24 at 11:11 a.m. to 11:23 a.m., the following was observed:

The Dietary Manager was preparing various sandwiches and placing them on plates. Using his gloved hands, he opened a bread bag and began removing slices of bread. Using the same gloves, he touched the meal tickets, which had been circulated and touched in the dining room. He continued serving and preparing meals using the same gloves. With the same gloves hands, he touched cheese, buns, bread, and more meal tickets. The Dietary Manager removed the gloves and washed his hands. Following the hand wash, he turned off the sink using his bare hands, dried his hands, and reapplied gloves. He returned to preparing and plating sandwiches. He touched the bread bag and meal tickets, resulting in his gloves being contaminated. With the same gloved hands, he touched

regarding handwashing between touching meal tickets and touching food or any other consumable items.

2. Safe food handling and handwashing will be observed daily for thirty (30) days to ensure compliance.

Team members not following the practice of safe food handling and handwashing will received additional training and corrective disciplinary action for any continued non-compliance.

3. The Food & Beverage Director (FBD) and/or designee, in the absence of the FBD, will be responsible for overseeing and monitoring the dietary department safe food handling and handwashing procedures/practice, to ensure that compliance and safe practices are being followed. Team members not following the practice of safe food handling and handwashing will received additional training and corrective disciplinary action for any continued non-compliance.

4. Dietary department compliance documents

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cheese, bread, buns, the outside of the chip bag, chips, and meal tickets. While plating food, he used the same gloves and reached for serving bowls. He grasped into the serving bowl, resulting in his gloved fingers making contact with the food contact surface of the bowls.

During an interview on 5/8/24 at 11:23 a.m., the Dietary Manager indicated he had not considered how his actions were contaminating his gloves and he would have to think of improved methods and use more utensils.

A current, 10/1/17, facility policy titled, "Hand Washing," provided by the Administrator on 5/9/24 at 9:06 a.m., indicated the following:

"...Turn water off with a dry paper towel (prevent hands from becoming recontaminated)...."

A current, 9/1/18, facility policy, titled , "Food Safety," provided by the Dietary Manager on 5/9/24 at 10:44 a.m., indicated the following:

will be monitored daily to ensure that team members compliant and that safe practices are being followed.

"...Food is prepared and served with clean tongs, scoops, forks, spoons, or other suitable implements so as to avoid manual contact of prepared foods with hands. ...If gloves are worn , they are clean, without tears and changed between tasks...."

Based on observation, interview, and record review, the facility failed to prepare and distribute food under sanitary conditions in the facility kitchen.

Findings include:

During a lunch service observation in the dining room, on 5/8/24 at 11:09 a.m., food service staff were observed walking throughout the dining room, carrying paper meal order tickets. They moved from table to table taking individualized meal orders in a restaurant fashion. When taking the orders, they each touched the tickets with their hands and wrote on the tickets with ink or pencil. The meal order tickets were then taken into the kitchen.

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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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