

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 12/15/2023	
NAME OF PROVIDER OR SUPPLIER WALKER PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 2216 N RILEY HWY, SHELBYVILLE, , 46176					
(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: December 14 and 15, 2023 Facility number: 004444 Residential Census: 23 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on December 21, 2023	R 0000	what corrective action will be accomplished for those residents found to have been affected by the deficient practice? Reeducation will be provided to the dietary staff regarding all policies and procedures that reflect this tag. How the facility will identify other residents having the potential to be affected by the same deficiency practice and what corrective action will be taken? The facility will check the logs daily to ensure accuracy and timeliness. Continuous education as needed for current and new staff. What measures will be put into place or what systemic				

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			changes the facility will make to ensure that the deficient practice does not recur? The facility will reeducate the dietary staff regarding the policies and procedures of cleanliness, disinfecting, and sterilizing equipment, as well as provide reeducation of the policies and procedures of temp logs. How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The Executive Director and Executive Chef will monitor the logs to ensure accuracy and timely temps. By what date the systemic changes will be completed. 12/29/2023	
R 0157	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(n)	R 0157	what corrective action will be accomplished for those residents found to have been affected by the deficient	12/28/2023

n) The facility shall develop, adopt, and implement written policies and procedures on cleaning, disinfecting, and sterilizing equipment used by more than one (1) person in a common area.

Based on interview, record review, and observation, the facility failed to implement a policy for keeping temperature logs up to date for the dishwasher, refrigeration units, and freezers. This had the potential to effect 23 of 23 residents.

Findings include:

Observation of the kitchen, on 12/14/2023 at 11:10 a.m., indicated that a record book was kept for temperature logs, including a "Kitchen Appliance Temperature Log" with boxes for the dishwasher, three refrigeration units, and three freezers. There was no log for December 2023. The last completed date for the Kitchen Appliance Temperature Log was on 11/17/2023.

An interview with the Dietary Manager on 12/14/2023 at 11:18 a.m. indicated they check temperatures daily for the refrigeration units, freezers, and dishwasher. She had not started a log for December 2023.

An interview with the Administrator on 12/15/2023 at 10:50 a.m. indicated it is her

practice?

Reeducation will be provided to the dietary staff regarding all policies and procedures that reflect this tag.

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

The facility will check the logs daily to ensure accuracy and timeliness. Continuous education as needed for current and new staff.

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

The facility will reeducate the dietary staff regarding the policies and procedures of cleanliness, disinfecting, and sterilizing equipment, as well as provide reeducation of the policies and procedures of temp logs.

expectation that temperatures are kept on the log and up to date.

A policy entitled, "DINING OPERATIONS BEST PRACTICES", was provided by the Director of Wellness on 12/14/2023 at 1:30 p.m. The policy indicated, "...Documentation and Record keeping: Maintain 3 months of accurate and up-to-date records related to food safety, including temperature logs...."

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The Executive Director and Executive Chef will monitor the logs to ensure accuracy and timely temps.

By what date the systemic changes will be completed.

12/29/2023

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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