

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 03/14/2024	
NAME OF PROVIDER OR SUPPLIER CEDAR CREEK OF FORT WAYNE		STREET ADDRESS, CITY, STATE, ZIP CODE 2116 BUTLER RD, FORT WAYNE, , 46815					
(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: March 12, 13 & 14, 2024. Facility number: 004686 Residential Census: 30 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed March 15, 2024	R 0000					
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 and	R 0273	R 273 1 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:			03/22/2024	

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interview, the facility failed to ensure foods were labeled after opening, hair was restrained, and hand hygiene was practiced. 30 of 30 residents residing in the facility received food prepared in the facility kitchen.

Findings include:

1. An observation of the kitchen began on 3/12/24 at 9:02 AM. Qualified Medication Aide 3 (QMA) was observed at a sink, rinsing out dishes. QMA 3 had shoulder length hair pulled back with a clip. QMA 3 was not wearing a hairnet.

At 9:06 AM, an unidentified employee came through the kitchen doors, walked to the middle of the kitchen, looked at the back of the kitchen, then turned around and walked out of the kitchen. The employee did not don a hairnet.

In an interview on 3/12/24 at 9:20 AM, the DM (Deitary Manager) indicated employees should be wearing a hairnet, when they are past the the back line to show how far they can go into the kitchen.

2. An observation of the kitchen began on 3/12/24 At 9:05 AM, during an observation of the reach in cooler, there was a clear plastic container. Inside the container were 15 small containers with lids. A label

No resident was found to have been

affected by this deficient practice. The Dining Manager educated on proper labeling and dating of food items. The items were discarded immediately upon findings and labeled correctly. The staff involved were educated in proper use of [hairnets](#), [handwashing](#), [labeling and discarding food and proper sanitation of food contact area during plating process](#).

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:

All residents had the potential to be affected by this deficient practice. All staff re-in serviced on 3/20 on hairnets, handwashing, labeling and discarding food and proper sanitation of food contact area during plating process.

3

What measure will be put into place or what systemic changes the facility will make to ensure that the

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indicated the containers were dressing with a prepared date of 2/9 and a use by date of 3/9. There was a bottle of salad dressing, Golden Italian dressing, with an open date of 2/3/24 and a use by date of 3/3/24. There was a bottle of salad dressing, California style red French, with an open date 1/22 and a use by date of 2/22. There was a bottle labeled mustard with an open date 1/11 and a use by date of 2/11. There was a bottle of unidentified salad dressing with an open date of 1/29/24 and a use by date of 2/29/24. There was a bottle of BBQ sauce with an open date of 1/25 with no used by date.

During an observation of the freezer on 3/12/24 at 9:19 AM, there was a bag of opened hash browns with no open or use by date.

In an interview on 3/12/24 at 9:20 AM, the DM (Deitary Manager) indicated there should be a used by date on all opened food packages.

3. During an observation on 3/12/24 at 11:41 AM kitchen, the DM, went to the sink, obtained a wet towel from the sanitation bucket, wrung out the towel and wiped off the countertop. She then placed the towel back into the sanitation bucket in the sink.

deficient practice
do not reoccur:

Dietary audit to be performed by the DM and cook weekly for eight weeks or until 100% compliance is achieved. The purpose of the audit will be to ensure deficient practices will not be repeated and that all dining practices are within the Cedarhurst policy and procedures.

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:

The Executive Director or designee will review audits weekly to ensure that not only are they being completed, but also that the proper corrective actions are taken in response to the audit's findings.

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She did not perform hand hygiene afterwards.

At 11:50 AM, the DM obtained a thermometer to temp food, then with ungloved, unsanitized hands, wiped the gage off with a alcohol wipe and placed the gage into the roast beef. She took the gage out, cleaned it with another alcohol wipe, then placed it into the mashed potatoes. After she took the temperature, she wiped gage with an alcohol wipe, placed it into the spinach, and took the temperature. She cleaned with the guage with an alcohol wipe, placed it into the substitute vegetables, took the temperature, then cleaned the guage again with an alcohol wipe and placed it into the gravy. The DM did not perform hand hygiene before or after temping the foods to be served.

At 11:55 AM, the DM was observed to obtain the same towel from the sanitation bucket, wipe off the counter and place the towel back into the bucket. She did not perform hand hygiene after wiping the counter. The DM then picked up stacks of clean plates off the top counter to start plating.

At 12:05 PM, the DM started to plate the resident's lunch, she plated two plates. There was a towel hanging from the handle of the middle drawer of the

5

By what date will the systemic changes be completed?

Date of compliance: 03/22/2024

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plating station. The DM grabbed the towel and cleaned the inside of the plate to be served, then placed the towel on the serving table. The towel was a visibly soiled with a pink and a dark discoloration on it. The DM picked the towel up again and cleaned off the inside rim of each resident's plate after plating it.

In an interview on 3/12/24 at 2:02 PM, the DM, indicated she should have washed her hands, but she just thought since she had used the sanitation bucket, she didn't think to wash her hands. She indicated she didn't see the towel was dirty, and there was a drawer with clean and folded towels that should be used.

A current facility policy, Code of dress and person appearance, was provided by the Administrator on 3/13/24 at 10:53 AM. The policy indicated..." 1. The following practices and guidelines will be enforced by the dinning services managers ...Hairnets, hair restraints and beard guards shall be worn. Hands shall be washed after touching face or hair...."

A current facility policy , date marking, was provided by the Administrator on 3/13/24 at 10:53 AM. The policy indicated..." All foods for more

than 24 hours will be properly labeled according to the following guidelines ...date marking for refrigerated storage food items ...once opened, all ready to eat, potentially hazardous food will be re-dated with a use by date according to current safe food storage guidelines or by the manufactures expiration date ...date marking for freezer storage food items: once opened, all ready to eat, potentially hazardous food will be re-dated with a use by date according to current safe food storage guidelines or by the manufactures expiration date ...prepared food or opened food items should be discarded when: the food item is leftover for more then 72 hours, the food items is older than the expiration date"

A current facility policy, Glove and hand washing, was provided by the Administrator on 3/13/24 at 10:53 AM. The policy indicated ..." all employees will wash hands upon entering the kitchen from any other location, after all breaks (including bathroom and smoking breaks, and between tasks. Hand washing should occur at a minimum of every hour"

Based on observation and interview, the facility failed to ensure foods were labeled after opening, hair was restrained,

and hand hygiene was practiced. 30 of 30 residents residing in the facility received food prepared in the facility 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