

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 08/30/2024	
NAME OF PROVIDER OR SUPPLIER COUNTRY CHARM		STREET ADDRESS, CITY, STATE, ZIP CODE 3177 MERIDIAN PARKE DR, GREENWOOD, , 46142					
(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. This visit included the Investigation of Complaints IN00439225, IN00440221, IN00440415, and IN00441587. Complaint IN00439225 - No deficiencies related to the allegations are cited. Complaint IN00440221 - No deficiencies related to the allegations are cited. Complaint IN00440415 - No deficiencies related to the allegations are cited. Complaint IN00441587 - No deficiencies related to the allegations are cited. Survey dates: August 29 and 30, 2024 Facility number: 011478 Residential Census: 84 These State Residential	R 0000					

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	Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed September 5, 2024.			
R 0217	Evaluation - Deficiency 410 IAC 16.2-5-2(e)(1-5) (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows: (1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident. (2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review. (3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request. (4) No identification and	R 0217	This Plan of Correction is submitted as required under State law. The submission of this Plan of Correction does not constitute an admission on the part of Country Charm as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. The submission of this Plan of Correction does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and procedures should be considered subsequent remedial measures, as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any judicial and/or administrative proceeding on that basis. The Community also submits this Plan of Correction with the intention that it be inadmissible by any third party in any	09/20/2024

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documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services. (5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided. Based on interview and record review, the facility failed to ensure a service plan was signed and dated by the resident or representative for 1 of 7 residents reviewed for service plans. (Resident 135) Finding includes: On 8/29/24 at 11:00 a.m., Resident 135's clinical record was reviewed. The diagnoses included, but were not limited to, bipolar disorder, schizophrenia, and adjustment disorder with anxiety. On 8/30/24 at 9:00 a.m., the Director of Nursing provided a copy of Resident 135's current Resident (functional) Assessment and corresponding service plan. A review of the assessment indicated it was completed on 4/28/24. The corresponding service plan was completed and signed by the Director of Nursing on 7/2/24. The service plan lacked	civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur? How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance	
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	Resident 135's (or representative's) review date and signature. During an interview on 8/30/24 at 10:25 a.m., the Director of Nursing indicated the facility completed the functional assessment on 4/28/24 and the service plan was signed by the Director of Nursing on 7/2/24. The facility was unable to locate Resident 135's (or representative) signed service plan. The facility should have obtained the applicable signature on the document. During an interview on 8/30/24 at 12:15 p.m., the Administrator indicated based on the resident assessment, the service plan was to be developed and reviewed with the resident (or representative). The service plan was to be signed and dated by the resident (or representative) and kept in the clinical record.		program will be put into place? By the date the systemic changes will be completed. R217 1 The Community reviewed each resident's record to determine which residents, if any, could be affected by the alleged deficient practice. 2 All current resident files will be audited to ensure compliance with the required resident or POA signatures are on the service plans. The Wellness Director will reach out to residents' or POA's weekly to ensure that all service plans are signed. 3 The Executive Director or designee will randomly audit 5 resident's files for signatures weekly x 4 weeks, then monthly thereafter to ensure	
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On 8/30/24 at 12:30 p.m., the Administrator provided a copy of the Service Planning Process, dated 8/2023, and indicated it was the current policy in use by the facility. A review of the document indicated, "...follow all state licensing regulation requirements regarding the service plan process...have all involved parties sign the finalized Resident Service Plan..."

Based on interview and record review, the facility failed to ensure a service plan was signed and dated by the resident or representative for 1 of 7 residents reviewed for service plans. (Resident 135)

Finding includes:

On 8/29/24 at 11:00 a.m., Resident 135's clinical record was reviewed. The diagnoses included, but were not limited to, bipolar disorder, schizophrenia, and adjustment disorder with anxiety.

On 8/30/24 at 9:00 a.m., the Director of Nursing provided a copy of Resident 135's current Resident (functional) Assessment and corresponding service plan. A review of the assessment indicated it was completed on 4/28/24. The corresponding service plan was completed and signed by the Director of Nursing on 7/2/24.

compliance.

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The service plan lacked Resident 135's (or representative's) review date and signature.

During an interview on 8/30/24 at 10:25 a.m., the Director of Nursing indicated the facility completed the functional assessment on 4/28/24 and the service plan was signed by the Director of Nursing on 7/2/24. The facility was unable to locate Resident 135's (or representative) signed service plan. The facility should have obtained the applicable signature on the document.

During an interview on 8/30/24 at 12:15 p.m., the Administrator indicated based on the resident assessment, the service plan was to be developed and reviewed with the resident (or representative). The service plan was to be signed and dated by the resident (or representative) and kept in the clinical record.

On 8/30/24 at 12:30 p.m., the Administrator provided a copy of the Service Planning Process, dated 8/2023, and indicated it was the current policy in use by the facility. A review of the document indicated, "...follow all state licensing regulation requirements regarding the service plan process...have all involved parties sign the finalized Resident Service

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	Plan..."			
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 ensure foods were served in a sanitary and safe manner for 4 of 4 kitchen observations. Staff hair was not covered while in the kitchen food preparation area. (Dietary Manager, Cook 2, Dietary Aide 3, Dietary Aide 4, and Dietary Server 5) Findings include: 1. During an initial kitchen observation with the Dietary Manager (DM), on 8/29/24 from 9:35 a.m. to 9:50 a.m., the following was observed: - The DM was observed walking through-out the kitchen area and the food preparation area where the noon meal service was being prepared. The DM was observed wearing a cap. The area between the bottom of the cap and the neck hair line area was observed to have	R 0273	This Plan of Correction is submitted as required under State law. The submission of this Plan of Correction does not constitute an admission on the part of Country Charm as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. The submission of this Plan of Correction does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and procedures should be considered subsequent remedial measures, as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any judicial and/or administrative proceeding on that basis. The Community also submits this Plan of Correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or	09/20/2024

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multiple loose hairs, approximately one-half inch in length, that were not covered.

2. During a follow-up kitchen observation on 8/29/24 from 11:15 a.m. to 11:40 a.m., the following was observed:

- Cook 2 was observed preparing the noon meal service at the food preparation and the stove area. Cook 2 was observed to have facial hair, approximately one-half inch in length, between the upper lip and below the nose area. The facial hair was observed to not be covered.

- The DM was observed walking through-out the kitchen area, near the food preparation and stove areas where the noon meal was being prepared. The DM was observed at the steamtable area taking the starting food temperatures for the noon meal service and plating the noon meal. The DM was observed wearing a cap. The area between the bottom of the cap and the neck hair line area was observed to have multiple loose hairs, approximately one-half inch in length, that were not covered.

- Dietary Aide 3 was observed walking through-out the kitchen area and near the food preparation area where the noon meal was being prepared.

shareholder of the Community or affiliated companies.

What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

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

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

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?

Dietary Aide 3 was observed to have multiple loose hairs, approximately three inches in length, in front of the ears and at the neck hair line area. The hair was observed to not be covered.

- Dietary Aide 4 was observed walking through-out the kitchen area and near the food preparation area where the noon meal was being prepared. Dietary Aide 4 was observed to have multiple loose hairs, approximately two inches in length, in front of the ears and at the neck hair line area. The hair was observed to not be covered.

- Dietary Server 5 was observed walking through-out the kitchen area and near the food preparation area where the noon meal was being prepared. Dietary Server 5 was observed to have multiple loose hairs, approximately two inches in length, at the neck hair line area. The hair was observed to not be covered.

3. During a follow-up kitchen observation on 8/29/24 from 12:25 p.m. to 12:30 p.m., the following was observed:

- The DM was observed walking through-out the kitchen area, near the food preparation and stove areas where the noon meal was being prepared. The

By the date the systemic changes will be completed.

R273

1 An all staff in-service will be conducted on hairnet use by 9/20/2024.

2 The Community reviewed each resident's record to determine which residents, if any, could be affected by the alleged deficient practice.

3 All new hires will be educated on the hair net policy.

DM was observed at the steamtable area plating the noon meal service and was taking the ending food temperatures for the noon meal service. The DM was observed wearing a cap. The area between the bottom of the cap and the neck hair line area was observed to have multiple loose hairs, approximately one-half inch in length, that were not covered.

- Cook 2 was observed preparing the noon meal service at the food preparation and the stove area. Cook 2 was observed wearing a face mask which covered the nose and mouth area. Cook 2 was observed to have facial hair, approximately one-half inch in length, between the face mask area and in front of the ears. The facial hair was observed to not be covered.

4. During a follow-up kitchen observation on 8/30/24 from 9:30 a.m. to 9:35 a.m., the following was observed:

- The DM was observed walking through-out the kitchen area, near the food preparation and stove areas where the noon meal was being prepared. The DM was observed wearing a cap. The area between the bottom of the cap and the neck hair line area was observed to have multiple loose hairs,

4 The executive director or designee will conduct random dietary audits weekly x 4 weeks, then monthly x 3 months, then quarterly thereafter to ensure compliance with hairnet usage.

5 Systematic changes
9/20/2024

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approximately one-half inch in length, were observed to not be covered.

- Cook 2 was observed preparing the noon meal service at the food preparation and the stove area. Cook 2 was observed wearing a hairnet that covered the top of his head to approximately 3 inches above the neck hair line. Below the hairnet to the neck line were multiple loose hairs. The hair, approximately three-fourths of an inch in length, were observed to not be covered.

During an interview on 8/29/24 at 12:33 p.m., the DM indicated dietary staff were to keep their hair completely covered when in the kitchen and around the food.

On 8/29/24 at 12:39 p.m., the DM provided an undated copy of a sign that was posted on the entrance door to the kitchen. A review of the sign indicated, "Hair nets and Beard Guards must be worn in the kitchen..."

On 8/29/24 at 12:39 p.m., the DM provided an undated copy of the Hair Restraint Policy and indicated it was the current policy in use by the facility. A review of the policy indicated, "...It is the policy of this Community that all dietary staff shall wear hair restraints (hairnets), including beard restraints if applicable, while in

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the kitchen and preparing meals."

On 8/29/24 at 3:30 p.m., a review of the Indiana Food Establishment Sanitation Requirements, Title 410 IAC 7-24, effective November 13, 2004, indicated, "...food employees shall wear hair restraints, such as hats, hair coverings or nets...that are designed and worn to effectively keep their hair from contacting...exposed food..."

Based on observation, interview, and record review, the facility failed to ensure foods were served in a sanitary and safe manner for 4 of 4 kitchen observations. Staff hair was not covered while in the kitchen food preparation area. (Dietary Manager, Cook 2, Dietary Aide 3, Dietary Aide 4, and Dietary Server 5)

Findings include:

1. During an initial kitchen observation with the Dietary Manager (DM), on 8/29/24 from 9:35 a.m. to 9:50 a.m., the following was observed:

- The DM was observed walking through-out the kitchen area and the food preparation area where the noon meal service was being prepared. The DM was observed wearing a cap. The area between the bottom of the cap and the neck hair line

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OMB NO. 0938-0391

area was observed to have multiple loose hairs, approximately one-half inch in length, that were not covered.

2. During a follow-up kitchen observation on 8/29/24 from 11:15 a.m. to 11:40 a.m., the following was observed:

- Cook 2 was observed preparing the noon meal service at the food preparation and the stove area. Cook 2 was observed to have facial hair, approximately one-half inch in length, between the upper lip and below the nose area. The facial hair was observed to not be covered.

- The DM was observed walking through-out the kitchen area, near the food preparation and stove areas where the noon meal was being prepared. The DM was observed at the steamtable area taking the starting food temperatures for the noon meal service and plating the noon meal. The DM was observed wearing a cap. The area between the bottom of the cap and the neck hair line area was observed to have multiple loose hairs, approximately one-half inch in length, that were not covered.

- Dietary Aide 3 was observed walking through-out the kitchen area and near the food preparation area where the

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noon meal was being prepared. Dietary Aide 3 was observed to have multiple loose hairs, approximately three inches in length, in front of the ears and at the neck hair line area. The hair was observed to not be covered.

- Dietary Aide 4 was observed walking through-out the kitchen area and near the food preparation area where the noon meal was being prepared. Dietary Aide 4 was observed to have multiple loose hairs, approximately two inches in length, in front of the ears and at the neck hair line area. The hair was observed to not be covered.

- Dietary Server 5 was observed walking through-out the kitchen area and near the food preparation area where the noon meal was being prepared. Dietary Server 5 was observed to have multiple loose hairs, approximately two inches in length, at the neck hair line area. The hair was observed to not be covered.

3. During a follow-up kitchen observation on 8/29/24 from 12:25 p.m. to 12:30 p.m., the following was observed:

- The DM was observed walking through-out the kitchen area, near the food preparation and stove areas where the noon

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meal was being prepared. The DM was observed at the steamtable area plating the noon meal service and was taking the ending food temperatures for the noon meal service. The DM was observed wearing a cap. The area between the bottom of the cap and the neck hair line area was observed to have multiple loose hairs, approximately one-half inch in length, that were not covered.

- Cook 2 was observed preparing the noon meal service at the food preparation and the stove area. Cook 2 was observed wearing a face mask which covered the nose and mouth area. Cook 2 was observed to have facial hair, approximately one-half inch in length, between the face mask area and in front of the ears. The facial hair was observed to not be covered.

4. During a follow-up kitchen observation on 8/30/24 from 9:30 a.m. to 9:35 a.m., the following was observed:

- The DM was observed walking through-out the kitchen area, near the food preparation and stove areas where the noon meal was being prepared. The DM was observed wearing a cap. The area between the bottom of the cap and the neck hair line area was observed to

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have multiple loose hairs, approximately one-half inch in length, were observed to not be covered.

- Cook 2 was observed preparing the noon meal service at the food preparation and the stove area. Cook 2 was observed wearing a hairnet that covered the top of his head to approximately 3 inches above the neck hair line. Below the hairnet to the neck line were multiple loose hairs. The hair, approximately three-fourths of an inch in length, were observed to not be covered.

During an interview on 8/29/24 at 12:33 p.m., the DM indicated dietary staff were to keep their hair completely covered when in the kitchen and around the food.

On 8/29/24 at 12:39 p.m., the DM provided an undated copy of a sign that was posted on the entrance door to the kitchen. A review of the sign indicated, "Hair nets and Beard Guards must be worn in the kitchen..."

On 8/29/24 at 12:39 p.m., the DM provided an undated copy of the Hair Restraint Policy and indicated it was the current policy in use by the facility. A review of the policy indicated, "...It is the policy of this Community that all dietary staff shall wear hair restraints (hairnets), including beard

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restraints if applicable, while in the kitchen and preparing meals."

On 8/29/24 at 3:30 p.m., a review of the Indiana Food Establishment Sanitation Requirements, Title 410 IAC 7-24, effective November 13, 2004, indicated, "...food employees shall wear hair restraints, such as hats, hair coverings or nets...that are designed and worn to effectively keep their hair from contacting...exposed food..."

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