STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
1019 SENIOR LIVING VERMILLION PLACE	449 MAIN ST, ANDERSON, , 46016

(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 IN00373881 and IN00372780. Complaint IN00373881 - Substantiated. State Residential Findings related to the allegations are cited at R0273, R0274 and R0407. Complaint IN00372780 - Substantiated. State Residential Findings related to the allegations are cited at R0273, R0274, and R0407. Survey date: March 3, 2022 Facility number: 011970 Residential Census: 26 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on March 8, 2022.	R 0000	Preparation and/or execution of this Plan of Correction in general or any corrective action set forth herein, in particular, does not constitute an admission or agreement by Vermillion Place of the facts alleged or the conclusions set forth in the statement of deficiencies The Plan of Correction and the specific corrective actions are prepared and/or executed solely because of provisions of state laws. Vermillion Place desires this Plan	

			of Correction to be considered the facility's Allegation of Compliance. Compliance is effective March 31, 2022. This building respectfully requests consideration for paper compliance from this Plan of Correction.	
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 interview, the facility failed to ensure food was served under safe sanitary practices regarding monitoring the temperature of walk-in freezers, walk in refrigerators, and diswashers, and cleaning stove drip pans and table mount can openers. Findings Include: During an interview on 3/3/22 at 10:20 a.m., interview, Cook &	R 0273	1. All residents have the potential to be affected by the alleged practice. The food preparation and serving areas will be maintained in accordance with the state regulations. Dishwasher temps will be taken and recorded when dish machine is used. Walk-in refrigerator temps are to be taken and recorded 2 times daily. Walk-in freezer temps are to be taken and recorded 2 times daily. Table mount can opener will be cleaned and added to the routine cleaning schedule. The stove top drip pans will be cleaned and added to the routine cleaning schedule. The kitchen cleaning schedule will be revised as needed and posted in dietary. Cook 7 will be reinserviced on the proper dietary procedures. 2. All residents have the potential to be affected by the alleged practice. The food preparation and serving areas will be maintained in accordance with the state regulations. Dishwasher temps will be taken and recorded when dish	03/31/2022

	indicated she was the person in charge of the facility at that point in time. She indicated she completed the schedule for the dietary department and completed the food ordering. She indicated she was not a Certified Dietary Manager. She did not have a Serve Safe certificate nor was she enrolled in any current or future program for either training. She indicated Co-Director 4 was in charge of the administrative over site of the facility. During a 3/3/22, 10:21 a.m., kitchen sanitation tour the following concerns were observed: a. During a 3/3/21, 10:22 a.m., interview, Cook 7 indicated the facility had not been maintaining any log of dishwasher temperatures. b. The walk-in refrigerator had an external temperature log dated August 2021. No temperatures had been recorded on the log since August 2021. During an interview on 3/3/22 at 10:28 a.m., Cook 7 indicated the facility had not been recording the temperatures of the walk-in refrigerator. c. The walk-in freezer had an external temperature log dated August 2021. No temperatures had been recorded on the log		machine is used. Walk-in refrigerator temps are to be taken and recorded 2 times daily. Walk-in freezer temps are to be taken and recorded 2 times daily. Table mount can opener will be cleaned and added to the routine cleaning schedule. The stove top drip pans will be cleaned and added to the routine cleaning schedule. The kitchen cleaning schedule will be revised as needed and posted in dietary. Cook 7 will be reinserviced on the proper dietary procedures. 3. The dietary department required temperatures, the cleaning of the table mounted can opener and the stove drip pan will be cleaned per the dietary cleaning schedule and at other times if needed. The Executive Director's Assistant, or their designee, will daily monitor these things. for 3 months, then weekly for 3 months. After 6 months the head day cook or their designee, will monitor the required temps and the cleaning schedule daily, and report these findings to the Executive Director's Assistant, or their designee weekly. 4.The Executive Director's Assistant, or their designee, will do the daily monitoring of the required items in the dietary department for 3 months, then weekly for 3 months. They will then continue to receive weekly reports from the Day Head Cook or their designee, to ensure the dietary department is continuing to do the corrections are required. If any issues are noted that the Executive Director's Assistant or their designee, cannot correct promptly they will notify the Administrator or their designee.	

since August 2021. During an interview on 3/3/22 at 10:28 a.m., Cook 7 indicated the facility had not been recording the temperatures of the walk-in refrigerator.

d. The large table-mounted can opener had a dark sticky residue on mount and on the cutting blade.

e. The stove drip pan located under the stove burners was lined with aluminum foil and covered in a dark brown and back burnt on liquid and various small pieces of burnt food. During an interview on 3/3/22 at 10:30 a.m., Cook 7 indicated she did not know there was a drip pan so it had not been cleaned.

f. During an interview on 3/3/22 at 10:31 a.m., interview, Cook 7 indicated the dietary department didn't have a cleaning schedule.

During an interview on 3/3/22 at 1:55 p.m., Co-Director 6 indicated 26 residents resided in the facility.

This residential tag relates to complaints IN00372780 and IN00373881.

Based on observation and interview, the facility failed to ensure food was served under safe sanitary practices regarding monitoring the temperature of walk-in freezers,

	walk in refrigerators, and diswashers, and cleaning stove drip pans and table mount can openers. Findings Include: During an interview on 3/3/22 at 10:20 a.m., interview, Cook & indicated she was the person in charge of the facility at that point in time. She indicated she completed the schedule for the dietary department and completed the food ordering. She indicated she was not a Certified Dietary Manager. She did not have a Serve Safe certificate nor was she enrolled in any current or future program for either training. She indicated Co-Director 4 was in charge of the administrative over site of the facility. During a 3/3/22, 10:21 a.m., kitchen sanitation tour the following concerns were observed: a. During a 3/3/21, 10:22 a.m., interview, Cook 7 indicated the facility had not been maintaining any log of dishwasher temperatures. b. The walk-in refrigerator had an external temperature log dated August 2021. No temperatures had been recorded on the log since August 2021. During an interview on 3/3/22 at 10:28 a.m., Cook 7 indicated the			

	facility had not been recording the temperatures of the walk-in refrigerator. c. The walk-in freezer had an external temperature log dated August 2021. No temperatures had been recorded on the log since August 2021. During an interview on 3/3/22 at 10:28 a.m., Cook 7 indicated the facility had not been recording the temperatures of the walk-in refrigerator. d. The large table-mounted can opener had a dark sticky residue on mount and on the cutting blade. e. The stove drip pan located under the stove burners was lined with aluminum foil and covered in a dark brown and back burnt on liquid and various small pieces of burnt food. During an interview on 3/3/22 at 10:30 a.m., Cook 7 indicated she did not know there was a drip pan so it had not been cleaned. f. During an interview on 3/3/22 at 10:31 a.m., interview, Cook 7 indicated the dietary department didn't have a cleaning schedule. During an interview on 3/3/22 at 1:55 p.m., Co-Director 6 indicated 26 residents resided in the facility. This residential tag relates to complaints IN00372780 and			

	IN00373881.			
R 0274	Food and Nutritional Services - Noncompliance 410 IAC 16.2-5-5.1(g)(1-3) (g) There shall be an organized food service department directed by a supervisor competent in food service management and knowledgeable in sanitation standards, food handling, food preparation, and meal service. (1) The supervisor must be one (1) of the following: (A) A dietitian. (B) A graduate or student enrolled in and within one (1) year from completing a division approved, minimum ninety (90) hour classroom instruction course that provides classroom instruction in food service supervision who has a minimum of one (1) year of experience in some aspect of institutional food service management. (C) A graduate of a dietetic technician program approved by the American Dietetic Association. (D) A graduate of an accredited college or university or within one (1) year of graduating from an accredited college or university with a degree in foods and nutrition or food administration with a minimum of one (1) year of experience in some aspect of food service management.	R 0274	1. All residents have the potential to be affected by the alleged practice. Staff has been enrolled in classes then they do not follow through. We thought we had hired a CDM but the employment did not happen. The Board of Director's Chairman, the Executive Director, the Executive Director's Assistant and the Administrator or their designees, will continue to try to hire a CDM. They will all put forth an ongoing effort to get a CDM hires as soon as possible. 2. All residents have the potential to be affected by the alleged practice. Staff has been enrolled in classes then they do not follow through. We thought we had hired a CDM but the employment did not happen. The Board of Director's Chairman, the Executive Director, the Executive Director's Assistant and the Administrator or their designees, will continue to try to hire a CDM. They will all put forth an ongoing effort to get a CDM hires as soon as possible.	04/15/2022

	(E) An individual with training and experience in food service supervision and management. (2) If the supervisor is not a dietitian, a dietitian shall provide consultant services on the premises at peak periods of operation on a regularly scheduled basis. (3) Food service staff shall be on duty to ensure proper food preparation, serving, and sanitation. Based on observation, interview, and record review, the facility failed to ensure the food services department was directed by a supervisor competent in food service management and knowledgeable in sanitation standards, food handling, food preparation, and meal service. Findings include: During an interview on 3/3/22 at 10:20 a.m., interview, Cook & indicated she was the person in charge of the facility at that point in time. She indicated she completed the schedule for the dietary department and completed the food ordering. She indicated she was not a Certified Dietary Manager. She did not have a ServSafe certificate nor was she enrolled in any current or future program for either training. She indicated Co-Director 4 was in charge of		3. The Executive Director's Assistant or their designee will again run ads for a CDM, they will also contact the Indiana Unemployment Office for any available candidates. This will be done weekly until a CDM is hired. Once a CDM is hired every effort will be made to continue their employment. Applications will be gone through and current employees assessed to see if anyone is appropriate to send to school to become a CDM. 4. The Executive Director or their designee will review all dietary applications to see if an appropriate CDM can be identified or a candidate to begin enrolment in training to become a CDM. The Executive Director or their designee and the Executive Director's Assistant, or their designee will meet weekly to review where they are on obtaining a CDM. The results of these meetings will be shared with the Administrator, or their designee, if they have not attended the meeting. The Administrator or their designee will assist the staff in obtaining a CDM and will meet with all appropriate applicants/hires to assist them in any way possible to ensure they will remain employed .	

	the administrative over site of the facility. During an interview on 3/3/22 at 1:50 p.m., Co-Director 4 indicated she had oversight of the dietary department in an administrative capacity and did not have any dietary certification, ServSafe certification or any other dietary training. She additionally indicated the facility did not employ a current Certified Dietary Manager nor did they have an employee enrolled in training to become a dietary manager. During an interview on 3/3/22 at 1:55 p.m., Co-Director 6 indicated 26 residents resided in the facility. A facility document titled, "List of Employees", which was provided by Co-Director 6 on 3/3/22 at 3:13 p.m., did not contain a listed Dietary Manager. This residential tag relates to complaints IN00372780 and IN00373881. Based on observation, interview, and record review, the facility failed to ensure the food services department was directed by a supervisor competent in food service management and knowledgeable in sanitation standards, food handling, food			

preparation, and meal service.

Findings include:

During an interview on 3/3/22 at 10:20 a.m., interview, Cook & indicated she was the person in charge of the facility at that point in time. She indicated she completed the schedule for the dietary department and completed the food ordering. She indicated she was not a Certified Dietary Manager. She did not have a ServSafe certificate nor was she enrolled in any current or future program for either training. She indicated Co-Director 4 was in charge of the administrative over site of the facility.

During an interview on 3/3/22 at 1:50 p.m., Co-Director 4 indicated she had oversight of the dietary department in an administrative capacity and did not have any dietary certification, ServSafe certification or any other dietary training. She additionally indicated the facility did not employ a current Certified Dietary Manager nor did they have an employee enrolled in training to become a dietary manager.

During an interview on 3/3/22 at 1:55 p.m., Co-Director 6 indicated 26 residents resided in the facility.

A facility document titled, "List of

	Employees", which was provided by Co-Director 6 on 3/3/22 at 3:13 p.m., did not contain a listed Dietary Manager. This residential tag relates to complaints IN00372780 and IN00373881.			
R 0407	Infection Control - Noncompliance 410 IAC 16.2-5-12(b)(1-4) (b) The facility must establish an infection control program that includes the following: (1) A system that enables the facility to analyze patterns of known infectious symptoms. (2) Provides orientation and in-service education on infection prevention and control, including universal precautions. (3) Offering health information to residents, including, but not limited to, infection transmission and immunizations. (4) Reporting communicable disease to public health authorities. Based on observation, interview and record review, the facility failed to ensure personal wore face masks in a manner to cover their nose for 3 of 7 staff observed for mask use (Laundry Employee 2, Dietary Aide 3, and Dietary Aide 5).	R 0407	1.All residents had the potential to be affected by the alleged practice. All staff who were observed to have not worn their facemasks in an appropriate manner to cover their noses will receive a one on one inservice on the proper manner to wear their face masks. This includes: laundry employee 2, dietary aide 3 and dietary aide 5. These employees will also receive a counseling report if it is noted that they have improperly worn their face masks. Inserving and counseling will be done by the Executive Director's Assistance, or their designee.	03/31/2022

Findings Include:

Laundry Employee 2 was observed during the following times in common areas of the facility with her mask not covering her nose:

a. On 3/3/22 at 10:00 a.m., she was in the front lobby/lounge were she greeted those who entered the facility and offered assistance.

b. On 3/3/22 at 10:18 a.m., she was in the hallway by dining area pushing a linen cart. Residents were observed traveling the hallway.

c. On 3/3/22 at 11:07 a.m., she was observed in the 100 hall resident room hallway outside the laundry room.

d. On 3/3/22 at 1:47 p.m., She was sitting at first floor hallway desk near the elevator with her mask under her nose. Residents were observed to travel in the area.

During an interview on 3/3/22 at 11:07 a.m., Laundry Employee 2 indicated she was aware she was supposed to wear a mask in a manner that covered her nose.

Dietary Aide 3 was observed during the following times completing facility tasks with her mask not covering her nose:

2. All residents had the potential to be affected by the alleged practice. All staff who were observed to have not worn their facemasks in an appropriate manner to cover their noses will receive a one on one inservice on the proper manner to wear their face masks. This includes: laundry employee 2, dietary aide 3 and dietary aide 5. These employees will also receive a counseling report if it is noted that they have improperly worn their face masks. Inserving and counseling will be done by the Executive Director's Assistance, or their designee.

3. The Executive Director, or their designee, the Executive Director's Assistant, or their designee, the DON, or their designee, the Administrator, or their designee, will monitor the staff to ensure they all wear their masks appropriately, which includes covering their noses. The Executive Director's Assistant, or their designee, will twice a day for 3 months, then daily for 3 months, monitor the staff who are on duty to ensure they are wearing their face masks appropriately, including covering their noses. At the end of 6 months if there appears to still be an issue with wearing face masks improperly, they will continue to monitor the staff daily for 3 more months or until there are no further problems.

4.The Executive Director's Assistant, or their designee, will twice a day for 3 months, then daily for 3 months, monitor the staff who are on duty to ensure they are wearing their face masks appropriately, including covering

	a. On 3/3/22 at 10:01 a.m., she was in the dining area near steam table. This area is open to the lounge and hallway were residents were sitting or moving about. b. On 3/3/22 at 10:21 a.m., she was in dietary department by the dishwashing area. There were other co-workers in the area. c. On 3/3/22 at 11:56 a.m., she was at salad bar preparing salads for residents During an interview on 3/3/22 at 12:03 p.m., Dietary Aide 3 indicated she was aware that her mask should cover both her mouth and nose while she was working. Dietary Aide 5 was observed on 3/3/22 at 10:30 a.m., in the food preparation table near the walk in freezer preparing food for lunch. Review of a current, 3/12/22, facility policy titled, "Dietary COVID-19 Policy", which was provided by Co-Director 6 on 3/3/22 at 1:55 p.m., indicated the following: "Dietary staff is to wear mask covering their nose and mouth at all times while in the building. This includes at all times in the kitchen and dining room while handling food, dishes etc..."		their noses. At the end of 6 months if there appears to still be an issue with wearing face masks improperly, they will continue to monitor the staff daily for 3 more months or until there are no further problems. If issues continue the Executive Director's Assistance or their designee will notify the Administrator, or their designee, for assistance in correcting the issues. Infection control inservices will continue to be given to the staff as required.	

Review of a current, 3/12/22, facility policy titled, "COVID-19 Policy", which was provided by Co-Director 6 on 3/3/22 at 1:55 p.m., indicated the following:

"All staff is to have mask on properly prior to entering the facility unless getting a new on here.... Masks are to be worn by staff of the facility except the front office, D.O.N. office, break room and laundry room unless a resident is present..."

This residential tag relates to complaints IN00372780 and IN00373881.

Based on observation, interview and record review, the facility failed to ensure personal wore face masks in a manner to cover their nose for 3 of 7 staff observed for mask use (Laundry Employee 2, Dietary Aide 3, and Dietary Aide 5).

Findings Include:

Laundry Employee 2 was observed during the following times in common areas of the facility with her mask not covering her nose:

a. On 3/3/22 at 10:00 a.m., she was in the front lobby/lounge were she greeted those who entered the facility and offered assistance.

b. On 3/3/22 at 10:18 a.m., she was in the hallway by dining

area pushing a linen cart. Residents were observed traveling the hallway.

c. On 3/3/22 at 11:07 a.m., she was observed in the 100 hall resident room hallway outside the laundry room.

d. On 3/3/22 at 1:47 p.m., She was sitting at first floor hallway desk near the elevator with her mask under her nose. Residents were observed to travel in the area.

During an interview on 3/3/22 at 11:07 a.m., Laundry Employee 2 indicated she was aware she was supposed to wear a mask in a manner that covered her nose.

Dietary Aide 3 was observed during the following times completing facility tasks with her mask not covering her nose:

a. On 3/3/22 at 10:01 a.m., she was in the dining area near steam table. This area is open to the lounge and hallway were residents were sitting or moving about.

b. On 3/3/22 at 10:21 a.m., she was in dietary department by the dishwashing area. There were other co-workers in the area.

c. On 3/3/22 at 11:56 a.m., she was at salad bar preparing salads for residents

During an interview on 3/3/22 at 12:03 p.m., Dietary Aide 3 indicated she was aware that her mask should cover both her mouth and nose while she was working.

Dietary Aide 5 was observed on 3/3/22 at 10:30 a.m., in the food preparation table near the walk in freezer preparing food for lunch.

Review of a current, 3/12/22, facility policy titled, "Dietary COVID-19 Policy", which was provided by Co-Director 6 on 3/3/22 at 1:55 p.m., indicated the following:

"Dietary staff is to wear mask covering their nose and mouth at all times while in the building. This includes at all times in the kitchen and dining room while handling food, dishes etc..."

Review of a current, 3/12/22, facility policy titled, "COVID-19 Policy", which was provided by Co-Director 6 on 3/3/22 at 1:55 p.m., indicated the following:

"All staff is to have mask on properly prior to entering the facility unless getting a new on here.... Masks are to be worn by staff of the facility except the front office, D.O.N. office, break room and laundry room unless a

	resident is present..." This residential tag relates to complaints IN00372780 and IN00373881.			

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