

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 04/14/2022
NAME OF PROVIDER OR SUPPLIER 1019 SENIOR LIVING VERMILLION PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 449 MAIN ST, ANDERSON, , 46016			
(X4) ID PREFIX TAG R 0000	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG R 0000	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE	
	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaints IN00373881 and IN372780 completed on 3/3/21. This visit was completed in conjunction with a Post Survey Revisit (PSR) to the Investigation of Complaint IN00371295 completed on 2/1/22. This visit was completd in conjunction a Post Survey Revisit (PSR) to the Residential COVID-19 Quality Assurance Walk Through completed on 12/15/21. Complaint IN00373881 - Not corrected. Complaint IN00372780 - Not corrected. Survey date: April 13 and 14, 2022 Facility number: 011970		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		

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	Residential Census: 25 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on April 22, 2022.		of Correction to be considered the facility's Allegation of Compliance. Compliance is effective May 6, 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, interview, and record review the facility failed to ensure the dishwasher rinse cycle reached a sanitizing temperature of 180 degrees Fahrenheit (F) or more for 3 of 3 dishwasher operations observed (4/13-9:37 a.m., 4/14-9:25 a.m., 4/14- 10:16 a.m.). This deficient practice had the potential to impact 25 of 25 residents who reside in the facility.	R 0273	1. All residents have the potential to be affected by the alleged deficient practice. The dishwasher will be repaired to ensure the rinse cycle reaches 180 degrees Fahrenheit. We assume the dishwasher will be repaired by May 6, 2022. If there is a problem getting parts to repair the machine it may take longer. The Dietary Manager has been instructed, verbally, by the Administrator, to fill out, or have a staff member fill out, the "Dishwasher Temperature Log", three times a day. This may be done by either the temperature reading from the external thermometer or by temperature test strips. 2. All residents have the potential to be affected by the alleged deficient practice. The dishwasher will be repaired to ensure the rinse cycle reaches 180 degrees Fahrenheit. The Dietary Manager has been instructed, verbally, by the Administrator, to fill out, or have a staff member fill out, the	05/06/2022

Findings include:

During a 4/13/22, 9:37 a.m. kitchen sanitation tour the "Dishwasher Temperature Log" was posted on the wall next to the dishwasher was blank and had no entries for the month of April 2022. After more than 3 attempts to reach temperature the dishwasher could not reach a rinse temperature of 180 degrees Fahrenheit or greater. The highest rinse temperature reached at this time was 169 degrees F. During an interview on 4/13/22 at 9:39 a.m., the Dietary Manager indicated rinse temperatures should be 150 degrees F or higher and rinse temperatures should be 180 degrees F or higher. He indicated the "Dishwasher Temperature Log" had not been completed because he was waiting for the temperature test strips he had ordered to come in. He also indicated there was an external thermometer read out, which monitored internal water temperatures, mounted on the outside on the dishwasher. He indicated these temperatures could have been recorded on the "Dishwasher Temperature Log."

"Dishwasher Temperature Log", three times a day. This may be done by either the temperature reading from the external thermometer or by temperature test strips.

3. The Dietary Manager, or their designee, will check the "Dishwasher Temperature Log" at the end of their shift, to ensure it has been completed for the day. If it has not been completed, the Dietary Manager, or their designee, will contact the person who has not completed the form and find out what the temperature of the Dish Machine was when they were doing the dishes. They will add this temperature to the "Dishwasher Temperature Log" with staff members initials followed by the Dietary Manager's, or their designee's, initials.

4. The Executive Director's Assistant, or their designee, will monitor the "Dishwasher Temperature Log" daily, for 3 months. Then they will monitor the Log twice a week for 3 months, then once a month for 6 months. If they note any uncompleted temperature areas on the Log, they will discuss this with the Dietary Manager, or their designee, if possible, the open temperature area will be completed. If, at any time, the open temperature area on the "Dishwasher Temperature Log" appears to be an ongoing problem, the Executive Director's Assistant, or their designee, will notify the Administrator for assistance in the correction of the issue.

During an observation on 4/14/22 at 9:25 a.m., the rinse water temperature on the dishwasher could not reach a temperature of greater than 173 degrees.

During an observation on 4/14/22 at 10:16 a.m., with the Dietary Manager operating the dishwasher, the rinse water temperature was 173 degrees F. During an interview at this time the Dietary Manager indicated he had not been able to get the rinse water temperature to reach a temperature of greater than 173 degrees F. He additionally indicated he believed the temperature would be acceptable because there was a soap that sanitized during the wash cycle. He indicated he did not realize the instructions on the side of the dishwasher indicated the machine must reach a rinse temperature of 180 degrees F in order to fully sanitize the dishes. Lastly he indicated, he had not informed anyone in administration in order to have a technician inspect the dishwasher for the cause of the low rinse temperatures.

The 4/2022 "Dishwasher Temperature Log", which was provided by the Dietary Manager on 4/14/22 at 10:16 a.m., indicated the following:
a. The instruction indicated,

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"Report any problems to your supervisor."

b. April 1 through 13 was blank for all three meals each day.

c. April 12 and 13 lacked any documented water temperatures for the breakfast meals.

d. The three meals which were recorded each had recorded rinse water temperatures of less than 180 degrees: Lunch 4/13/22-rinse 173 degrees F, Dinner 4/13/22-rinse 173 degrees F, and Lunch 4/14/22-rinse 172 degrees F.

During an observation on 4/14/22 at 12:08 p.m., the external manufacturer's instructions mounted on the outside of the dishwasher indicated rinse water temperatures must reach 150 degrees F and rinse water temperatures must reach 180 degrees F to ensure proper sanitation.

This deficient practice was cited during complaint investigations on 3/3/22. The facility failed to implement a systemic plan of correction.

Based on observation, interview, and record review the facility failed to ensure the dishwasher rinse cycle reached a sanitizing temperature of 180 degrees Fahrenheit (F) or more for 3 of 3 dishwasher operations

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FORM APPROVED

OMB NO. 0938-0391

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This deficient practice was cited during complaint investigations on 3/3/22. The facility failed to implement a systemic plan of correction.

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