

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:                      | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X3) DATE SURVEY COMPLETED<br>05/25/2022 |
| NAME OF PROVIDER OR SUPPLIER<br>1019 SENIOR LIVING VERMILLION PLACE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br>449 MAIN ST, ANDERSON, , 46016 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |
| (X4) ID PREFIX TAG<br>R 0000                                        | SUMMARY STATEMENT OF DEFICIENCIES...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ID PREFIX TAG<br>R 0000                                                 | PROVIDER'S PLAN OF CORRECTION...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X5) COMPLETION DATE                     |
|                                                                     | <p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to the PSR to the Investigation of Complaints IN00373881 and IN00372780 completed on 4/14/22.</p> <p>This visit was completed in conjunction with the PSR to the PSR to the Investigation of Complaints IN00371295 completed on 4/14/22.</p> <p>Complaint IN00373881 - Not corrected.</p> <p>Complaint IN00372780 - Not corrected.</p> <p>Complaint IN00371295- Corrected</p> <p>Survey dates: May 25, 2022</p> <p>Facility number: 011970</p> <p>Residential Census: 23</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> |                                                                         | <p>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 June 17, 2022. This building respectfully requests consideration for paper compliance from this Plan of Correction.</p> |                                          |

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|        | Quality review completed on May 31, 2022.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |
| R 0273 | <p>Food and Nutritional Services - Deficiency</p> <p>410 IAC 16.2-5-5.1(f)</p> <p>(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.</p> <p>Based on observation, interview, and record review the facility failed to ensure the dishwasher rinse cycle reach a sanitizing temperature of 180 degrees Fahrenheit (F) or more and a three compartment sink was tested for sanitizer levels. This deficient practice had the potential to impact 23 of 23 residents residing in the facility.</p> <p>Findings include:</p> <p>During an observation on 5/25/22 at 10:36 a.m., the kitchen had both a three compartment sink and a dishwasher. 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. Dietary Employee 2 was the only dietary employee</p> | R 0273 | <p>1. The dish machine has been repaired by Hobart Services on 5/27/2022, completed on 6/3/2022. Invoices sent by fax.</p> <p>2. All residents had the potential to be affected.</p> <p>2. The dish machine will be maintained in correct working order. Preventive maintenance will be done as indicated. Temps will be recorded as required per regulations. If any issues occur that indicate a problem with the machine a repair company will be called.</p> <p>4. The temps will be recorded as required by regulations. The Dietary Manager, or their designee, will monitor the temps. If any issues will the machines performance are noted the Dietary Manager, or their designee, will notify the Assistant Executive Director, or their designee. They will Notify the Maintenance Director, or their designee, to check the machine for repair. If the Maintenance Director, or their designee, cannot repair the machine, the Assistance Executive Director, or their designee, will call a repair co. to come in to repair the machine. The Assistance Executive Director, or their designee, will monitor the machine temps. daily for 1 month, then weekly for 2 months, then bi-weekly for 3 months. The Assistant Executive Director, or their designee, will continue to</p> | 06/17/2022 |

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FORM APPROVED

OMB NO. 0938-0391

in the kitchen during the observation. During this 5/25/22, 10:36 a.m., kitchen tour, the "Dishwasher Temperature Log" was posted on the wall next to the dishwasher. There were posted entries for May 1 through 25, 2022.

During an interview on 5/25/22 at 10:39 a.m., Dietary Employee 2 indicated she had washed the dishes used for breakfast using the three compartment sink. She indicated she had been instructed the night before to start using the three compartment sink to wash dishes. She indicated the sink was set-up for the soap and sanitizer to run in to the sink at the correct mixer. She had never been trained or instructed to test the sanitizer in the three compartment sink. She did not have test strips to test the sanitizing agent in the three compartment sink. She additionally indicated until this morning she had used the dishwasher every time she washed dishes for the entire month of May 2022. She indicated she did not record the dish temperatures on a dishwasher log; she believed it was the Dietary Managers job. She indicated the Dietary Manger was not working on 5/25/22. Lastly she indicated Dietary Employee 3 was the only other dietary employee working and she was in the

monitor the dish machine temps monthly to avoid any issues with the dish machine. The Assistant Executive Director, or their designee, will give a report to the Administrator, or their designee, monthly on the dish machine temps and its working condition.

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dining room.

During an interview on 5/25/22 at 10:43 a.m., Dietary Employee 3 indicated when she had washed dishes during the month of May 2022 she had used the dishwasher. She indicated she does not record the dishwasher temperature when she does dishes. She indicated she was unsure who recorded the temperatures.

The "Dishwasher Temperature Log" for May 1 to 25 (breakfast), 2022, which was provided Co-Director 1 on 5/25/22 at 10:48 a.m. indicated the following:

- a. Rinse temperatures must reach or exceed 180 degrees Fahrenheit (F).
- b. 73 of 73 recorded meals had documentation of dishwasher rinse cycle temperatures of less than 180 F.
- c. "Report any problems to your supervisor."

During an interview on 5/25/22 at 11:38 a.m., Co-Director 2 indicated she had reported the need for the dishwasher to be repaired to the CEO of the organization early in May 2022. She indicated she informed him she must have a credit card on file with the repair company for the repair company to dispatch a repair technician. Lastly she indicated the CEO had not

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provided a credit card number to be placed on file until 5/25/22.

This deficient practice was cited during both a Complaint Investigations survey on 3/3/22 and a Post Survey Revisit on 4/12/22. 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 reach a sanitizing temperature of 180 degrees Fahrenheit (F) or more and a three compartment sink was tested for sanitizer levels. This deficient practice had the potential to impact 23 of 23 residents residing in the facility.

Findings include:

During an observation on 5/25/22 at 10:36 a.m., the kitchen had both a three compartment sink and a dishwasher. 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. Dietary Employee 2 was the only dietary employee in the kitchen during the observation. During this 5/25/22, 10:36 a.m., kitchen tour, the "Dishwasher Temperature Log"

was posted on the wall next to the dishwasher. There were posted entries for May 1 through 25, 2022.

During an interview on 5/25/22 at 10:39 a.m., Dietary Employee 2 indicated she had washed the dishes used for breakfast using the three compartment sink. She indicated she had been instructed the night before to start using the three compartment sink to wash dishes. She indicated the sink was set-up for the soap and sanitizer to run in to the sink at the correct mixer. She had never been trained or instructed to test the sanitizer in the three compartment sink. She did not have test strips to test the sanitizing agent in the three compartment sink. She additionally indicated until this morning she had used the dishwasher every time she washed dishes for the entire month of May 2022. She indicated she did not record the dish temperatures on a dishwasher log; she believed it was the Dietary Managers job. She indicated the Dietary Manger was not working on 5/25/22. Lastly she indicated Dietary Employee 3 was the only other dietary employee working and she was in the dining room.

During an interview on 5/25/22 at 10:43 a.m., Dietary Employee

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3 indicated when she had washed dishes during the month of May 2022 she had used the dishwasher. She indicated she does not record the dishwasher temperature when she does dishes. She indicated she was unsure who recorded the temperatures.

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This deficient practice was cited

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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.) |  |  |  |
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| LABORATORY DIRECTOR'S OR<br>PROVIDER/SUPPLIER REPRESENTATIVE'S<br>SIGNATURE | TITLE | (X6) DATE |
|-----------------------------------------------------------------------------|-------|-----------|