| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | | A. BUILDING<br>B. WING | 11/16/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| CHAPTERS LIVING OF FLOYDS KNOBS | 3700 LAFAYETTE PKWY, FLOYDS KNOBS, , 47119 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES... | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION... | (X5) COMPLETION DATE |
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| R 0000 | INITIAL COMMENTS<br><br>This visit was for a State Residential Licensure Survey.<br><br>Survey date: November 16, 2021<br><br>Facility number: 012161<br><br>Residential Census: 41<br><br>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.<br><br>Quality review completed on November 22, 2021. | R 0000 | | |
| R 0156 | Sanitation and Safety Standards - Deficiency<br><br>410 IAC 16.2-5-1.5(m)<br><br>(m) The facility's food supplies shall meet the standards of 410 IAC 7-24.<br><br>Based on observation and interview, the facility failed to | R 0156 | 1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;<br><br>All expired food has been | 12/03/2021 |

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| | ensure proper dry food storage and monitoring of expiration dates, temperatures of refrigerators and the freezer. This deficient practice had the potential to effect all 41 residents residing in the facility.<br><br>Findings include:<br><br>On 11/16/21 at 9:36 a.m., kitchen observations included the following:<br><br>-Stand alone refrigerator in the kitchen area was not being monitored for temperatures. The last date indicated 11/1/21.<br><br>-A half gallon of milk, located in the stand alone refrigerator, had an expiration date of 11/15/21.<br><br>-The refrigerators' and freezer's internal temperatures were not being monitored and documented daily.<br><br>-In the dry goods room, 3 bags of cereal were cut at the corners and open to air.<br><br>-The gluten free wholesome flour bag was open to air and had an expiration date of 5/15/21.<br><br>-The xanthan gum (emulsifier and binder) container had an expiration date of 6/23/21. | | discarded. The open bags of cereal were also<br>discarded. All open containers have been<br>labeled with a discard date. Current refrigerator/freezer logs have been placed<br>on all units throughout the kitchen.<br><br>2)<br>How the facility will identify other residents having the potential to be<br>affected by the same deficient practice and what corrective action will be<br>taken;<br><br>All<br>refrigerators throughout the facility have been audited to ensure food items<br>are properly labeled and dated, if opened. Any non-compliance resulted in food<br>items being discarded. All refrigerator/freezer logs were checked to ensure<br>each are up to date. | |

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| | -The gluten free tortilla shells were crumbling and dry in a sealed plastic package.<br><br>-The gluten free cake mix had an expiration date of 6/13/21.<br><br>-In the walk in refrigerator, there was a pitcher of caramel topping on the shelf. It had a preparation date of 10/31/21. There was no discard date on the container.<br><br>-The large open jar of mayonnaise had no printed expiration or discard date on the jar.<br><br>The observation of the Pass Thru Fridge Temps log indicated the following:<br><br>-July 2021 lacked documentation of monitoring on 7/24/21, 7/30/21, and 7/31/21.<br><br>-August 2021 lacked documentation of monitoring on 8/15/21, 8/16/21, 8/19/21 through 8/31/21.<br><br>-September 2021 lacked documentation of monitoring on 9/4/21 thru 9/12/21, and 9/14/21 through 9/30/21.<br><br>-October 2021 lacked documentation of monitoring on 10/1/21 thru 10/3/21 and 10/5/21 through 10/31/21.<br><br>-November 2021 lacked documentation of monitoring | | 3)<br>What measures will be put into place or what systemic changes the facility will<br>make to ensure that the deficient practice does not recur;<br><br>In<br>an effort to ensure continued compliance, all staff will receive in-service<br>training on facility policy regarding “Storage of Foods Under Sanitary<br>Conditions and Equipment Temperatures”.<br><br>4)<br>How the corrective action(s) will be monitored to ensure the deficient practice<br>will not recur, i.e., what quality assurance program will be put into place;<br>and<br><br>As a means of corrective action, following in-service<br>training, the Administrator/designee shall be responsible to make rounds three (3)<br>times weekly to confirm compliance with foods being labeled/dated per policy and<br>all refrigerator/freezer logs are | |

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| | from 11/2/21 through 11/16/21.<br><br>The observation of the Refrigerator/Freezer Log indicated the following:<br><br>-July 2021 lacked documentation of monitoring on 7/5/21, 7/19/21, 7/24/21, 7/25/21, 7/30/21, and 7/31/21.<br><br>-August 2021 lacked documentation of monitoring on 8/17/21, 8/22/21, 8/23/21, 8/25/21, and 8/26/21.<br><br>-September 2021 lacked documentation of monitoring on 9/5/21, 9/7/21 through 9/9/21, 9/13/21, 9/15/21 through 9/19/21, 9/25/21, and 9/26/21.<br><br>-October 2021 lacked documentation of monitoring on 10/22/21, 10/27/21, 10/30/21, and 10/31/21.<br><br>-November 2021 lacked documentation of monitoring on 11/5/21, 11/9/21, 11/10/21, 11/13/21, and 11/14/21.<br><br>The Refrigerator/Freezer temperatures were within acceptable range at the time of the observations.<br><br>During an interview, on 11/16/21 at 9:37 a.m., the QMA (Qualified Medication Aide) 3, working in the kitchen, indicated it was the aide's responsibility to monitor the refrigerator and freezer temperatures, but if anyone saw | | complete for two weeks and weekly thereafter<br>for 8 weeks. Any concerns identified shall be corrected and staff<br>addressed/re-educated, as warranted. If after the 8 weeks no concerns are noted monitoring will cease. If concerns are noted monitoring will continue until 4 consecutive weeks of no concerns are found<br><br>5)<br>By what date the systemic changes will be completed.<br><br>12/3/21 | |

the need, they should do it. The expired milk was not used for residents to drink. The milk usually wasn't in the stand alone refrigerator.

During an interview, on 11/16/21 at 10:00 a.m., the ED (Executive Director) indicated the dietary manager would monitor the expiration dates of foods, but there hadn't been one for 3 months, so it was her job to monitor the dates. She hadn't kept up with it. She was unsure of the expiration date on the mayonnaise. She could not locate a date. She would have the expectation of staff to tape and date the cereal bags after opening them. They had been opened during the prior weekend. She had seen the expired milk yesterday, but didn't discard it. It was used only to cook, not served to residents.

The review on 11/16/21 at 1:30 p.m., of the Equipment Temperatures policy, dated 5/2018, and provided by the ED, on 11/16/21 at 12:32 p.m., included, but was not limited to, "... 3. The temperature of the unit should be recorded on the equipment temperature monitoring logs each shift. The head cook on each shift is responsible for recording this value..."

The review on 11/16/21 at 1:30 p.m., of the Storage of Dry

Foods policy, dated 5/2018, and provided by the ED, on 11/16/21 at 12:32 p.m., included, but was not limited to, "... 8. To keep food safe from pests it should be stored in air-tight covered containers (totes with locking handles)..."

The review on 11/16/21 at 1:30 p.m., of the Storage of Foods under Sanitary Conditions policy, dated 5/2018, and provided by the ED, on 11/16/21 at 12:32 p.m., included, but was not limited to, "... 3. Leftover foods should be placed in an approved storage container and should be discarded after three days..."

Based on observation and interview, the facility failed to ensure proper dry food storage and monitoring of expiration dates, temperatures of refrigerators and the freezer. This deficient practice had the potential to effect all 41 residents residing in the facility.

Findings include:

On 11/16/21 at 9:36 a.m., kitchen observations included the following:

-Stand alone refrigerator in the kitchen area was not being monitored for temperatures. The last date indicated 11/1/21.

-A half gallon of milk, located in the stand alone refrigerator, had

an expiration date of 11/15/21.

-The refrigerators' and freezer's internal temperatures were not being monitored and documented daily.

-In the dry goods room, 3 bags of cereal were cut at the corners and open to air.

-The gluten free wholesome flour bag was open to air and had an expiration date of 5/15/21.

-The xanthan gum (emulsifier and binder) container had an expiration date of 6/23/21.

-The gluten free tortilla shells were crumbling and dry in a sealed plastic package.

-The gluten free cake mix had an expiration date of 6/13/21.

-In the walk in refrigerator, there was a pitcher of caramel topping on the shelf. It had a preparation date of 10/31/21. There was no discard date on the container.

-The large open jar of mayonnaise had no printed expiration or discard date on the jar.

The observation of the Pass Thru Fridge Temps log indicated the following:

-July 2021 lacked

documentation of monitoring on 7/24/21, 7/30/21, and 7/31/21.

-August 2021 lacked documentation of monitoring on 8/15/21, 8/16/21, 8/19/21 through 8/31/21.

-September 2021 lacked documentation of monitoring on 9/4/21 thru 9/12/21, and 9/14/21 through 9/30/21.

-October 2021 lacked documentation of monitoring on 10/1/21 thru 10/3/21 and 10/5/21 through 10/31/21.

-November 2021 lacked documentation of monitoring from 11/2/21 through 11/16/21.

The observation of the Refrigerator/Freezer Log indicated the following:

-July 2021 lacked documentation of monitoring on 7/5/21, 7/19/21, 7/24/21, 7/25/21, 7/30/21, and 7/31/21.

-August 2021 lacked documentation of monitoring on 8/17/21, 8/22/21, 8/23/21, 8/25/21, and 8/26/21.

-September 2021 lacked documentation of monitoring on 9/5/21, 9/7/21 through 9/9/21, 9/13/21, 9/15/21 through 9/19/21, 9/25/21, and 9/26/21.

-October 2021 lacked documentation of monitoring on

10/22/21, 10/27/21, 10/30/21, and 10/31/21.

-November 2021 lacked documentation of monitoring on 11/5/21, 11/9/21, 11/10/21, 11/13/21, and 11/14/21.

The Refrigerator/Freezer temperatures were within acceptable range at the time of the observations.

During an interview, on 11/16/21 at 9:37 a.m., the QMA (Qualified Medication Aide) 3, working in the kitchen, indicated it was the aide's responsibility to monitor the refrigerator and freezer temperatures, but if anyone saw the need, they should do it. The expired milk was not used for residents to drink. The milk usually wasn't in the stand alone refrigerator.

During an interview, on 11/16/21 at 10:00 a.m., the ED (Executive Director) indicated the dietary manager would monitor the expiration dates of foods, but there hadn't been one for 3 months, so it was her job to monitor the dates. She hadn't kept up with it. She was unsure of the expiration date on the mayonnaise. She could not locate a date. She would have the expectation of staff to tape and date the cereal bags after opening them. They had been opened during the prior weekend. She had seen the

expired milk yesterday, but didn't discard it. It was used only to cook, not served to residents.

The review on 11/16/21 at 1:30 p.m., of the Equipment Temperatures policy, dated 5/2018, and provided by the ED, on 11/16/21 at 12:32 p.m., included, but was not limited to, "... 3. The temperature of the unit should be recorded on the equipment temperature monitoring logs each shift. The head cook on each shift is responsible for recording this value..."

The review on 11/16/21 at 1:30 p.m., of the Storage of Dry Foods policy, dated 5/2018, and provided by the ED, on 11/16/21 at 12:32 p.m., included, but was not limited to, "... 8. To keep food safe from pests it should be stored in air-tight covered containers (totes with locking handles)..."

The review on 11/16/21 at 1:30 p.m., of the Storage of Foods under Sanitary Conditions policy, dated 5/2018, and provided by the ED, on 11/16/21 at 12:32 p.m., included, but was not limited to, "... 3. Leftover foods should be placed in an approved storage container and should be discarded after three days..."

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| 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 |