

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 06/12/2024	
NAME OF PROVIDER OR SUPPLIER AUTUMN GLEN		STREET ADDRESS, CITY, STATE, ZIP CODE 98 NORTH 10TH STREET, GREENCASTLE, , 46135					
(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. Survey dates: June 11 and 12, 2024 Facility number: 013322 Residential Census: 45 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on June 18, 2024.	R 0000					
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,	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 Autumn Glen as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. The submission of this Plan of			06/13/2024	

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FORM APPROVED

OMB NO. 0938-0391

interview, and record review, the facility failed to ensure temperature logs were completed for the dishmachine and two freezers for 1 of 1 kitchen observations.

Findings include:

During the kitchen observation, on 6/11/24 at 9:49 a.m., the June 2024 temperature log for the dishmachine was observed on the wall next to the entrance door to the kitchen. The last recorded date of temperature was on the evening shift of 6/8/24. The log lacked documentation beyond 6/8/24.

During an observation of the breakfast freezer and the vegetable freezer, on 6/11/24 at 9:58 a.m., the June 2024 temperature logs were observed on the wall next to the two freezers. The last recorded temperatures on both logs were on the morning shift of 6/7/24. Both logs lacked documentation beyond 6/7/24.

During an interview, on 6/11/24 at 10:07 a.m., the Executive Director (ED) indicated her understanding was that the freezer temperatures had been checked, but the temperatures had not been placed on the logs. After the temperatures were checked, the logs should have been completed at that time.

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 shareholder of the Community or affiliated companies.

What corrective action(s) will be accomplished for those residents found to have been

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On 6/11/24 at 11:04 a.m., the ED provided a document, dated 7/1/22, titled, "Dish Machine Temperature Log," and indicated it was the policy currently being used by the facility. The policy indicated, "...Procedure: 1. Temperatures must be recorded during each meal period daily. 2. Record temperatures as indicated by thermometers on the dish machine...."

On 6/11/24 at 11:04 a.m., the ED provided a document, dated 7/1/22, titled, "Temperature Logs," and indicated it was the policy currently being used by the facility. The policy indicated, "...Procedure: ...2. Temperatures must be recorded a minimum of twice during each 24- hour period...."

Based on observation, interview, and record review, the facility failed to ensure temperature logs were completed for the dishmachine and two freezers for 1 of 1 kitchen observations.

Findings include:

During the kitchen observation, on 6/11/24 at 9:49 a.m., the June 2024 temperature log for the dishmachine was observed on the wall next to the entrance door to the kitchen. The last recorded date of temperature was on the evening shift of

affected by the deficient practice;

How the facility will 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?; and

By the date the systemic changes will be completed.

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6/8/24. The log lacked documentation beyond 6/8/24.

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On 6/11/24 at 11:04 a.m., the ED provided a document, dated

1 The temperature for the dish machine and the two freezers are being documented.

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

3 All staff will be in-serviced on the company's policy for maintaining temperature logs in the kitchen.

4 Dietary Director or designee will randomly audit kitchen for completion of temperature logs. Said audit will occur weekly for four weeks, and monthly for an additional five months.

5 Systemic changes will take place on June 13th 2024.

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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.)

LABORATORY DIRECTOR'S OR
PROVIDER/SUPPLIER REPRESENTATIVE'S
SIGNATURE

TITLE

(X6) DATE