STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	02/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRECKENRIDGE COMMONS	2009 NORTH HOSPITAL BLVD, SULLIVAN, , 47882

(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: February 21 and 22, 2024 Facility number: 013401 Residential Census: 18 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on February 28, 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	The submission of this plan of correction does not constitute an admission or an agreement of the truth of the facts or correction set forth on the statement of deficiencies.The Plan of Correction is prepared and submitted in accordance with requirements under state law.Please accept this plan of correction as our credible allegation of compliance.	02/23/2024

	interview, and record review, the facility failed to ensure proper handwashing during 1 of 1 kitchen observation. Finding includes: During the initial kitchen observation, on 2/21/24 at 10:25 a.m., the Dietary Manager turned the faucet off with her bare hands during handwashing. During an interview, on 2/21/24 at 10:27 a.m., the Dietary Manager indicated she should have used a paper towel as a barrier to turn off the faucet. She knew better than to turn the faucet off with her bare hand. On 2/21/24 at 11:10 a.m., the Administrator provided a document, dated 2023, titled, "Handwashing/Hand Hygiene," and indicated it was the policy currently being used by the facility. The policy indicated, "...Policy: ...Hand hygiene shall be maintained as per CDC (Centers for Disease Control and Prevention) guidance addressing handwashing...Handwashing Procedure: ...8. Turn off faucet with paper towel and discard paper towel. Remember, the handle is considered contaminated....' Based on observation, interview, and record review, the facility failed to ensure proper		The Dietary Manager acknowledged failure to use a paper towel as a barrier to turn off the faucet following handwashing. The Dietary Manager has received education regarding correct procedure with return demonstration. As all could be affected, the following measures have been taken. In an effort to ensure ongoing compliance with safe food handling standards, and in an effort of precaution relative to all situations which require handwashing, all staff have been re-educated as to handwashing procedure with return demonstration performed following training. As a means of quality assurance, the Administrator shall perform random handwashing competency observations in the dietary department weekly for four weeks, and then monthly thereafter for a minimum of six months. Should concerns be observed, corrective action shall be taken. Frequency of observationsshall be reviewed/revised as warranted on the basis of compliance.	

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PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		