

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/12/2023	
NAME OF PROVIDER OR SUPPLIER PRIMROSE OF MISHAWAKA		STREET ADDRESS, CITY, STATE, ZIP CODE 820 FULMER ROAD, MISHAWAKA, , 46544					
(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: July 11 and 12, 20023 Facility number: 013439 Residential Census: 45 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed July 18, 2023.	R 0000	The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. Due to the relative low scope and severity of this survey, the facility respectfully requests a desk review in lieu of a post-survey revisit.				
R 0154	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(k) (k) The facility shall keep all kitchens, kitchen areas, common dining areas, equipment, and utensils clean, free from litter and rubbish, and maintained in good repair in accordance with 410 IAC 7-24.	R 0154	1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; No Residents were affected by the deficient practice. The grates were removed, and power washed, and the surfaces were immediately cleaned with degreaser. The oven was cleaned outside and inside removing charred food debris and grease. The deep			07/27/2023	

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	Based on observation, interview, and record review, the facility failed to ensure kitchen cooking equipment was maintained clean in 1 of 1 kitchens observed. (Main Kitchen). Finding includes: During an observation, on 7/11/2023 at 10:35 A.M., the following was observed: -The stove top had two gas burners with grates and a grill. There was a heavy buildup of grease and food debris on both burner grates, and under the grates. -The grill had a buildup of grease and burnt food along the sides. -The outside of the oven had areas of yellow where grease had built up. -The inside of the oven had charred food debris on the bottom, and a buildup of grease throughout the inside of the oven. -The fryer had oil on the sides and front of fryer. -The inside of the fryer had a half inch ring of food debris floating in the oil along all four sides. During an interview, on		fryer was drained, cleaned outside and inside, and filled with clean grease. 2. How will other residents having the potential to be affected by the same deficient practice(s) be identified and what corrective action(s) will be taken. All residents had the potential to be affected. Daily, Weekly, and Monthly cleaning schedules have been assigned and will be performed by staff and audited by the dining manager or designee. 3. What measures will be put into place or what systemic changes will be made to ensure the deficient practice(s) does not recur; and Dining Manager will perform kitchen sanitation rounds that will include monitoring of the cleaning schedules and observation of surfaces to ensure they remain in a condition that is sanitary and compliant with all kitchen guidelines. Kitchen staff assigned Relias course Kitchen Sanitation and cleaning course and it is to be completed 30 days from 7/25/2023. Policy " Equipment Maintenance and Safety" was reviewed and no changes were made. 4. How will the corrective action(s) be monitored to ensure solutions are sustained and the deficient practice will not recur. A plan must be developed to make sure correction is achieved and sustained (i.e., what quality assurance program will be put into place);	
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	7/11/2023 at 10:36 A.M, the Director of Dining indicated that the equipment was not clean and should have been. On 7/12/2023 at 11:05 A.M., the Director of Dining provided an undated policy titled, "Equipment Maintenance and Safety", and indicated the policy was the one currently used by the facility. The policy indicated " ...Utensils, equipment, preparation surfaces, and the kitchen area must be always kept clean and must be maintained to be easily cleanable" Based on observation, interview, and record review, the facility failed to ensure kitchen cooking equipment was maintained clean in 1 of 1 kitchens observed. (Main Kitchen). Finding includes: During an observation, on 7/11/2023 at 10:35 A.M., the following was observed: -The stove top had two gas burners with grates and a grill. There was a heavy buildup of grease and food debris on both burner grates, and under the grates. -The grill had a buildup of grease and burnt food along the sides.		Ongoing compliance with corrective action will be monitored weekly by the dining manager for indefinite period of time. 5. By what date the corrective action(s) and/or systemic change(s) will be completed. The completion date must be within acceptable time frame The corrective action was completed on 7/27/2023	
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	-The outside of the oven had areas of yellow where grease had built up. -The inside of the oven had charred food debris on the bottom, and a buildup of grease throughout the inside of the oven. -The fryer had oil on the sides and front of fryer. -The inside of the fryer had a half inch ring of food debris floating in the oil along all four sides. During an interview, on 7/11/2023 at 10:36 A.M, the Director of Dining indicated that the equipment was not clean and should have been. On 7/12/2023 at 11:05 A.M., the Director of Dining provided an undated policy titled, "Equipment Maintenance and Safety", and indicated the policy was the one currently used by the facility. The policy indicated " ...Utensils, equipment, preparation surfaces, and the kitchen area must be always kept clean and must be maintained to be easily cleanable"			
R 0274	Food and Nutritional Services - Noncompliance 410 IAC 16.2-5-5.1(g)(1-3)	R 0274	1. What corrective action(s) will be accomplished for those residents found to have been affected by the	07/27/2023

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(g) There shall be an organized food service department directed by a supervisor competent in food service management and knowledgeable in sanitation standards, food handling, food preparation, and meal service. (1) The supervisor must be one (1) of the following: (A) A dietitian. (B) A graduate or student enrolled in and within one (1) year from completing a division approved, minimum ninety (90) hour classroom instruction course that provides classroom instruction in food service supervision who has a minimum of one (1) year of experience in some aspect of institutional food service management. (C) A graduate of a dietetic technician program approved by the American Dietetic Association. (D) A graduate of an accredited college or university or within one (1) year of graduating from an accredited college or university with a degree in foods and nutrition or food administration with a minimum of one (1) year of experience in some aspect of food service management. (E) An individual with training and experience in food service supervision and management. (2) If the supervisor is not a dietitian, a dietitian shall provide consultant services on the premises at peak periods of operation on a regularly scheduled	deficient practice; No residents were affected by the deficient practice. Staff were immediately educated on hygiene and proper serving practices. 2. How will other residents having the potential to be affected by the same deficient practice(s) be identified and what corrective action(s) will be taken; All residents had the potential to be affected. Staff were immediately educated on proper hand Sanitation during mealtimes. All staff assigned Relias course of "Customer Service in Dining Room" and Relias course "Infection control and Hand washing". Both courses are to be completed within 30 days of 7/27/2023 3. What measures will be put into place or what systemic changes will be made to ensure the deficient practice(s) does not recur; and	
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basis.

(3) Food service staff shall be on duty to ensure proper food preparation, serving, and sanitation.

Based on observation, interview and record review, the facility failed to handle dinner plates without placing thumbs on the plate surfaces, in 1 of 1 meals observed. This deficient practice had the potential to affect 45 of 45 residents who eat in the main dining room.

Finding includes:

During the meal service, on 7/11/2023 at 12:20 P. M., CNA 3 was observed to serve the plate with her thumb extending over the rim of the plate onto the plate surface.

During the meal service, on 7/11/2023 at 12:21 P.M., CNA 4 was observed to serve the plate with her thumb extending over the rim of the plate onto the plate surface.

During the meal service, on 7/11/2023 at 12:22 P.M., CNA 3 was observed to serve the plate with her thumb extending over the rim of the plate onto the plate surface.

During an interview, on 7/11/2023 at 12:25 P.M., CNA's 3 and 4 indicated they should not put their thumbs on the plate

Manager on Duty (MOD) during dining services will monitor staff during mealtimes to ensure appropriate hand placement while serving plates during meal service. MOD will also monitor staff to ensure hand washing is performed before and during meal service.

4. How will the corrective action(s) be monitored to ensure solutions are sustained and the deficient practice will not recur. A plan must be developed to make sure correction is achieved and sustained (i.e., what quality assurance program will be put into place);

MOD will perform daily monitoring of hand sanitation and hand placement during meal services for an indefinite period of time.

Any concerns will be addressed during QA.

5. By what date the corrective action(s) and/or systemic change(s) will be completed. The completion date must be within acceptable time

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surface.

A policy for safe food handling was requested on 7/12/2023, but one was not provided prior to the survey exit.

Based on observation, interview and record review, the facility failed to handle dinner plates without placing thumbs on the plate surfaces, in 1 of 1 meals observed. This deficient practice had the potential to affect 45 of 45 residents who eat in the main dining room.

Finding includes:

During the meal service, on 7/11/2023 at 12:20 P. M., CNA 3 was observed to serve the plate with her thumb extending over the rim of the plate onto the plate surface.

During the meal service, on 7/11/2023 at 12:21 P.M., CNA 4 was observed to serve the plate with her thumb extending over the rim of the plate onto the plate surface.

During the meal service, on 7/11/2023 at 12:22 P.M., CNA 3 was observed to serve the plate with her thumb extending over the rim of the plate onto the plate surface.

During an interview, on 7/11/2023 at 12:25 P.M., CNA's 3 and 4 indicated they should not put their thumbs on the plate

frame.

Compliant by: 7/27/2023

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	surface. A policy for safe food handling was requested on 7/12/2023, but one was not provided prior to the survey exit.			
R 0300	Pharmaceutical Services - Deficiency 410 IAC 16.2-5-6(c)(4) (4) Over-the-counter medications, prescription drugs, and biologicals used in the facility must be labeled in accordance with currently accepted professional principles and include the appropriate accessory and cautionary instructions and the expiration date. Based on observation, interview and record review, the facility failed to ensure loose pills were not in the medication cart and failed to date medications when opened in 1 of 2 medication storage areas observed. (1st floor Medication Cart) Finding includes: During a medication storage observation, on 7/12/2023 at 9:55 A.M., with LPN 7, the following were observed: -3 pills and 2 pieces of another pill were found in 2 medication drawers. -Two (2) opened and undated	R 0300	1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; No Residents were affected by the deficient practice. The carts were searched and all loose pills were removed and destroyed in the cart and all medications were properly dated and labeled. Staff immediately educated on policy of Medication Storage. 2. How will other residents having the potential to be affected by the same deficient practice(s) be identified and what corrective action(s) will be taken;	07/19/2023

bottles of Miralax (laxative powder).

-An opened and undated bottle of antacid tablets.

During an interview, on 7/12/2023 at 10:10 A.M., LPN 7 indicated the loose pills should not be in the medication cart and the medications should have had a date when opened.

On 7/12/2023 at 11:05 A.M., the Administrator provided the policy titled, "Medication Storage", dated 12/10/2021, and indicated the policy was the one currently used by the facility. The policy indicated "... G. Medications that are discontinued, expired, contaminated, or deteriorated, and those that are in containers that are cracked, soiled, or without secure closures, are immediately removed from the locked medication storage area and disposed of...."

Based on observation, interview and record review, the facility failed to ensure loose pills were not in the medication cart and failed to date medications when opened in 1 of 2 medication storage areas observed. (1st floor Medication Cart)

Finding includes:

During a medication storage observation, on 7/12/2023 at 9:55 A.M., with LPN 7, the

All residents had the potential to be affected by the deficient practice.

All medication carts will be audited for proper labeling, and loose pills.

3. What measures will be put into place or what systemic changes will be made to ensure the deficient practice(s) does not recur; and

The DON or designee will audit all medication carts and storage areas for

improperly labeled medications and loose medications. Policy "Medication Storage" dated 12/10/2021 was reviewed and no changes were made.

4. How will the corrective action(s) be monitored to ensure solutions are sustained and the deficient practice will not recur. A plan must be developed to make sure correction is achieved and sustained (i.e., what quality assurance program will be put into place);

following were observed:

-3 pills and 2 pieces of another pill were found in 2 medication drawers.

-Two (2) opened and undated bottles of Miralax (laxative powder).

-An opened and undated bottle of antacid tablets.

During an interview, on 7/12/2023 at 10:10 A.M., LPN 7 indicated the loose pills should not be in the medication cart and the medications should have had a date when opened.

On 7/12/2023 at 11:05 A.M., the Administrator provided the policy titled, "Medication Storage", dated 12/10/2021, and indicated the policy was the one currently used by the facility. The policy indicated "... G. Medications that are discontinued, expired, contaminated, or deteriorated, and those that are in containers that are cracked, soiled, or without secure closures, are immediately removed from the locked medication storage area and disposed of...."

Medication carts will be audited weekly for the first 2 months and then monthly thereafter for an indefinite time period. Any concerns found will be brought to QA and will be addressed.

5. By what date the corrective action(s) and/or systemic change(s) will be completed. The completion date must be within acceptable time frame

Corrected on 7/19/2023 .Audits were initiated on 7/19 /2023 and will continue weekly for 2 months and then monthly thereafter for indefinite time period.

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