

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 11/23/2022
NAME OF PROVIDER OR SUPPLIER GENTRY PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 901 S HASTINGS DR, BLOOMINGTON, , 47401		
(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 Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on August 9, 2022. This visit was in conjunction with a PSR to the Investigation of Complaint IN00388861 completed on August 29, 2022. This visit was in conjunction with a PSR to the Investigation of Complaint IN00389858 completed on September 27, 2022. This visit was in conjunction with a PSR to the Investigation of Complaint IN00391488 completed on October 6, 2022, which resulted in unrelated deficiencies. This visit was in conjunction with the Investigation of Complaints IN00392792 and Complaint IN00394221.	R 0000		

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	Complaint IN00388861 - Corrected. Complaint IN00389858 - Corrected. Complaint IN00391488 - Corrected. Complaint IN00394221 - Unsubstantiated due to lack of evidence. Complaint IN00392792 - Unsubstantiated due to lack of evidence. Survey dates: November 22 and 23, 2022 Facility number: 013766 Residential Census: 91 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed November 30, 2022.			
R 0144	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(a) (a) The facility shall be clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents. During observation, interview,	R 0144	The facility will be clean, orderly and in a state of good repair. What corrective action will be accomplished for those residents found to be	01/06/2023

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and record review, the facility failed to ensure a clean and sanitary environment after the carpet and hardwood floors were observed to be dirty for 2 of 2 days during the survey. (East Hallway, Memory Care Unit)

Findings include:

On 11/22/2022 at 10:00 a.m., during an initial tour of the facility, the floors on the east hallway and the Memory Care Unit were observed to be dirty with debris. The carpet had loose debris and the hardwood floors had a dried, black substance embedded into them along with loose debris.

On 11/23/2022 at 9:45 a.m., the floors on the east hallway and the Memory Care Unit were observed to be dirty with debris. The carpet had loose debris and the hardwood floors had a dried, black substance embedded into them along with loose debris.

During an interview on 11/22/2022 at 10:15 a.m., a family member for Resident 8 indicated the floors in the facility were almost always dirty.

During an interview on 11/22/2022 at 2:45 p.m., the ED and Director of Wellness (DOW) indicated the facility had not completed the audits from the annual State Residential

affected ?

No residents were found to be affected.

How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken ?

The practice will be corrected and monitored so that no residents will be affected beginning 1/6/2023.

What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?

A housekeeping schedule will be made, training will be conducted for all staff. Supervision for availability or cleaning supplies and completion of cleaning tasks will be implemented and monitored on a daily basis to ensure cleanliness.

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	Licensure Survey dated, 8/9/2022. On 11/23/2022 at 1:15 p.m., the Director of Wellness provided the facility policy, "Housekeeping Procedures" with a revised date of 1/1/2019, and indicated it was the policy currently being used by the facility. A review of the policy indicated, "... Daily ... Vacuum carpets and pick up any clutter in all common areas (hallways, living/activity areas, dining room, etc ..." This deficiency was cited on August 9, 2022. The facility failed to implement a systemic plan of correction to prevent recurrence. During observation, interview, and record review, the facility failed to ensure a clean and sanitary environment after the carpet and hardwood floors were observed to be dirty for 2 of 2 days during the survey. (East Hallway, Memory Care Unit) Findings include: On 11/22/2022 at 10:00 a.m., during an initial tour of the facility, the floors on the east hallway and the Memory Care Unit were observed to be dirty with debris. The carpet had loose debris and the hardwood floors had a dried, black substance embedded into them		How the corrective action will be monitored? The Plant Ops Director is responsible to ensure adequate staffing to meet cleaning needs and to supervise that cleaning tasks are completed on a daily basis. The Assistant Executive Director and the Executive Director will complete daily rounds to monitor that any cleaning needs are promptly addressed. Effective date 1/6/2023.	
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along with loose debris.

On 11/23/2022 at 9:45 a.m., the floors on the east hallway and the Memory Care Unit were observed to be dirty with debris. The carpet had loose debris and the hardwood floors had a dried, black substance embedded into them along with loose debris.

During an interview on 11/22/2022 at 10:15 a.m., a family member for Resident 8 indicated the floors in the facility were almost always dirty.

During an interview on 11/22/2022 at 2:45 p.m., the ED and Director of Wellness (DOW) indicated the facility had not completed the audits from the annual State Residential Licensure Survey dated, 8/9/2022.

On 11/23/2022 at 1:15 p.m., the Director of Wellness provided the facility policy, "Housekeeping Procedures" with a revised date of 1/1/2019, and indicated it was the policy currently being used by the facility. A review of the policy indicated, "... Daily ... Vacuum carpets and pick up any clutter in all common areas (hallways, living/activity areas, dining room, etc ..."

This deficiency was cited on August 9, 2022. The facility failed to implement a systemic

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	plan of correction to prevent recurrence.			
R 0151	Sanitation & Safety Standards -Noncompliance 410 IAC 16.2-5-1.5(h) (h) Any pet housed in a facility shall have periodic veterinary examinations and required immunizations. Based on observation, interview, and record review, the facility failed to ensure an annual veterinary examination was completed for 3 of 3 residents reviewed for annual veterinary examinations. (Resident 4, Resident 5, Resident 12) Findings include: On 11/22/2022 at 11:30 a.m., the Executive Director (ED) provided a list of pets housed inside the facility. A review of the animal vaccinations indicated the following: 1. Resident 4 housed a cat. There was no documentation of the cat having had an annual veterinary examination. 2. Resident 5 housed 3 cats. There was no documentation of the cats having had an annual veterinary examination. 3. Resident 12 housed a dog.	R 0151	The facility will ensure that pets have their required immunizations. What corrective action will be accomplished for those residents found to be affected? No residents were found to be affected. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? The practice will be corrected and maintained in compliance. An audit will be conducted and placed on a schedule to ensure that pets vaccination records are current. What measures will be put into place or what systemic changes will be made to ensure that the deficient	01/12/2023

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There was no documentation of the dog having had an annual veterinary examination.

During an interview on 11/22/2022 at 2:45 p.m., the ED and Director of Wellness (DOW) indicated the facility had not received updated pet vaccinations for Resident 4, Resident 5 and Resident 12 and, the facility had not completed the audits from the annual State Residential Licensure Survey dated, 8/9/2022.

On 11/23/2022 at 1:15 p.m., the DOW provided the policy titled, "Resident Pet Policy" dated 6/24/2021, and indicated it was the one currently being used by the facility. A review of policy did not indicate having an annual veterinary examination on file.

This deficiency was cited on August 9, 2022. The facility failed to implement a systemic plan of correction to prevent recurrence.

Based on observation, interview, and record review, the facility failed to ensure an annual veterinary examination was completed for 3 of 3 residents reviewed for annual veterinary examinations. (Resident 4, Resident 5, Resident 12)

Findings include:

practice does not recur?

The pets vaccinations will be completed to be current. A record and schedule will be kept and monitored on a monthly basis to ensure continued compliance. The Executive Director will ensure that existing pet records are current and that any new pets coming into the facility are in compliance.

How the corrective action will be monitored ?

The Executive Director will maintain a pet vaccination record audit and monitor monthly to ensure completion and compliance.

Effective date 1/12/2023

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On 11/22/2022 at 11:30 a.m., the Executive Director (ED) provided a list of pets housed inside the facility. A review of the animal vaccinations indicated the following:

1. Resident 4 housed a cat. There was no documentation of the cat having had an annual veterinary examination.
2. Resident 5 housed 3 cats. There was no documentation of the cats having had an annual veterinary examination.
3. Resident 12 housed a dog. There was no documentation of the dog having had an annual veterinary examination.

During an interview on 11/22/2022 at 2:45 p.m., the ED and Director of Wellness (DOW) indicated the facility had not received updated pet vaccinations for Resident 4, Resident 5 and Resident 12 and, the facility had not completed the audits from the annual State Residential Licensure Survey dated, 8/9/2022.

On 11/23/2022 at 1:15 p.m., the DOW provided the policy titled, "Resident Pet Policy" dated 6/24/2021, and indicated it was the one currently being used by the facility. A review of policy did not indicate having an annual veterinary examination on file.

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	This deficiency was cited on August 9, 2022. The facility failed to implement a systemic plan of correction to prevent recurrence.			
R 0274	Food and Nutritional Services - Noncompliance 410 IAC 16.2-5-5.1(g)(1-3) (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	R 0274	What corrective action will be accomplished for those residents found to be affected? No residents were found to be affected. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken? The heated tray holding cart will be kept in clean and sanitary condition. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? A cleaning schedule will be kept, staff will be trained and completion of	01/06/2023

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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 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 ensure staff maintained a heated tray holding cart in a clean manner for 1 of 1 heated tray cart on the Memory Care unit.

Finding include:

On 11/22/22 at 11:00 a.m., a heated tray holding cart was observed on the Memory Care unit with food particles and spills along the bottom and outside.

On 11/23/22 at 10:09 a.m., a heated tray holding cart was observed on the Memory Care unit with food particles and spills along the bottom and outside.

During an interview on 11/23/22 at 1:30 p.m., the Assistant Executive Director indicated the

cleaning tasks will be monitored to ensure cleanliness at all times.

How the corrective action will be monitored?

The heated tray holding cart will be cleaned on a daily basis and monitored on a weekly basis to ensure cleanliness. The Culinary Director is responsible to assign cleaning tasks and ensure cleanliness. The Executive Director will make periodic checks to ensure proper cleaning is completed.

Effective date 1/6/2023.

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facility had not completed any audits for their annual survey plan of correction.

On 11/23/22 at 1:45 p.m., the Executive Director provided the policy, "CULINARY POLICIES & PROCEDURES," dated 2015, and indicated it was the policy currently being used. A review of the policy indicated, "... Cleaning Schedule ... A Culinary Department cleaning schedule ... to ensure all areas of the kitchen and Culinary department are maintained in cleanliness ..."

This deficiency was cited on August 9, 2022. The facility failed to implement a systemic plan of correction to prevent recurrence.

Based on observation, interview, and record review, the facility failed to ensure staff maintained a heated tray holding cart in a clean manner for 1 of 1 heated tray cart on the Memory Care unit.

Finding include:

On 11/22/22 at 11:00 a.m., a heated tray holding cart was observed on the Memory Care unit with food particles and spills along the bottom and outside.

On 11/23/22 at 10:09 a.m., a heated tray holding cart was observed on the Memory Care unit with food particles and spills

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along the bottom and outside.

During an interview on 11/23/22 at 1:30 p.m., the Assistant Executive Director indicated the facility had not completed any audits for their annual survey plan of correction.

On 11/23/22 at 1:45 p.m., the Executive Director provided the policy, "CULINARY POLICIES & PROCEDURES," dated 2015, and indicated it was the policy currently being used. A review of the policy indicated, "... Cleaning Schedule ... A Culinary Department cleaning schedule ... to ensure all areas of the kitchen and Culinary department are maintained in cleanliness ..."

This deficiency was cited on August 9, 2022. The facility failed to implement a systemic plan of correction to prevent recurrence.

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