

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 09/16/2022
NAME OF PROVIDER OR SUPPLIER TRADITIONS AT HUNTER STATION		STREET ADDRESS, CITY, STATE, ZIP CODE 400 HUNTER STATION ROAD, SELLERSBURG, , 47172			
(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: September 15 and 16, 2022. Facility number: 013841 Residential Census: 102 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on September 22, 2022.	R 0000	Preparation and submission of this statement of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or of the correctness of the conclusion stated on the statement of deficiencies. This statement of correction is prepared and submitted solely because of requirements under state and federal laws. We cordially request a desk review regarding the alleged deficiencies in lieu of any revisit.		
R 0148	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(e)(1-4) (e) The facility shall maintain buildings, grounds, and equipment in a clean condition, in good repair, and free of hazards that may adversely affect the health and welfare of the residents or the public as follows:	R 0148	1.What corrective actions will be accomplished for those residents who were found to have to been affected by the deficient practice? All residents had the potential to be affected. a) Hot water in residential areas were immediately turned down. All residents and staff were	09/16/2022	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

(1) Each facility shall establish and implement a written program for maintenance to ensure the continued upkeep of the facility.

(2) The electrical system, including appliances, cords, switches, alternate power sources, fire alarm and detection systems, shall be maintained to guarantee safe functioning and compliance with state electrical codes.

(3) All plumbing shall function properly and comply with state plumbing codes.

(4) At least yearly, heating and ventilating systems shall be inspected.

Based on observation, record review, and interview, the facility failed to ensure water temperatures were maintained between a safe range of 105 degrees Fahrenheit (F) and 120 degrees F. This deficient practice had the potential to affect all 102 residents currently residing at the facility.

Findings include:

immediately notified to refrain from using hot water until further notice. Skin assessments were conducted on all non-independent residents. No injuries were reported or noted.

b) Plumber was contacted and arrived at community within 2 hours. Issue was determined to be a faulty mixing valve and was repaired the same day.

c) All residential areas were tested for water temperature compliance after repair was made. All areas were in compliance. Residents were informed to resume water use as normal.

2.How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

a) All residents have the potential to be affected. Skin assessments were conducted on all non-independent residents. No injuries were reported or noted.

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

a) Maintenance Director was re-educated on routine monitoring of water

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED

OMB NO. 0938-0391

During an observation on 9/15/22 at 3:11 p.m., the Maintenance Director checked the temperature of water in Room 105 and the kitchen sink water temperature in Room 200. The bathroom sink temperature registered as 126 degrees F, and the kitchen sink registered as 127 degrees F. The water in both sinks was steaming.

During an observation on 9/15/22 at 3:14 p.m., the Maintenance director checked the temperature of water in Room 201. The bathroom sink water registered as 129 degrees F and the kitchen sink water registered as 125 degrees F. The water in both sinks was steaming.

During an observation and interview on 9/15/22 at 3:23 p.m., the Malignance Director checked the temperature of water in Room 202. The kitchen sink water registered as 129.7 degrees F, and it was very hot to the touch. The bathroom sink water registered at 121.8 degrees F. The water in both sinks was steaming. The Maintenance Director indicated he was not sure how long it had been since his thermometer had been calibrated, and it was the only one he had. He went to check the water heaters and indicated the outgoing water supply was set at 120 degrees F and it should have been set

temperature.

b) All residential water temperature was tested after the repair on 9/15 and 9/16. All areas were in compliance.

c) Water temperature to be checked in 10 random apartments daily for one week.

d) Water temperature to be checked in 10 random apartments monthly x 3 months.

e) ED or designee will review water temperature logs monthly with Maintenance Director to determine if increased frequency is needed.

f) Ongoing monitoring of water temperatures to be conducted by Maintenance Director monthly to occur thereafter.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

lower at 117 degrees F.

On 9/15/22 at 3:30 p.m., the Executive Director (ED) obtained a second thermometer from the Dietary Manager, who indicated the thermometer had recently been calibrated two weeks ago. She used the thermometer and rechecked the water temperatures.

During an observation on 9/15/22 at 3:36 p.m., the ED tested water the temperatures in Room 201. The kitchen sink water registered as 125.3 degrees F and the bathroom water registered at 128.2 degrees F. The water in both sinks was steaming. The hand could not be kept under the water, for longer than 3 seconds, without the fingers becoming visible red.

During an observation on 9/15/22 at 3:40 p.m., the ED checked the water temperatures in Room 202. The kitchen sink water registered as 128.2 degrees F and the bathroom sink registered as 127 degrees F. The water in both sinks was steaming. The ED tested the water with her hands and indicated she could not keep her fingers under the water.

During an interview on 9/15/22 at 3:50 p.m., the Maintenance Director indicated he believed the thermostat was messed up.

He had last checked the water temperatures last month and they did it every two months.

During an interview on 9/16/22 at 9:15 a.m., the ED indicated the plumber had been called out on 9/15/22 and they found they had a faulty water mixer. There was a component in the mixer that had disintegrated and was allowing more hot water in.

The Water Temperatures Policy and Procedure, dated 6/2014, provided on 9/16/22 at 2:30 p.m. by the Executive Director, included, but was not limited to, "... The community will maintain the resident water temperature within a range of 105 and 120 degrees Fahrenheit..."

Based on observation, record review, and interview, the facility failed to ensure water temperatures were maintained between a safe range of 105 degrees Fahrenheit (F) and 120 degrees F. This deficient practice had the potential to affect all 102 residents currently residing at the facility.

Findings include:

During an observation on 9/15/22 at 3:11 p.m., the Maintenance Director checked the temperature of water in Room 105 and the kitchen sink water temperature in Room 200. The bathroom sink temperature registered as 126 degrees F,

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

and the kitchen sink registered as 127 degrees F. The water in both sinks was steaming.

During an observation on 9/15/22 at 3:14 p.m., the Maintenance director checked the temperature of water in Room 201. The bathroom sink water registered as 129 degrees F and the kitchen sink water registered as 125 degrees F. The water in both sinks was steaming.

During an observation and interview on 9/15/22 at 3:23 p.m., the Malignance Director checked the temperature of water in Room 202. The kitchen sink water registered as 129.7 degrees F, and it was very hot to the touch. The bathroom sink water registered at 121.8 degrees F. The water in both sinks was steaming. The Maintenance Director indicated he was not sure how long it had been since his thermometer had been calibrated, and it was the only one he had. He went to check the water heaters and indicated the outgoing water supply was set at 120 degrees F and it should have been set lower at 117 degrees F.

On 9/15/22 at 3:30 p.m., the Executive Director (ED) obtained a second thermometer from the Dietary Manager, who indicated the thermometer had recently been calibrated two

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

weeks ago. She used the thermometer and rechecked the water temperatures.

During an observation on 9/15/22 at 3:36 p.m., the ED tested water the temperatures in Room 201. The kitchen sink water registered as 125.3 degrees F and the bathroom water registered at 128.2 degrees F. The water in both sinks was steaming. The hand could not be kept under the water, for longer than 3 seconds, without the fingers becoming visible red.

During an observation on 9/15/22 at 3:40 p.m., the ED checked the water temperatures in Room 202. The kitchen sink water registered as 128.2 degrees F and the bathroom sink registered as 127 degrees F. The water in both sinks was steaming. The ED tested the water with her hands and indicated she could not keep her fingers under the water.

During an interview on 9/15/22 at 3:50 p.m., the Maintenance Director indicated he believed the thermostat was messed up. He had last checked the water temperatures last month and they did it every two months.

During an interview on 9/16/22 at 9:15 a.m., the ED indicated the plumber had been called out on 9/15/22 and they found they

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

	had a faulty water mixer. There was a component in the mixer that had disintegrated and was allowing more hot water in. The Water Temperatures Policy and Procedure, dated 6/2014, provided on 9/16/22 at 2:30 p.m. by the Executive Director, included, but was not limited to, "... The community will maintain the resident water temperature within a range of 105 and 120 degrees Fahrenheit..."			
R 0149	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(f) (f) The facility shall have a pest control program in operation in compliance with 410 IAC 7-24. Based on observation and interview, the facility failed to ensure the kitchen was free of pests, including ants. This deficient practice had the potential to affect all 102 residents currently residing in the facility. Findings include: During an observation on 9/15/22 at 10:30 a.m., there were several black ants crawling on the backsplash and the wall to the right of the dishwasher in the kitchen. Upon counting, there were greater than 20 live	R 0149	1.What corrective actions will be accomplished for those residents who were found to have to been affected by the deficient practice? All residents had the potential to be affected. a) Dish area was cleaned and sanitized immediately. Maintenance Director treated area for pests. b) Existing caulking was replaced with mold and water-resistant caulking on 9/16/2022. c) OPC inspected and treated dishwashing area for pests on 9/24/2022. d) Executive Chef or designee to monitor kitchen for pests daily x 7 days. Any sightings to be reported to Maintenance	09/16/2022

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED

OMB NO. 0938-0391

ants observed.

During an observation on 9/16/22 at 10:17 a.m., there were 7 ants observed crawling on the backsplash and the wall to the right of the dishwasher in the kitchen. Black grime was built up along the backsplash and food debris was observed on the floor under the counter.

During an interview on 9/16/22 at 10:22 a.m., the Lead Chef indicated he had not recently seen ants. They did have them prior over by the dishwashing machine. He was not aware there were currently any ants in the kitchen. It has been months prior when he'd noticed a problem. They sprayed something when they saw them. A pest control service came in monthly to spray.

During an interview on 9/16/22 at 10:39 a.m., Dietary Aide 5 indicated he had not noticed any ants in the kitchen since last summer.

The review of the facility Pest Control Log indicated the following:

On 8/3/22 ants were seen in the kitchen and the area was sprayed.

On 8/9/22 ants were seen in the kitchen and the area was sprayed.

Director, who will address situation promptly.

e) OPC to treat kitchen monthly as contracted. Last visit was 9/24/2022.

f) Executive Chef or designee will monitor kitchen for pests daily x 3 months.

g) Executive Chef or designee will monitor kitchen for pests weekly x 3 months.

h) Executive Director or designee will review monthly documentation from Executive Chef x 6 months and review with Maintenance Director for quality assurance. If no issues, then randomly thereafter.

i) Continued monitoring for pests in kitchen will be conducted by Executive Chef or designee monthly, along with monthly pest control treatment. Any observation will be reported to Maintenance Director or designee, who will address issue immediately.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

On 8/12/22 ants were seen in the kitchen and the area was sprayed.

Based on observation and interview, the facility failed to ensure the kitchen was free of pests, including ants. This deficient practice had the potential to affect all 102 residents currently residing in the facility.

Findings include:

During an observation on 9/15/22 at 10:30 a.m., there were several black ants crawling on the backsplash and the wall to the right of the dishwasher in the kitchen. Upon counting, there were greater than 20 live ants observed.

During an observation on 9/16/22 at 10:17 a.m., there were 7 ants observed crawling on the backsplash and the wall to the right of the dishwasher in the kitchen. Black grime was built up along the backsplash and food debris was observed on the floor under the counter.

During an interview on 9/16/22 at 10:22 a.m., the Lead Chef indicated he had not recently seen ants. They did have them prior over by the dishwashing machine. He was not aware there were currently any ants in the kitchen. It has been months prior when he'd noticed a problem. They sprayed

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

	something when they saw them. A pest control service came in monthly to spray. During an interview on 9/16/22 at 10:39 a.m., Dietary Aide 5 indicated he had not noticed any ants in the kitchen since last summer. The review of the facility Pest Control Log indicated the following: On 8/3/22 ants were seen in the kitchen and the area was sprayed. On 8/9/22 ants were seen in the kitchen and the area was sprayed. On 8/12/22 ants were seen in the kitchen and the area was sprayed.			
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. Based on observation and interview, the facility failed to ensure the kitchen and kitchen equipment were maintained in a	R 0154	1.What corrective actions will be accomplished for those residents who were found to have to been affected by the deficient practice?All residents have the potential to be affected.2. How will the facility identify other residents having the potential to be affected by the same finding and what corrective action will be taken?Facility will prevent potential residents being affected by ensuring all food	10/09/2022

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED

OMB NO. 0938-0391

clean and properly functioning order. This deficient practice had the potential to affect all 102 residents currently residing in the facility.

Findings include:

During an observation on 9/15/22 at 10:30 a.m., the following concerns were observed in the kitchen:

- Black grime was heavily built up along the caulking between metal counter and the backsplash wall by the dish washer.

- There was a heavy accumulation of black grime built up on the floor under the metal counter.

- There was a heavy accumulation of black grime observed under the dry storage racks, and going up the wall behind the racks. There were brown and black fuzzy spots on the floor and going up the wall, which appeared to be mold.

- There was solid ice accumulating on the ceiling and floor of the walk in freezer. Upon further inspection the condenser pipe had frozen solid, and burst. Accumulated ice was collecting on the broken pipe.

During an observation on 9/15/22 at 10:17 a.m., the following concerns were

preparation and serving areas will be maintained in accordance with state and local sanitation and safe food handling standards.3.

What measures will be put in place or what systemic changes the facility will make to ensure that the finding does not recur?a)

Existing caulking was replaced with mold and water-resistant caulking on 9/16/2022.b) Grime on floor was cleaned and sanitized on 9/16/2022.c) Black grime under dry storage racks was cleaned, sanitized, and treated with mold remover.d) Walk-in freezer condenser was defrosted, and piping was temporarily repaired on 9/16/2022.

Permanent repair to pipe was completed on 9/17/2022.e)

Executive Chef re-educated on proper kitchen cleaning and on 9/16/2022.f)

Inservice all kitchen staff on job-specific cleaning and duties (to include weekly deep cleaning and daily shift responsibilities) by 10/9/2022.4.

How will corrective action(s) be monitored to ensure the finding will not recur:a)

Executive Chef or designee to monitor cleaning logs daily x 3 months, then weekly x 3 months, then monthly thereafter.b)

Registered Dietician to monitor kitchen

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

observed in the kitchen:

- Black grime was still heavily built up along the caulking between metal counter and the backsplash wall by the dish washer.

- There was a heavy accumulation of black grime built up on the floor under the metal counter.

- There remained a heavy accumulation of black grime observed under the dry storage racks, and going up the wall behind the racks. There were brown and black fuzzy spots on the floor and going up the wall, which appeared to be mold.

- There was still solid ice accumulating on the ceiling and floor of the walk in freezer. Accumulated ice remained on the broken pipe.

During an interview on 9/16/22 at 10:22 a.m., the Lead Chef indicated they swept under the dry storage racks but he could not tell how often it was done. Tasks were split up and the Lead Server was responsible for dry storage. He had not seen the busted pipe in the freezer. The Night Shift server was responsible for cleaning the back splash. There had been juice spilled in the dry storage before. He indicated if he had to guess the black grime build up in the dry storage looked like

sanitation and quality monthly and report to Executive Director or designee.c) Executive Chef or designee will monitor equipment and conduct preventative maintenance according to manufacture recommendation and as needed.d) Executive Chef or designee and Maintenance Director will ensure routine maintenance of kitchen equipment will be conducted according to manufacturer recommendations.

e) Executive Director or designee will review cleaning and maintenance logs monthly for quality assurance.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

mold to him, he could see that it was black and fuzzy.

During an interview on 9/16/22 at 10:34 a.m., the Executive Director indicated she could see the mold in the dry storage. She pulled the shelf out and indicated it would have to be cleaned immediately. She visualized the broken pipe in the freezer, ice on the floor and ceiling, and indicated it had broken and she was not aware of the issue. She would have maintenance address immediately.

During an interview on 9/16/22 at 10:39 a.m., Dietary Assistant 5 indicated he had noticed mold under the sink before, he hadn't noticed the busted pipe in the freezer, as he did not often go in the freezer.

During an interview on 9/16/22 at 2:00 p.m., the Dietary Manager indicated every time the stock came in, once a week, a person should clean the floors, but the floors also got swept and cleaned nightly. She noticed the black mold that same day and the maintenance team came in and said it was possibly from the busted freezer pipe. They could touch the wall feel the cold temperature from the freezer in the dry storage. The coldness from the freezer and the heat from the kitchen, most likely caused the moisture

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

to build up. She had not noticed the pipe busted or the ice in the freezer prior. She indicated the caulking behind the back splash was disgusting and was going to have to come up and be replaced. The black buildup remained to the caulking and under the dishwashing area. The pipe in the walk in freezer had been resecured with duct tape. The ice on the ceiling was melting and the ice on the floor remained.

During an interview on 9/16/22 at 2:12 p.m., the Dietary Manager indicated there was a list that broke down cleaning tasks and the night shift staff were to sweep under the dry storage every night.

The Weekly Deep Cleaning schedule, provided on 9/16/22 at 2:30 p.m. by the Dietary Manager, indicated the backsplash was to be cleaned and polished weekly..

The End of Shift Checklist (11:00 a.m. to 7:00 p.m.), provided on 9/16/22 at 2:30 p.m. by the Dietary Manager, indicated staff were to clean all prep and work areas and sweep and mop floors nightly.

Based on observation and interview, the facility failed to ensure the kitchen and kitchen equipment were maintained in a clean and properly functioning

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

order. This deficient practice had the potential to affect all 102 residents currently residing in the facility.

Findings include:

During an observation on 9/15/22 at 10:30 a.m., the following concerns were observed in the kitchen:

- Black grime was heavily built up along the caulking between metal counter and the backsplash wall by the dish washer.

- There was a heavy accumulation of black grime built up on the floor under the metal counter.

- There was a heavy accumulation of black grime observed under the dry storage racks, and going up the wall behind the racks. There were brown and black fuzzy spots on the floor and going up the wall, which appeared to be mold.

- There was solid ice accumulating on the ceiling and floor of the walk in freezer. Upon further inspection the condenser pipe had frozen solid, and burst. Accumulated ice was collecting on the broken pipe.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

During an observation on 9/15/22 at 10:17 a.m., the following concerns were observed in the kitchen:

- Black grime was still heavily built up along the caulking between metal counter and the backsplash wall by the dish washer.

- There was a heavy accumulation of black grime built up on the floor under the metal counter.

- There remained a heavy accumulation of black grime observed under the dry storage racks, and going up the wall behind the racks. There were brown and black fuzzy spots on the floor and going up the wall, which appeared to be mold.

- There was still solid ice accumulating on the ceiling and floor of the walk in freezer. Accumulated ice remained on the broken pipe.

During an interview on 9/16/22 at 10:22 a.m., the Lead Chef indicated they swept under the dry storage racks but he could not tell how often it was done. Tasks were split up and the Lead Server was responsible for dry storage. He had not seen the busted pipe in the freezer. The Night Shift server was responsible for cleaning the back splash. There had been juice spilled in the dry storage

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

before. He indicated if he had to guess the black grime build up in the dry storage looked like mold to him, he could see that it was black and fuzzy.

During an interview on 9/16/22 at 10:34 a.m., the Executive Director indicated she could see the mold in the dry storage. She pulled the shelf out and indicated it would have to be cleaned immediately. She visualized the broken pipe in the freezer, ice on the floor and ceiling, and indicated it had broken and she was not aware of the issue. She would have maintenance address immediately.

During an interview on 9/16/22 at 10:39 a.m., Dietary Assistant 5 indicated he had noticed mold under the sink before, he hadn't noticed the busted pipe in the freezer, as he did not often go in the freezer.

During an interview on 9/16/22 at 2:00 p.m., the Dietary Manager indicated every time time the stock came in, once a week, a person should clean the floors, but the floors also got swept and cleaned nightly. She noticed the black mold that same day and the maintenance team came in and said it was possibly from the busted freezer pipe. They could touch the wall feel the cold temperature from the freezer in the dry storage.

The coldness from the freezer and the heat from the kitchen, most likely caused the moisture to build up. She had not noticed the pipe busted or the ice in the freezer prior. She indicated the caulking behind the back splash was disgusting and was going to have to come up and be replaced. The black buildup remained to the caulking and under the dishwashing area. The pipe in the walk in freezer had been resecured with duct tape. The ice on the ceiling was melting and the ice on the floor remained.

During an interview on 9/16/22 at 2:12 p.m., the Dietary Manager indicated there was a list that broke down cleaning tasks and the night shift staff were to sweep under the dry storage every night.

The Weekly Deep Cleaning schedule, provided on 9/16/22 at 2:30 p.m. by the Dietary Manager, indicated the backsplash was to be cleaned and polished weekly..

The End of Shift Checklist (11:00 a.m. to 7:00 p.m.), provided on 9/16/22 at 2:30 p.m. by the Dietary Manager, indicated staff were to clean all prep and work areas and sweep and mop floors nightly.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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