

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 11/21/2023
NAME OF PROVIDER OR SUPPLIER PRIMROSE OF NEWBURGH		STREET ADDRESS, CITY, STATE, ZIP CODE 9800 LINCOLN AVE, NEWBURGH, , 47630			
(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 10/4/23. Survey dates: November 20, 21, 2023. Facility number: 013846 Residential: 63 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-5. Quality review completed on November 27, 2023.	R 0000			
R 0034	Residents' Rights - Noncompliance 410 IAC 16.2-5-1.2(i) (i) The facility will distribute to each resident upon admission the state developed written description of law concerning advance directives.	R 0034			

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R 0117	Personnel - Deficiency 410 IAC 16.2-5-1.4(b) (b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions.	R 0117		
R 0216	Evaluation - Noncompliance 410 IAC 16.2-5-2(c)(1-4)(d) (c) The scope and content of the evaluation shall be delineated in the facility policy manual, but at a	R 0216	This letter is in reference to the letter received on January 12, 2024, for the POC being incomplete or inadequate	11/22/2023

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minimum the needs assessment shall include an evaluation of the following:

(1) The resident ' s physical, cognitive, and mental status.

(2) The resident ' s independence in the activities of daily living.

(3) The resident ' s weight taken on admission and semiannually thereafter.

(4) If applicable, the resident ' s ability to self-administer medications.

(d) The evaluation shall be documented in writing and kept in the facility.

Based on observation, record review, and interview, the facility failed to ensure appropriate assessments for residents were obtained for 6 of 6 residents reviewed for self-administration of medications. The facility failed to have a thorough and complete evaluation for self-administration of medications. (Resident 5, Resident 29, Resident 13, Resident 34, Resident 55, Resident 78)

Findings include:

On 11/21/23 at 9:11 A.M., a self-administer medications form provided by the facility indicated the following residents had an order stating that medications may be kept at their bedside:

The exit date and the correction date cannot be the same.

correction
date 11/22/2023

Was an in-service provided to staff as to what to do when drugs found at bedside?

Inservice was provided as mentioned in prior POC on 11/7/2023.

What is the plan of monitoring/oversight for current residents who obtain and store meds at bedside to self- administer? The current plan only addresses new admissions.

The DON or designee will be responsible for checking this noncompliance at move in, and every 6 months at each resident's 6-month evaluation. This will be on going.

If monitoring is for six months or less, please

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Resident 5, Resident 29, Resident 13, Resident 34, Resident 55, Resident 78. On 11/21/23 at 9:15 A.M., Resident 5's clinical record was reviewed. The clinical record lacked a self-administration assessment. On 11/21/23 at 9:17 A.M., Resident 29's clinical record was reviewed. The clinical record lacked a self-administration assessment. On 11/21/23 at 9:19 A.M., Resident 13's clinical record was reviewed. The clinical record lacked a self-administration record. On 11/21/23 at 9:21 A.M., Resident 34's clinical record was reviewed. The clinical record lacked a self-administration assessment. On 9:23 A.M., Resident 55's clinical record was reviewed. The clinical record lacked a self-administration assessment. On 9:25 A.M., Resident 78's clinical record was reviewed. The clinical record lacked a self-administration assessment. During an interview on 11/21/23 at 10:41 A.M., the Director of Nursing (DON) indicated Resident 13 has over the counter medications in her room so a self-administration	explain the criteria or threshold the Quality assurance Program will use to determine whether further monitoring can be stopped. This will be on going and monitored at each resident's 6-month assessment/evaluation. This DON or designee will check for self-administered orders and do a self-administer assessment at each 6-month evaluation if the resident has a MKAB order or a self-administer order to make sure the resident is still capable of self-administering their medications. I have attached to this letter a copy of both POCs from our surveys and the follow-up survey. Please reach out to me if you have any questions or I can get anything else for you. 10/4/2023 R 216 Evaluation 1 The ED/ DON sent out a memo to residents and families of residents to notify all	
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assessment was not needed. At that time, she further indicated that self-administration assessments were not needed if the resident had an order that they may keep medications at their bedside.

During an observation on 11/21/23 at 11:29 A.M., Resident 13 was observed laying in bed with a bottle of Probiotic gummies and Gas-X at her bedside. At that time, Resident 13 indicated the medications are always in her room and she takes those medications by herself.

On 11/21/23 at 11:51 A.M., a current Resident Medication/Treatment Record policy, revised 5/31/23, indicated, "...The Director of Nursing should conduct a Medication Self-Administration Assessment if: The resident's physician has indicated on the physician admission orders/plan of care that the resident is capable of self-administration..."

This deficiency was cited on 10/4/23. The facility failed to implement a systemic plan of correction

to prevent recurrence.

Based on observation, record review, and interview, the facility failed to ensure appropriate assessments for residents were obtained for 6 of 6 residents

residents who do not self-administer medications cannot keep OTC medications in their rooms, nor will the staff be leaving medications at bedside unless there is an order to do so. The DON/ED checked all self-administration orders and made sure all had updated assessments for self-administering. Resident 13 did want to be able to have medications at bedside. The DON has gotten orders for resident to keep at bedside.

2
All residents have the potential to be affected by this noncompliance. The DON/ED checked all self-administration orders and made sure all had updated assessments for self-administering. Resident 13 did want to be able to have medications at bedside. The DON has gotten orders for resident to keep at bedside.

3
The DON/ED will be holding an in-service on November 7th to clarify self-administration residents and those that

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reviewed for self-administration of medications. The facility failed to have a thorough and complete evaluation for self-administration of medications. (Resident 5, Resident 29, Resident 13, Resident 34, Resident 55, Resident 78) Findings include: On 11/21/23 at 9:11 A.M., a self-administer medications form provided by the facility indicated the following residents had an order stating that medications may be kept at their bedside: Resident 5, Resident 29, Resident 13, Resident 34, Resident 55, Resident 78. On 11/21/23 at 9:15 A.M., Resident 5's clinical record was reviewed. The clinical record lacked a self-administration assessment. On 11/21/23 at 9:17 A.M., Resident 29's clinical record was reviewed. The clinical record lacked a self-administration assessment. On 11/21/23 at 9:19 A.M., Resident 13's clinical record was reviewed. The clinical record lacked a self-administration record. On 11/21/23 at 9:21 A.M., Resident 34's clinical record was reviewed. The clinical record lacked a		do not have orders. If the resident does not have a MKAB side order, they are not to leave medications at bedside. 11/21/2023 Plan of correction: R 216 failed to have the appropriate assessments for residents with self-administration of medication orders 1 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. This DON and ADON made a list of all residents with may keep at bedside orders in the facility, verified those orders, and performed self-medication assessments on all those residents on November 22, 2023. Made copies of all assessments and filed them in their paper charts and kept a copy with POC for state in DON office. 2 How the facility will identify other	
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self-administration assessment.

On 9:23 A.M., Resident 55's clinical record was reviewed. The clinical record lacked a self-administration assessment.

On 9:25 A.M., Resident 78's clinical record was reviewed. The clinical record lacked a self-administration assessment.

During an interview on 11/21/23 at 10:41 A.M., the Director of Nursing (DON) indicated Resident 13 has over the counter medications in her room so a self-administration assessment was not needed. At that time, she further indicated that self-administration assessments were not needed if the resident had an order that they may keep medications at their bedside.

During an observation on 11/21/23 at 11:29 A.M., Resident 13 was observed laying in bed with a bottle of Probiotic gummies and Gas-X at her bedside. At that time, Resident 13 indicated the medications are always in her room and she takes those medications by herself.

On 11/21/23 at 11:51 A.M., a current Resident Medication/Treatment Record policy, revised 5/31/23, indicated, "...The Director of Nursing should conduct a Medication Self-Administration

residents having the potential to be affected by the same deficient practice and what corrective action will be taken.

All residents have the potential to be affected by this noncompliance. Any new residents moving into our facility will be checked for self-medication / may keep at bedside orders and perform self-medication assessment upon move in. This will be added to our move in checklist. The DON or designee will be responsible for checking on this deficient practice.

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

Any new residents moving into our facility will be checked for self-medication / may keep at bedside orders and perform self-medication assessment upon move in. This will be added to our move in

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Assessment if: The resident's physician has indicated on the physician admission orders/plan of care that the resident is capable of self-administration..." This deficiency was cited on 10/4/23. The facility failed to implement a systemic plan of correction to prevent recurrence. Based on observation, record review, and interview, the facility failed to ensure appropriate assessments for residents were obtained for 6 of 6 residents reviewed for self-administration of medications. The facility failed to have a thorough and complete evaluation for self-administration of medications. (Resident 5, Resident 29, Resident 13, Resident 34, Resident 55, Resident 78) Findings include: On 11/21/23 at 9:11 A.M., a self-administer medications form provided by the facility indicated the following residents had an order stating that medications may be kept at their bedside: Resident 5, Resident 29, Resident 13, Resident 34, Resident 55, Resident 78. On 11/21/23 at 9:15 A.M., Resident 5's clinical record was reviewed. The clinical record lacked a self-administration	checklist to be doubled checked at move in. 4 How the corrective action will be monitored to ensure the deficient practice will not reoccur, i.e., what quality assurance program will be put into place; and Any new residents moving into our facility will be checked for self-medication / may keep at bedside orders and perform self-medication assessment upon move in. The DON or designee will be responsible for checking this noncompliance at move in, and every 6 months at each resident's 6-month evaluation. 5 By what date the systemic changes will be completed This DON and ADON made these changes on November 22, 2023.1 What corrective action(s) will be accomplished for those residents found to have been affected by the	
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assessment.

On 11/21/23 at 9:17 A.M., Resident 29's clinical record was reviewed. The clinical record lacked a self-administration assessment.

On 11/21/23 at 9:19 A.M., Resident 13's clinical record was reviewed. The clinical record lacked a self-administration record.

On 11/21/23 at 9:21 A.M., Resident 34's clinical record was reviewed. The clinical record lacked a self-administration assessment.

On 9:23 A.M., Resident 55's clinical record was reviewed. The clinical record lacked a self-administration assessment.

On 9:25 A.M., Resident 78's clinical record was reviewed. The clinical record lacked a self-administration assessment.

During an interview on 11/21/23 at 10:41 A.M., the Director of Nursing (DON) indicated Resident 13 has over the counter medications in her room so a self-administration assessment was not needed. At that time, she further indicated that self-administration assessments were not needed if the resident had an order that they may keep medications at their bedside.

deficient practice.

This DON and ADON made a list of all residents with may keep at bedside orders in the facility, verified those orders, and performed self-medication assessments on all those residents on November 21, 2023. Made copies of all assessments and filed them in their paper charts and kept a copy with POC for state in DON office.

2
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.

All residents have the potential to be affected by this noncompliance. Any new residents moving into our facility will be checked for self-medication / may keep at bedside orders and perform self-medication assessment upon move in. This will be added to our move in checklist. The DON or designee will be

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During an observation on 11/21/23 at 11:29 A.M., Resident 13 was observed laying in bed with a bottle of Probiotic gummies and Gas-X at her bedside. At that time, Resident 13 indicated the medications are always in her room and she takes those medications by herself. On 11/21/23 at 11:51 A.M., a current Resident Medication/Treatment Record policy, revised 5/31/23, indicated, "...The Director of Nursing should conduct a Medication Self-Administration Assessment if: The resident's physician has indicated on the physician admission orders/plan of care that the resident is capable of self-administration..." This deficiency was cited on 10/4/23. The facility failed to implement a systemic plan of correction to prevent recurrence. Based on observation, record review, and interview, the facility failed to ensure appropriate assessments for residents were obtained for 6 of 6 residents reviewed for self-administration of medications. The facility failed to have a thorough and complete evaluation for self-administration of medications. (Resident 5, Resident 29, Resident 13,	responsible for checking on this deficient practice. 3 What measures will be put in place or what systemic changes the facility will make to ensure that the deficient practice does not reoccur. Any new residents moving into our facility will be checked for self-medication / may keep at bedside orders and perform self-medication assessment upon move in. This will be added to our move in checklist to be doubled checked at move in. 4 How the corrective action will be monitored to ensure the deficient practice will not reoccur, i.e., what quality assurance program will be put into place; and Any new residents moving into our facility will be checked for self-medication /	
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Resident 34, Resident 55,
Resident 78)

Findings include:

On 11/21/23 at 9:11 A.M., a self-administer medications form provided by the facility indicated the following residents had an order stating that medications may be kept at their bedside: Resident 5, Resident 29, Resident 13, Resident 34, Resident 55, Resident 78.

On 11/21/23 at 9:15 A.M., Resident 5's clinical record was reviewed. The clinical record lacked a self-administration assessment.

On 11/21/23 at 9:17 A.M., Resident 29's clinical record was reviewed. The clinical record lacked a self-administration assessment.

On 11/21/23 at 9:19 A.M., Resident 13's clinical record was reviewed. The clinical record lacked a self-administration record.

On 11/21/23 at 9:21 A.M., Resident 34's clinical record was reviewed. The clinical record lacked a self-administration assessment.

On 9:23 A.M., Resident 55's clinical record was reviewed. The clinical record lacked a self-administration assessment.

may keep at bedside orders and perform self-medication assessment upon move in. The DON or designee will be responsible for checking this noncompliance at move in, and every 6 months at each individuals 6 month evaluation.

5

By what date the systemic changes will be completed

This DON and ADON made these changes on November 21, 2023.

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On 9:25 A.M., Resident 78's clinical record was reviewed. The clinical record lacked a self-administration assessment.

During an interview on 11/21/23 at 10:41 A.M., the Director of Nursing (DON) indicated Resident 13 has over the counter medications in her room so a self-administration assessment was not needed. At that time, she further indicated that self-administration assessments were not needed if the resident had an order that they may keep medications at their bedside.

During an observation on 11/21/23 at 11:29 A.M., Resident 13 was observed laying in bed with a bottle of Probiotic gummies and Gas-X at her bedside. At that time, Resident 13 indicated the medications are always in her room and she takes those medications by herself.

On 11/21/23 at 11:51 A.M., a current Resident Medication/Treatment Record policy, revised 5/31/23, indicated, "...The Director of Nursing should conduct a Medication Self-Administration Assessment if: The resident's physician has indicated on the physician admission orders/plan of care that the resident is capable of self-administration..."

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	This deficiency was cited on 10/4/23. The facility failed to implement a systemic plan of correction to prevent recurrence.			
R 0246	Health Services - Deficiency 410 IAC 16.2-5-4(e)(6) (6) PRN medications may be administered by a qualified medication aide (QMA) only upon authorization by a licensed nurse or physician. The QMA must receive appropriate authorization for each administration of a PRN medication. All contacts with a nurse or physician not on the premises for authorization to administer PRNs shall be documented in the nursing notes indicating the time and date of the contact.	R 0246		
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, interview, and record review, the facility failed to ensure safe food handling and sanitation	R 0273	Plan of correction: R273 food not labeled and low temperature dishwasher was not tested for effective use of sanitizing solution. 1 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;	12/06/2023

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standards for 1 of 2 kitchens observed. Food was not labeled and the low temperature dishwasher was not tested for effective use of sanitizing solution. (Memory Care Kitchen) Findings include: During the initial Memory Care Kitchen observation on 11/20/23 at 10:05 A.M., the following was observed: Refrigerator: slices of yellow cake, unlabeled in seran wrap container of blueberries with moldy ones in it, labeled 10/16 container of BBQ meat, dated 11/18 container of spaghetti and meatballs, with use by date of 11/19 white meat in brown gravy, dated 11/18 butter in seran wrap, unlabeled cheese slices in seran wrap, unlabeled Cooking area: 6 Spice containers open to air Freezer: 1/2 full brown bag of potato wedges open to air and	The dining director and ED cleaned out all opened and unlabeled food items November 21, 2023. The DD and ED check daily for unlabeled food items and notified GFS and Ecolab of training needs for staff on the low temperature dishwashers. 2 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; All residents have the potential to be affected by this noncompliance. 12/6/2023 The facility will use a new check off sheet to monitor low temperature dishwasher for effective use of sanitizing solution and make sure all open food is labeled and dated. All opened food checked for 3 What measures will be put in place or what systemic changes the facility will make to ensure that the
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unlabeled 1/4 full brown bag of unknown food open to air, unlabeled On 11/21/23 at 8:15 A.M., the low temp dishwasher log was provided by the DON for 11/1/23 through 11/19/23 and reviewed. The typed form was titled, "Dish Washer Temps" and indicated daily temperatures of wash at 80 and rinse at 100 routinely at breakfast, lunch, and dinner. On 11/21/23 at 10:18 A.M., dietary audits were provided by the DON and indicated "labeling and date all open food items" and "Dishwasher to be tested for effective use of sanitizer and logged per shift" to be monitored "daily for 30 days, every other day for 30 days, and 1 time per week for 30 days". The audit indicated these were preformed on the following dates: 11/10/23 11/14/23 11/17/23 During an interview on 11/20/23 at 9:56 A.M., in the Main Kitchen, Dietary Aide 1 indicated the chemicals of dishwasher and sinks were tested every other day test. At that time, Cook 1 indicated he was usually cooking so he didn't check the sanitation chemical	deficient practice does not reoccur; Ecolab and GFS was notified by the director of dining to come retrain dietary staff on how to check low temperature dishwashers in each kitchen. 4 How the corrective action will be monitored to ensure the deficient practice will not reoccur, i.e., what quality assurance program will be put into place; and DD or designee will monitor opened food items and low temperature dishwasher logs daily for 30 days, every other day for 30 days, and then 1 time per week for 30 days. 5 By what date the systemic changes will be completed 12/6/2023 The facility will use a new check off sheet to monitor low
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levels and was not sure what the levels should be or where the logs were kept. He indicated they wash pots and pans in the sink and then use the sanitizer to wipe tables down.

On 11/21/23 at 12:07 P.M., a current undated Labeling and Dating Foods policy was provided by the Administrator and indicated " ... 2. Date marking for refrigerated storage food items: ... Once a case is opened, the individual, refrigerated food items are dated with the date the item was received into the facility. Once opened, all ready to eat, potentially hazardous food will be re-dated with a use by date according to current safe food storage guidelines ... 3. Date marking for freezer storage food items: ... Frozen food packages removed from the case will be dated with the date the item was received into the facility ... once a package is opened, it will be re-dated with the date the item was opened and shall be used by the safe food storage guidelines ...4. Prepared food or opened food items should be discarded when: ... the food item is leftover for more than 72 hours. The food item is older than the expiration date ... "

This deficiency was cited on 10/4/23. The facility failed to implement a systemic plan of correction to prevent

temperature dishwasher for effective use of sanitizing solution and make sure all open food is labeled and dated.

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recurrence.

Based on observation, interview, and record review, the facility failed to ensure safe food handling and sanitation standards for 1 of 2 kitchens observed. Food was not labeled and the low temperature dishwasher was not tested for effective use of sanitizing solution. (Memory Care Kitchen)

Findings include:

During the initial Memory Care Kitchen observation on 11/20/23 at 10:05 A.M., the following was observed:

Refrigerator:

slices of yellow cake, unlabeled in seran wrap

container of blueberries with moldy ones in it, labeled 10/16

container of BBQ meat, dated 11/18

container of spaghetti and meatballs, with use by date of 11/19

white meat in brown gravy, dated 11/18

butter in seran wrap, unlabeled

cheese slices in seran wrap, unlabeled

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Cooking area:

6 Spice containers open to air

Freezer:

1/2 full brown bag of potato
wedges open to air and
unlabeled

1/4 full brown bag of unknown
food open to air, unlabeled

On 11/21/23 at 8:15 A.M., the
low temp dishwasher log was
provided by the DON for 11/1/23
through 11/19/23 and reviewed.
The typed form was titled, "Dish
Washer Temps" and indicated
daily temperatures of wash at
80 and rinse at 100 routinely at
breakfast, lunch, and dinner.

On 11/21/23 at 10:18 A.M.,
dietary audits were provided by
the DON and indicated "labeling
and date all open food items"
and "Dishwasher to be tested
for effective use of sanitizer and
logged per shift" to be
monitored "daily for 30 days,
every other day for 30 days, and
1 time per week for 30 days".
The audit indicated these were
performed on the following
dates:

11/10/23

11/14/23

11/17/23

During an interview on 11/20/23

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at 9:56 A.M., in the Main Kitchen, Dietary Aide 1 indicated the chemicals of dishwasher and sinks were tested every other day test. At that time, Cook 1 indicated he was usually cooking so he didn't check the sanitation chemical levels and was not sure what the levels should be or where the logs were kept. He indicated they wash pots and pans in the sink and then use the sanitizer to wipe tables down.

On 11/21/23 at 12:07 P.M., a current undated Labeling and Dating Foods policy was provided by the Administrator and indicated " ... 2. Date marking for refrigerated storage food items: ... Once a case is opened, the individual, refrigerated food items are dated with the date the item was received into the facility. Once opened, all ready to eat, potentially hazardous food will be re-dated with a use by date according to current safe food storage guidelines ... 3. Date marking for freezer storage food items: ... Frozen food packages removed from the case will be dated with the date the item was received into the facility ... once a package is opened, it will be re-dated with the date the item was opened and shall be used by the safe food storage guidelines ...4. Prepared food or opened food items should be discarded when: ... the food

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item is leftover for more than 72 hours. The food item is older than the expiration date ... "

This deficiency was cited on 10/4/23. 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 safe food handling and sanitation standards for 1 of 2 kitchens observed. Food was not labeled and the low temperature dishwasher was not tested for effective use of sanitizing solution. (Memory Care Kitchen)

Findings include:

During the initial Memory Care Kitchen observation on 11/20/23 at 10:05 A.M., the following was observed:

Refrigerator:

slices of yellow cake, unlabeled in seran wrap

container of blueberries with moldy ones in it, labeled 10/16

container of BBQ meat, dated 11/18

container of spaghetti and meatballs, with use by date of 11/19

white meat in brown gravy,

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dated 11/18

butter in seran wrap, unlabeled

cheese slices in seran wrap,
unlabeled

Cooking area:

6 Spice containers open to air

Freezer:

1/2 full brown bag of potato
wedges open to air and
unlabeled

1/4 full brown bag of unknown
food open to air, unlabeled

On 11/21/23 at 8:15 A.M., the
low temp dishwasher log was
provided by the DON for 11/1/23
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Washer Temps" and indicated
daily temperatures of wash at
80 and rinse at 100 routinely at
breakfast, lunch, and dinner.

On 11/21/23 at 10:18 A.M.,
dietary audits were provided by
the DON and indicated "labeling
and date all open food items"
and "Dishwasher to be tested
for effective use of sanitizer and
logged per shift" to be
monitored "daily for 30 days,
every other day for 30 days, and
1 time per week for 30 days".
The audit indicated these were
preformed on the following
dates:

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11/10/23

11/14/23

11/17/23

During an interview on 11/20/23 at 9:56 A.M., in the Main Kitchen, Dietary Aide 1 indicated the chemicals of dishwasher and sinks were tested every other day test. At that time, Cook 1 indicated he was usually cooking so he didn't check the sanitation chemical levels and was not sure what the levels should be or where the logs were kept. He indicated they wash pots and pans in the sink and then use the sanitizer to wipe tables down.

On 11/21/23 at 12:07 P.M., a current undated Labeling and Dating Foods policy was provided by the Administrator and indicated " ... 2. Date marking for refrigerated storage food items: ... Once a case is opened, the individual, refrigerated food items are dated with the date the item was received into the facility. Once opened, all ready to eat, potentially hazardous food will be re-dated with a use by date according to current safe food storage guidelines ... 3. Date marking for freezer storage food items: ... Frozen food packages removed from the case will be dated with the date the item was received into the facility ... once

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a package is opened, it will be re-dated with the date the item was opened and shall be used by the safe food storage guidelines ...4. Prepared food or opened food items should be discarded when: ... the food item is leftover for more than 72 hours. The food item is older than the expiration date ... "

This deficiency was cited on 10/4/23. 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 safe food handling and sanitation standards for 1 of 2 kitchens observed. Food was not labeled and the low temperature dishwasher was not tested for effective use of sanitizing solution. (Memory Care Kitchen)

Findings include:

During the initial Memory Care Kitchen observation on 11/20/23 at 10:05 A.M., the following was observed:

Refrigerator:

slices of yellow cake, unlabeled in seran wrap

container of blueberries with moldy ones in it, labeled 10/16

container of BBQ meat, dated

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11/18

container of spaghetti and meatballs, with use by date of 11/19

white meat in brown gravy, dated 11/18

butter in seran wrap, unlabeled

cheese slices in seran wrap, unlabeled

Cooking area:

6 Spice containers open to air

Freezer:

1/2 full brown bag of potato wedges open to air and unlabeled

1/4 full brown bag of unknown food open to air, unlabeled

On 11/21/23 at 8:15 A.M., the low temp dishwasher log was provided by the DON for 11/1/23 through 11/19/23 and reviewed. The typed form was titled, "Dish Washer Temps" and indicated daily temperatures of wash at 80 and rinse at 100 routinely at breakfast, lunch, and dinner.

On 11/21/23 at 10:18 A.M., dietary audits were provided by the DON and indicated "labeling and date all open food items" and "Dishwasher to be tested for effective use of sanitizer and logged per shift" to be

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monitored "daily for 30 days, every other day for 30 days, and 1 time per week for 30 days". The audit indicated these were preformed on the following dates:

11/10/23

11/14/23

11/17/23

During an interview on 11/20/23 at 9:56 A.M., in the Main Kitchen, Dietary Aide 1 indicated the chemicals of dishwasher and sinks were tested every other day test. At that time, Cook 1 indicated he was usually cooking so he didn't check the sanitation chemical levels and was not sure what the levels should be or where the logs were kept. He indicated they wash pots and pans in the sink and then use the sanitizer to wipe tables down.

On 11/21/23 at 12:07 P.M., a current undated Labeling and Dating Foods policy was provided by the Administrator and indicated " ... 2. Date marking for refrigerated storage food items: ... Once a case is opened, the individual, refrigerated food items are dated with the date the item was received into the facility. Once opened, all ready to eat, potentially hazardous food will be re-dated with a use by date according to current safe food

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	storage guidelines ... 3. Date marking for freezer storage food items: ... Frozen food packages removed from the case will be dated with the date the item was received into the facility ... once a package is opened, it will be re-dated with the date the item was opened and shall be used by the safe food storage guidelines ...4. Prepared food or opened food items should be discarded when: ... the food item is leftover for more than 72 hours. The food item is older than the expiration date ... " This deficiency was cited on 10/4/23. 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,	R 0274	Plan of correction: R 274 There shall be an organized food service dept directed by a supervisor competent in food service management. 1 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. The dining director took the class on November 14, 2023, but was	12/14/2023

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	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 basis. (3) Food service staff shall be on duty to ensure proper food preparation, serving, and sanitation. Based on interview and record review, the facility failed to ensure the food service department was directed by a supervisor competent in food service management and knowledgeable in sanitation		unable to pass the test by one point. At that time, the director rescheduled to take the test/ class again on December 14, 2023. 2 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. All residents have the potential to be affected by this noncompliance. The Dining Director is scheduled to retake the Serv Safe course/ test on December 14, 2023. 3 What measures will be put in place or what systemic changes the facility will make to ensure that the deficient practice does not reoccur. The ED and Dining Director of this facility will keep track of serv safe expiration dates to avoid lapses of certification.	
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standards and food handling for 1 of 1 dietary managers reviewed. The dietary manager was not certified. (Dietary Manager)

Findings include:

On 11/20/23 at 9:22 A.M., the Dietary Manager indicated the next class for dietary certification was December 14, 2023 so she still was not certified.

On 11/21/23 at 10:15 A.M., the Director of Nursing (DON) indicated the Dietary Manager took the certification class on November 16, 2023, but she didn't pass the exam so she was rescheduled for December 14, 2023.

On 11/21/23 at 12:07 P.M., an undated current Organizational Plan used to communicate clearly the functions of the Dining Services Department was provided by the Administrator and indicated " 2. Dining Services Manager ... The Dining Service Manager's credentials will be determined by state regulations. The Dining Services Manager credentials may include a Sanitation Certification, a 90-hour approved Dietary Manager's Course, or a two or four year degree in nutrition or food service as approved by the state ... "

4

How the corrective action will be monitored to ensure the deficient practice will not reoccur, i.e., what quality assurance program will be put into place; and

Ed/designee will monitor serv safe licensure PRN.

5

By what date the systemic changes will be completed

December 14, 2023

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On 11/21/23 at 1:38 P.M., the Administrator indicated there was not a facility policy for the Dietary Manager certification, but it would be the facility policy to follow the state's regulations.

This deficiency was cited on 10/4/23. The facility failed to implement a systemic plan of correction to prevent recurrence.

Based on interview and record review, the facility failed to ensure the food service department was directed by a supervisor competent in food service management and knowledgeable in sanitation standards and food handling for 1 of 1 dietary managers reviewed. The dietary manager was not certified. (Dietary Manager)

Findings include:

On 11/20/23 at 9:22 A.M., the Dietary Manager indicated the next class for dietary certification was December 14, 2023 so she still was not certified.

On 11/21/23 at 10:15 A.M., the Director of Nursing (DON) indicated the Dietary Manager took the certification class on November 16, 2023, but she didn't pass the exam so she was rescheduled for December 14, 2023.

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On 11/21/23 at 12:07 P.M., an undated current Organizational Plan used to communicate clearly the functions of the Dining Services Department was provided by the Administrator and indicated " 2. Dining Services Manager ... The Dining Service Manager's credentials will be determined by state regulations. The Dining Services Manager credentials may include a Sanitation Certification, a 90-hour approved Dietary Manager's Course, or a two or four year degree in nutrition or food service as approved by the state ... "

On 11/21/23 at 1:38 P.M., the Administrator indicated there was not a facility policy for the Dietary Manager certification, but it would be the facility policy to follow the state's regulations.

This deficiency was cited on 10/4/23. The facility failed to implement a systemic plan of correction to prevent recurrence.

Based on interview and record review, the facility failed to ensure the food service department was directed by a supervisor competent in food service management and knowledgeable in sanitation standards and food handling for 1 of 1 dietary managers reviewed. The dietary manager

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was not certified. (Dietary Manager)

Findings include:

On 11/20/23 at 9:22 A.M., the Dietary Manager indicated the next class for dietary certification was December 14, 2023 so she still was not certified.

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On 11/21/23 at 12:07 P.M., an undated current Organizational Plan used to communicate clearly the functions of the Dining Services Department was provided by the Administrator and indicated " 2. Dining Services Manager ... The Dining Service Manager's credentials will be determined by state regulations. The Dining Services Manager credentials may include a Sanitation Certification, a 90-hour approved Dietary Manager's Course, or a two or four year degree in nutrition or food service as approved by the state ... "

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Dietary Manager certification, but it would be the facility policy to follow the state's regulations.

This deficiency was cited on 10/4/23. The facility failed to implement a systemic plan of correction to prevent recurrence.

Based on interview and record review, the facility failed to ensure the food service department was directed by a supervisor competent in food service management and knowledgeable in sanitation standards and food handling for 1 of 1 dietary managers reviewed. The dietary manager was not certified. (Dietary Manager)

Findings include:

On 11/20/23 at 9:22 A.M., the Dietary Manager indicated the next class for dietary certification was December 14, 2023 so she still was not certified.

On 11/21/23 at 10:15 A.M., the Director of Nursing (DON) indicated the Dietary Manager took the certification class on November 16, 2023, but she didn't pass the exam so she was rescheduled for December 14, 2023.

On 11/21/23 at 12:07 P.M., an undated current Organizational Plan used to communicate

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clearly the functions of the Dining Services Department was provided by the Administrator and indicated " 2. Dining Services Manager ... The Dining Service Manager's credentials will be determined by state regulations. The Dining Services Manager credentials may include a Sanitation Certification, a 90-hour approved Dietary Manager's Course, or a two or four year degree in nutrition or food service as approved by the state ... "

On 11/21/23 at 1:38 P.M., the Administrator indicated there was not a facility policy for the Dietary Manager certification, but it would be the facility policy to follow the state's regulations.

This deficiency was cited on 10/4/23. The facility failed to implement a systemic plan of correction to prevent recurrence.

R 0302

Pharmaceutical Services -
Deficiency

410 IAC 16.2-5-6(c)(6)

(6) Over-the-counter medications must be identified with the following:

(A) Resident name.

(B) Physician name.

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	(C) Expiration date. (D) Name of drug. (E) Strength.			
R 0406	Infection Control - Offense 410 IAC 16.2-5-12(a) (a) The facility must establish and maintain an infection control practice designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of diseases and infection.	R 0406		
R 0410	Infection Control - Noncompliance 410 IAC 16.2-5-12(e)(f)(g) (e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72) hours. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered and read. (f) For residents who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed within one (1) to three (3) weeks after the first test. The frequency of repeat testing will depend on the	R 0410		

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risk of infection with tuberculosis.

(g) All residents who have a positive reaction to the tuberculin skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.

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