STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIVE STAR RESIDENCES OF NORTHWOODS	2501 FRIENDSHIP BLVD, KOKOMO, , 46901

(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: May 23 and 24, 2023 Facility number: 014019 Residential Census: 64 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review was completed on May 30, 2023.	R 0000	This plan of Correction constitutes Five Star Residences of North Woods written allegation of compliance for the alleged deficiencies cited. Submission of the Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. The facility respectfully requests that paper compliance/desk review be granted.	
R 0092	Administration and Management - Noncompliance 410 IAC 16.2-5-1.3(i)(1-2) (i) The facility must maintain a written fire and disaster preparedness plan to assure continuity of care of residents in cases of emergency as follows: (1) Fire exit drills in facilities shall include the transmission of a fire	R 0092	1. No residents were affected by the deficient practice. 2. All residents have the potential to be affected by the deficient practice. At least every 6 months, the facility shall attempt to hold the fire and disaster drill in conjunction with the local fire department. A record of the training and drill shall be documented with the names and signatures of the participants. 3. The maintenance director shall	06/23/2023

	alarm signal and simulation of emergency fire conditions, except that the movement of nonambulatory residents to safe areas or to the exterior of the building is not required. Drills shall be conducted quarterly on each shift to familiarize all facility personnel with signals and emergency action required under varied conditions. At least twelve (12) drills shall be held every year. When drills are conducted between 9 p.m. and 6 a.m., a coded announcement may be used instead of audible alarms. (2) At least every six (6) months, a facility shall attempt to hold the fire and disaster drill in conjunction with the local fire department. A record of all training and drills shall be documented with the names and signatures of the personnel present. Based on interview and record review, the facility failed to ensure an attempt was made to hold fire drills in conjunction with the local fire department. This deficient practice had the potential to affect 64 of 64 residents who resided in the facility. Finding includes: During the review of the twelve yearly fire drills, there was no documentation to include the local fire department had been contacted to participate in any of the facility fire drills.		be educated that at least every 6 months, the facility shall attempt to hold the fire and disaster drill in conjunction with the local fire department. A record of the training and drill shall be documented with the names and signatures of the participants. 4.The monthly fire and disaster drill will be reviewed by the ED or designee to ensurethat at least every 6 months, the facility shall attempt to hold the fire and disaster drill in conjunction with the local fire department. A record of the training and drill shall be documented with the names and signatures of the participants.	

	During an interview, on 5/24/23 at 11:52 a.m., the Executive Director indicated the facility did not have documentation the local fire department had been contacted and asked to participate in any of the twelve fire drills. The current Maintenance Director had only been at the facility for 3 months and had not included the local fire department since he had been there. The facility did not have a policy on including the local fire department in the drills. Based on interview and record review, the facility failed to ensure an attempt was made to hold fire drills in conjunction with the local fire department. This deficient practice had the potential to affect 64 of 64 residents who resided in the facility. Finding includes: During the review of the twelve yearly fire drills, there was no documentation to include the local fire department had been contacted to participate in any of the facility fire drills. During an interview, on 5/24/23 at 11:52 a.m., the Executive Director indicated the facility did not have documentation the local fire department had been contacted and asked to participate in any of the twelve fire drills. The current			

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R 0121	Personnel - Noncompliance 410 IAC 16.2-5-1.4(f)(1-4) (f) A health screen shall be required for each employee of a facility prior to resident contact. The screen shall include a tuberculin skin test, using the Mantoux method (5 TU, PPD), unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The facility must assure the following: (1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. The first tuberculin skin test must be read prior to the employee starting work. For health care workers 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 one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of	R 0121	1. No residents were affected by the deficient practice. 2. All residents have the potential to be affected by the deficient practice. The facility shall perform the TB screenings or tests on Van Driver 2, Cook 3, Maintenance Director 4 and Cook 5 as well as any new hires moving forward. 3. The facility will begin utilizing the TB Screening form for all new hires as well as annual staff TB screenings. These screens will be documented and retained in employee files. 4.New hire TB screenings will be reviewed monthly by the ED or designee to ensure facility staff are in compliance with health screening and TB tests requirements.	06/23/2023

	infection with tuberculosis. (2) All employees who have a positive reaction to the skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis. (3) The facility shall maintain a health record of each employee that includes reports of all employment-related health screenings. (4) An employee with symptoms or signs of active disease, (symptoms suggestive of active tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss) shall not be permitted to work until tuberculosis is ruled out. Based on interview and record review, the facility failed to ensure staff received the tuberculin (TB) skin testing or screening prior to resident contact for 4 of 5 recently hired staff reviewed for TB skin testing. (Van Driver 2, Cook 3, Maintenance Director 4 and Cook 5) Findings include: 1. Van Driver 2 was hired on 4/10/23. The employee health screen did not include TB testing or screening.			

	2. Cook 3 was hired on 3/17/23. The employee health screen did not include TB testing or screening. 3. Maintenance Director 4 was hired on 2/16/23. The employee health screen did not include TB testing or screening. 4. Cook 5 was hired on 4/6/23. The employee health screen did not include TB testing or screening. During an interview, on 5/24/23 at 11:50 a.m., the Director of Nursing (DON) indicated there were multiple staff who had not had TB testing done because the facility did not have a provider who could order the PPD (purified protein derivative) solution needed to administer the TB skin testing. A current policy, titled "Tuberculosis Control Plan," dated effective 10/1/17 and received from the Executive Director on 5/24/23 at 3:15 p.m., indicated "...Each Five Star community is committed to providing a safe and healthful work environment for its staff, providers, contractors, students, volunteers, residents, and visitors. In pursuit of this goal, a tuberculosis control plan ['TB Control Plan'], is developed at each community to eliminate or minimize the risk of exposure to Mycobacterium Tuberculosis			

	['TB']. The TB control plan provides evaluation of community risk, evaluation of residents and appropriate medical referrals. It operates in conjunction with the Workplace Safety Tuberculosis Control Plan for evaluation of employees, providers, contractors, students, and volunteers training for same. Both policies follow the recommendations of the Center for Disease Control and Prevention ['CDC'] and US Occupational Safety and Health Administration ['OSHA']. The CDC TB Screening and Testing of Health Care Personnel, updated on August 30, 2022, indicated TB screening and testing of health care personnel is recommended as part of a TB Infection Control Plan. All U.S. health care personnel should be screened for TB upon hire. Based on interview and record review, the facility failed to ensure staff received the tuberculin (TB) skin testing or screening prior to resident contact for 4 of 5 recently hired staff reviewed for TB skin testing. (Van Driver 2, Cook 3, Maintenance Director 4 and Cook 5) Findings include: 1. Van Driver 2 was hired on			

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	each community to eliminate or minimize the risk of exposure to Mycobacterium Tuberculosis ['TB']. The TB control plan provides evaluation of community risk, evaluation of residents and appropriate medical referrals. It operates in conjunction with the Workplace Safety Tuberculosis Control Plan for evaluation of employees, providers, contractors, students, and volunteers training for same. Both policies follow the recommendations of the Center for Disease Control and Prevention ['CDC'] and US Occupational Safety and Health Administration ['OSHA']. The CDC TB Screening and Testing of Health Care Personnel, updated on August 30, 2022, indicated TB screening and testing of health care personnel is recommended as part of a TB Infection Control Plan. All U.S. health care personnel should be screened for TB upon hire.			
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.	R 0273	1. No residents were affected by the deficient practice. 2. All residents have the potential to be affected by the deficient practice.The food observed to be out of compliance was discarded during survey. Cooks/Chef to be re-educated to ensure that meat is dated when moved from the freezer to the refrigerator to thaw	06/23/2023

	Based on observation, interview and record review, the facility failed to ensure meat was dated when moved from the freezer to the refrigerator to thaw and thawed meat had a use by date. This deficient practice had the potential to affect 64 of 64 residents who received food from the kitchen. Finding includes: During an observation, on 5/23/23 at 12:01 p.m., with the Dining Manager the following were observed: a. The bottom shelf of the reach in cooler had one large plastic bag of thawed chicken pieces with the bottom third of the pieces in reddish colored liquid with a date of 5/15. The chicken did not have a use by date. b. The bottom shelf of the reach in cooler contained a large white plastic bag of ground turkey not dated. During an interview, on 5/23/23 at 12:05 p.m., the Dining Manager indicated the chef had removed the chicken from the freezer to thaw and she was not sure why the chicken had not been used yet. She would need to throw the chicken pieces away since they were in the refrigerator for 8 days. The ground turkey should have been		and thawed meat is to have a use by date on it. 3.Cooks/Chef to be re-educated to ensure that meat is dated when moved from the freezer to the refrigerator to thaw and thawed meat is to have a use by date on it. This education to be documented and retained with in-services. 4. Food Service Director or designee shall randomly monitor refrigerators for thawing meat weekly for 13 weeks and document observation/re-educate as needed. After 13 weeks, Food Service Director and Executive Director will determine if continued monitoring is needed.	

	dated when it was removed from the freezer to thaw. The United States Department of Agriculture indicated raw chicken and turkey can be kept in the refrigerator for 1-2 days. A current policy, titled "Food Safety," dated effective 9/1/18 and received from the Executive Director on 5/23/23 at 3:50 p.m., indicated "...During the food preparation and production process, food is handled by methods to minimize contamination and bacterial growth. This policy provides guidelines for safe food practices throughout the receiving/storage, preparation, handling and service processes...HACCP stands for Hazard Analysis Critical Control Points and focuses on potentially hazardous foods ['PHF']...HACCP procedures and sanitation standards are followed to ensure safe and sanitary food preparation, thereby limiting food borne illness...Frozen foods are thawed during the cooking process, under refrigeration [preferred method] or by immersion under running potable water of a temperature of 70 degrees F or lower. Food may also be thawed in the microwave if the food will be moved immediately to other cooking equipment to finish cooking or finished immediately			

in the microwave...The following are potentially hazardous foods...Meat, fish, poultry...All stored food item have a product identifier/label and use by date...."

Based on observation, interview and record review, the facility failed to ensure meat was dated when moved from the freezer to the refrigerator to thaw and thawed meat had a use by date. This deficient practice had the potential to affect 64 of 64 residents who received food from the kitchen.

Finding includes:

During an observation, on 5/23/23 at 12:01 p.m., with the Dining Manager the following were observed:

a. The bottom shelf of the reach in cooler had one large plastic bag of thawed chicken pieces with the bottom third of the pieces in reddish colored liquid with a date of 5/15. The chicken did not have a use by date.

b. The bottom shelf of the reach in cooler contained a large white plastic bag of ground turkey not dated.

During an interview, on 5/23/23 at 12:05 p.m., the Dining Manager indicated the chef had removed the chicken from the freezer to thaw and she was not sure why the chicken had not

	been used yet. She would need to throw the chicken pieces away since they were in the refrigerator for 8 days. The ground turkey should have been dated when it was removed from the freezer to thaw. The United States Department of Agriculture indicated raw chicken and turkey can be kept in the refrigerator for 1-2 days. A current policy, titled "Food Safety," dated effective 9/1/18 and received from the Executive Director on 5/23/23 at 3:50 p.m., indicated "...During the food preparation and production process, food is handled by methods to minimize contamination and bacterial growth. This policy provides guidelines for safe food practices throughout the receiving/storage, preparation, handling and service processes...HACCP stands for Hazard Analysis Critical Control Points and focuses on potentially hazardous foods ['PHF']...HACCP procedures and sanitation standards are followed to ensure safe and sanitary food preparation, thereby limiting food borne illness...Frozen foods are thawed during the cooking process, under refrigeration [preferred method] or by immersion under running potable water of a temperature of 70 degrees F or lower. Food			

	may also be thawed in the microwave if the food will be moved immediately to other cooking equipment to finish cooking or finished immediately in the microwave...The following are potentially hazardous foods...Meat, fish, poultry...All stored food item have a product identifier/label and use by date...."			
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 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.	R 0410	1. Residents 34 and 62 were affected by the deficient practice. Both residents will have TB tests completed with results documented in medical record. 2. All residents have potential to be affected by the deficient practice. All new residents will have a TB test completed up to three months prior to admission or upon admission with results documented in medical record. 3. The facility will require new residents to get TB tests off-cite until facility has reliable source of TB testing solution. Director of Resident Care will review all new residents TB test results prior to admission to facility to ensure a valid test has been completed. 4.New resident TB screenings will be reviewed monthly by the ED or designee to ensure facility is in compliance with TB tests requirements.	06/23/2023

Based on interview and record review, the facility failed to ensure residents received tuberculin (TB) testing prior to or at admission for 2 of 7 residents reviewed for TB testing (Resident 34 and 62).

Findings include:

1. The record for Resident 34 was reviewed on 5/23/23 at 3:36 p.m. Diagnoses included, but were not limited to, pneumonia, malignant neoplasm of the bladder, dementia, and type diabetes mellitus.

The resident's record did not include documentation of any TB test prior to or after admission.

2. The record for Resident 62 was reviewed on 5/23/23 at 3:45 p.m. Diagnoses included, but were not limited to, multiple sclerosis.

The resident's record did not include documentation of any TB test prior to or after admission.

During an interview, on 5/24/23 at 11:50 a.m., the Director of Nursing (DON) indicated the facility did not have a Corporate Medical Director for the past 6 months and was not able to get the TB testing solution.

Residents 34 and 62 did not have an admission first or second step TB testing.

A current policy, titled "Tuberculin Control Plan," dated effective 10/1/17 and received from the Executive Director on 5/24/23 at 3:15 p.m., indicated "...Each Five Star community is committed to providing a safe and healthful work environment for its staff, providers, contractors, students, volunteers, residents, and visitors. In pursuit of this goal, a tuberculosis control plan ['TB Control Plan'], is developed at each community to eliminate or minimize the risk of exposure to Mycobacterium Tuberculosis ['TB']. The TB Control Plan provides evaluation of community risk, evaluation of residents and appropriate medical referrals...TB testing to include...Initial testing on new residents and readmitted residents to establish a baseline..."

Based on interview and record review, the facility failed to ensure residents received tuberculin (TB) testing prior to or at admission for 2 of 7 residents reviewed for TB testing (Resident 34 and 62).

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The resident's record did not include documentation of any TB test prior to or after admission.

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The resident's record did not include documentation of any TB test prior to or after admission.

During an interview, on 5/24/23 at 11:50 a.m., the Director of Nursing (DON) indicated the facility did not have a Corporate Medical Director for the past 6 months and was not able to get the TB testing solution. Residents 34 and 62 did not have an admission first or second step TB testing.

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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