STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	01/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER BIRCH OF MUNCIE	2500 W KILGORE AVENUE, MUNCIE, , 47304

(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 the Investigation of Complaints IN00369977, IN00369466 and IN00369287. This visit included a Residential COVID-19 Quality Assurance Walk Through. Complaint IN00369977: Substantiated. State residential findings related to the allegations are cited at R0272. Complaint IN00369466 : Unsubstantiated due to lack of evidence. Complaint IN00369287: Substantiated. No State Residential Findings related to the allegations were cited. Survey dates: January 13 and 14, 2022 Facility number: 014034 Residential Census: 104	R 0000		

	This state residential finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on January 20, 2022.			
R 0272	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(e) (e) All food shall be served at a safe and appropriate temperature. Based on interview and record review, the facility failed to ensure food temperatures were obtained and/or documented prior to serving food. This deficiency had the potential to affect 104 of 104 residents who received food from the kitchen. Findings include: Review of the daily food temperature logs from December 1, 2021 through January 12, 2022, the following dates indicated missing food temperature documentation prior to serving: December 11, 2021: lunch-green beans and cornbread December 18, 2021: breakfast-yogurt cups December 21, 2021: Lunch-chef salad	R 0272	*The filing of this plan of correction does not constitute an admission the alleged deficiencies did in fact exist. This plan of correction is filed as evidence of the facility's desire to comply with the regulatory requirement and to continue providing quality care and services to all residents. Acceptance of this Plan of Correction (POC) provides the facility's credible evidence effective February 1, 2022. We respectfully request desk review and consideration for paper compliance of substantial compliance based on the POC.* **R272 Food & Nutritional Services-Deficiency** **<u>What corrective action will be accomplished for those residents found to have been affected by the deficient practice;</u>** *The facility has taken corrective action by providing additional*	02/02/2022

	December 25, 2021: breakfast: wheat toast December 26, 2021: lunch-french fries December 28, 2021: lunch-ham and cheese sandwich January 1, 2022: lunch-vegetable medley and mac and cheese January 2, 2022: breakfast-English muffins January 3, 2022: breakfast-cheesy scrambled eggs, muffins and oatmeal January 3, 2022: lunch-Beef with broccoli, fried rice, peas & carrots rolls, mandarin oranges and broccoli cheese stuffed chicken January 5, 2022: lunch- BBQ chicken thighs, baked beans, cucumbers and tomatoes, cornbread, orange wedges and grilled cheese sandwich January 7, 2022: breakfast-bacon, scrambled eggs and wheat toast January 8, 2022: lunch-grilled cheese sandwich January 10, 2022: breakfast-oatmeal, cheesy scrambled eggs and cinnamon rolls		*education and in-service with culinary staff members.* **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;** *Residents residing in the community had the potential to be affected by this alleged deficient practice.* **What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;** *Culinary Manager will provide Culinary staff members, additional one-on-one training and guidance on safe food handling practices with an emphasis on appropriate testing of internal food temperatures and documentation of the same by 1/31/22 and staff members will be held accountable for following such practices.* *The Culinary Director or designee assumes the primary responsibility for ensuring these practices are followed. The*	

	January 12, 2022: lunch-tuna melt During a breakfast preparation observation on 1/14/2022, from 6:30 to 8:40 a.m., the Dietary Manager indicated she had been in the position since October 2021. She indicated she tried to audit the temperature logs daily to make sure the temperatures were being taken and were correct, but has had to act as a cook instead of begin able to do her managerial duties consistently. Review of current facility policy, dated 8/28/2018, titled "Food Temperatures," which was provided by the Dietary Manager on 1/14/2022 at 10:36 a.m., indicated the following: "... Procedure: ...3. Record reading of Food Temperature Chart at beginning off the service line and end of the service line. ..." This State tag relates to Complaint IN00369977. Based on interview and record review, the facility failed to ensure food temperatures were obtained and/or documented prior to serving food. This deficiency had the potential to affect 104 of 104 residents who received food from the kitchen.		*food temperature audit will be ongoing at 5 days weekly for 4 weeks, then* *weekly until substantial compliance is achieved for 3 months – any deficient* *results in the audit will be addressed immediately by the Culinary Manager or* *Designee. The facility has also scheduled further in-service training to be provided by third-party Registered Dietician consultant for culinary staff members on 2/1/22.* *Additionally, on 1/31/22 culinary manager will* *chair resident food committee to discuss and assist in resolving any other* *culinary concern. Food committee is open* *to be attended by Residents residing in community.* **How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;** *The Culinary Manager or designee will* *monitor daily -Monday thru Friday for 4 weeks and weekly thereafter with noted* *issues being addressed immediately.* *Results of the monitoring will be reported monthly for review to the L10*	

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January 3, 2022: lunch-Beef with broccoli, fried rice, peas & carrots rolls, mandarin oranges and broccoli cheese stuffed chicken

January 5, 2022: lunch- BBQ chicken thighs, baked beans, cucumbers and tomatoes, cornbread, orange wedges and grilled cheese sandwich

January 7, 2022: breakfast-bacon, scrambled eggs and wheat toast

January 8, 2022: lunch-grilled cheese sandwich

January 10, 2022: breakfast-oatmeal, cheesy scrambled eggs and cinnamon rolls

January 12, 2022: lunch-tuna melt

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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