STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	05/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE WOODS OF NOBLESVILLE	9600 E 146TH STREET, NOBLESVILLE, , 46060

(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 IN00378749, IN00379322, IN00379760, IN00379575, IN00379562 and IN00376593 . Complaint IN00378749 - Substantiated. State Residential Findings related to the allegations are cited at R0214, R0241, R0273 and R0274. Complaint IN00379322, - Substantiated. State Residential Findings related to the allegations are cited at R0273 and R0274. Complaint IN00379760 - Substantiated. State Residential Findings related to the allegations are cited at R0214, R0241, R0273 and R0274. Complaint IN00379575 - Substantiated. State Residential Findings related to the allegations are cited at R0214 and R0241.	R 0000		

	Complaint IN00379562 - Substantiated. State Residential Findings related to the allegations are cited at R0214 and R0241. Complaint IN00376593 - Unsubstantiated due to lack of evidence. Survey date: May 10 and 11, 2022 Facility number: 014213 Residential Census: 122 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality reveiw completed on May 16, 2022.			
R 0214	Evaluation - Deficiency 410 IAC 16.2-5-2(a) (a) An evaluation of the individual needs of each resident shall be initiated prior to admission and shall be updated at least semiannually and upon a known substantial change in the resident ' s condition, or more often at the resident ' s or facility ' s request. A licensed nurse shall evaluate the nursing needs of the resident. Based on observation, interview and record review, the facility failed to assess residents and create a fall care plans for 2 of 3	R 0214	R214 Evaluation An evaluation/assessment will be completed for each resident prior to admission, semiannually or sooner and with a change in resident condition. 1. Resident B and E care plans were reviewed and updated to include post fall care and interventions. The care plans were completed on May 26,	06/11/2022

	residents reviewed for falls (Resident B, Resident E). Findings include: 1. The clinical record for Resident B was reviewed on 5/10/2022 at 11:00 a.m. Diagnoses included, but were not limited to, anxiety disorder, hypertension, dementia with behaviors, depression, spinal stenosis, stage 3 kidney disease and chronic diastolic heart failure. Review of the clinical record indicated a fall care plan dated 1/13/2022. Interventions were documented as follows: a. utilize pull bars in the bathroom when toileting. b. bed in lowest position at all times. c. assesses residents need to use the bathroom every two hours. No dates were provided for the interventions. The clinical record lacked a fall risk assessment after falls on 4/11/2022 and 4/28/2022. 2. The clinical record for Resident E was reviewed on 5/10/2022 at 1:46 p.m. Diagnoses included, but were not limited to, hypothyroidism, dementia, arthritis,		2022. 2. An audit of all residents with falls in the last sixty days will be conducted by Director of Nursing and/or designee to review if proper interventions were in place, to make any necessary corrections and to update the care plan to include post fall care and interventions. The audit will be completed by June 10, 2022 3. The Director of Nursing, Memory Care Director, and staff nurses are responsible to ensure preadmission assessments are completed, care plans are updated semi annually or sooner with a change in condition, to include post fall interventions. The Director of Nursing and/or Memory Care Director will inservice nurses to review and update care plan for post fall interventions. Weekly clinical meetings will be conducted to ensure coordination and oversight and completion of updated care plans. 4.	

	metatarsalgia right and left feet. Review of the clinical record indicated the lack of an admission fall risk assessment. The resident was admitted to the facility on 3/29/2022. Review of the clinical record indicated the resident had falls on 4/18/2022, 4/28/2022 and 5/6/2022. All falls occurred in the resident's room while the resident was attempting self-transfers or ambulation without assistance. No fall risk assessments were provided after the falls. Review of the clinical record indicated on 5/6/2022 the resident was found face down in their room which resulted in a fractured nose. The resident was sent to the hospital for evaluation and treatment and returned to the facility. The clinical record lacked a fall care plan with resident specific interventions to fall prevention. During an interview on 5/11/2022 at 12:23 p.m., the Director of Nursing indicated all residents were at risk for falls and the facility did not do fall risk assessments. "After a fall we gather and discuss interventions with therapy." The DON indicated there was no formal assessment form to document in the clinical record. The DON indicated the therapy		The Director of Nursing, Memory Care Director and staff nurses will update the Administrator weekly on designated day in daily stand-up meeting to ensure corrective action is in place and maintained. The QA committee will monitor updates for compliance at monthly meeting and make recommendations. This will be on-going review within the QA committee. Effective Date June 11, 2022.	

department should screen residents post fall and make recommendations for prevention.

During an interview on 5/11/2022 at 1:43 p.m., that included the Administrator and the Memory Care Director, the DON indicated the Regional Nurse Consultant told her every resident in the facility was a high fall risk. All residents were screened upon admission and after each fall. The fall care plans interventions were to be documented in the clinical record/fall care plan.

Review of a current policy, dated 9/7/2021 titled "Policy: Falls Prevention & Management" indicated the following:

"The safety and well being of all Community residents is of utmost priority. All Community residents are considered in the Community's Fall Prevention and Management Program which includes: assessment of fall risk and initiation of both universal and individualized fall preventions interventions.

Procedure:

1. All residents are assessed for risk of falls on admission, with ongoing assessments occurring on a routine basis, and upon any significant changes in resident condition. This

	information shall be included in the resident's medical record (i.e.: service plan). 2. Universal fall interventions shall be applied to all residents and include: a. Orientation to resident's apartment b. Orientation to call light use c. Ongoing general and/or individualized education as needed or requested in consideration of risk factors d. Inspection of environment to identify and correct any safety concerns during wellness checks e. Collaboration with third party healthcare providers as ordered by the primary healthcare provider ... 9. The resident's service plan shall be updated, if necessary and/or with any significant change in condition, to include any additional fall prevention measures." this policy was provided by the Administrator on 5/11/2022 at 1:25 p.m. This residential tag relates to complaints IN00378749, IN00379562, IN00379575, and IN00379760.			

	Based on observation, interview and record review, the facility failed to assess residents and create a fall care plans for 2 of 3 residents reviewed for falls (Resident B, Resident E). Findings include: 1. The clinical record for Resident B was reviewed on 5/10/2022 at 11:00 a.m. Diagnoses included, but were not limited to, anxiety disorder, hypertension, dementia with behaviors, depression, spinal stenosis, stage 3 kidney disease and chronic diastolic heart failure. Review of the clinical record indicated a fall care plan dated 1/13/2022. Interventions were documented as follows: a. utilize pull bars in the bathroom when toileting. b. bed in lowest position at all times. c. assesses residents need to use the bathroom every two hours. No dates were provided for the interventions. The clinical record lacked a fall risk assessment after falls on 4/11/2022 and 4/28/2022. 2. The clinical record for Resident E was reviewed on			

	5/10/2022 at 1:46 p.m. Diagnoses included, but were not limited to, hypothyroidism, dementia, arthritis, metatarsalgia right and left feet. Review of the clinical record indicated the lack of an admission fall risk assessment. The resident was admitted to the facility on 3/29/2022. Review of the clinical record indicated the resident had falls on 4/18/2022, 4/28/2022 and 5/6/2022. All falls occurred in the resident's room while the resident was attempting self-transfers or ambulation without assistance. No fall risk assessments were provided after the falls. Review of the clinical record indicated on 5/6/2022 the resident was found face down in their room which resulted in a fractured nose. The resident was sent to the hospital for evaluation and treatment and returned to the facility. The clinical record lacked a fall care plan with resident specific interventions to fall prevention. During an interview on 5/11/2022 at 12:23 p.m., the Director of Nursing indicated all residents were at risk for falls and the facility did not do fall risk assessments. "After a fall we gather and discuss interventions with therapy." The			

DON indicated there was no formal assessment form to document in the clinical record. The DON indicated the therapy department should screen residents post fall and make recommendations for prevention.

During an interview on 5/11/2022 at 1:43 p.m., that included the Administrator and the Memory Care Director, the DON indicated the Regional Nurse Consultant told her every resident in the facility was a high fall risk. All residents were screened upon admission and after each fall. The fall care plans interventions were to be documented in the clinical record/fall care plan.

Review of a current policy, dated 9/7/2021 titled "Policy: Falls Prevention & Management" indicated the following:

"The safety and well being of all Community residents is of utmost priority. All Community residents are considered in the Community's Fall Prevention and Management Program which includes: assessment of fall risk and initiation of both universal and individualized fall preventions interventions.

Procedure:

1. All residents are assessed for risk of falls on admission, with

	ongoing assessments occurring on a routine basis, and upon any significant changes in resident condition. This information shall be included in the resident's medical record (i.e.: service plan). 2. Universal fall interventions shall be applied to all residents and include: a. Orientation to resident's apartment b. Orientation to call light use c. Ongoing general and/or individualized education as needed or requested in consideration of risk factors d. Inspection of environment to identify and correct any safety concerns during wellness checks e. Collaboration with third party healthcare providers as ordered by the primary healthcare provider ... 9. The resident's service plan shall be updated, if necessary and/or with any significant change in condition, to include any additional fall prevention measures." this policy was provided by the Administrator on 5/11/2022 at 1:25 p.m. This residential tag relates to			

	complaints IN00378749, IN00379562, IN00379575, and IN00379760.			
R 0241	Health Services - Offense 410 IAC 16.2-5-4(e)(1) (e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides. Based on record review and interview the facility failed to ensure mediations were given as ordered by the physician for 1 of 5 residents reviewed for medication administration. (Resident B) Findings include: The clinical record for Resident B was reviewed on 5/10/2022 at 11:00 a.m. Diagnoses included, but were not limited to, anxiety disorder, hypertension, dementia with behaviors, depression, spinal stenosis, stage 3 kidney disease and chronic diastolic heart failure. Review of the physician orders indicated Resident B had an	R 0241	R241 The administration of medications and the provision of residential nursing care shall be as ordered by the resident’s physician and shall be supervised by a licensed nurse. 1. Immediately the resident at risk was evaluated and found to have no adverse effects. The medication was reordered and available onsite. 2. A review of all residents with medication administration from staff was conducted and no other resident was identified to be at risk. 3. All medication administration staff are responsible to ensure that medication is administered per physician order, that medication	06/11/2022

	order for Fentanyl 25 mcg/hr patch to be applied every 72 hours. This order was dated 1/15/2022. Review of the Medication Administration Record (MAR) for April 2022 indicated the patch was administered on the following days: 4/3, 4/6, 4/9, 4/12, 415, 4/18, 4/21, 4/24, 4/27 and 4/30. Review of the narcotic inventory sheet, dated 4/5/2022 for Resident B's Fentanyl patch indicated the medicated patch was administered on the following dates: 4/6, 4/9, 4/12, 4/15, 4/17, 4/21, 4/23, 4/24, 4/26, and 4/27. Review of a facility incident report indicated Resident B was administered the wrong dose of medication on the wrong date. Review of a shower sheet dated 4/28/2022 indicated the resident received a complete bed bath. The shower sheet was signed by QMA (Qualified Medication Aide) 1. During an observation on 5/11/2022 at 10:25 a.m., with the Memory Care Director, Resident B was observed in bed on her left side. The resident appeared clean and well groomed. A Fentanyl patch was located on her right posterior shoulder. The date on the patch was 4/27 with QMA3's initials.		is available and to notify the staff nurse, or a nurse supervisor if any discrepancy to this practice. A weekly review of medication administration will be conducted by the Director of Nursing or designee to ensure proper medication administration. The medication administration staff completed a Medication Administration inservice on June 3,2022. 4. The Director of Nursing, Memory Care Director and staff nurses will update the Administrator weekly on designated day in daily stand-up meeting to ensure corrective action is in place and maintained. The QA committee will monitor updates for compliance at monthly meeting and make recommendations. This will be on-going review within the QA committee. 5. Effective Date June 11, 2022.	

	The date on the patch should have been 5/9. During an interview on 5/11/2022 at 10:44 a.m., the DON (Director of Nursing) indicated she was made aware of the discrepancy in Resident B's Fentanly patches on 4/27/2022. She indicated the facility investigated and found no patches unaccounted for. She indicated because the medications had been administered more frequently than every 72 hours per the order, the NP was unable to write a new prescription because it was a controlled medication and the facility would need to wait for the pharmacy to be able to re-fill the subscription. The NP ordered for the resident to be monitored for adverse effects. During an interview on 5/11/2022 at 11:03 a.m., QMA3 indicated she had noticed a discrepancy in the resident's Fentanly patch on 4/18. She indicated the patch to be removed was dated 4/17 (should have been dated 4/15). Then on 4/24 she found the patch to be removed dated 4/23. She indicated she changed the patch and dated it 4/24. She indicated she reported this to the nurse on duty and was told to continue the medication as ordered. On 4/27 she found a patch dated			

	4/26. She indicated this was reported to the DON. QMA3 indicated she was suspended for attendance after she reported the incident and has not returned to the facility. No further information was provided. This residential tag relates to complaints IN00378749, IN00379562, IN00379575, and IN00379760. Based on record review and interview the facility failed to ensure mediations were given as ordered by the physician for 1 of 5 residents reviewed for medication administration. (Resident B) Findings include: The clinical record for Resident B was reviewed on 5/10/2022 at 11:00 a.m. Diagnoses included, but were not limited to, anxiety disorder, hypertension, dementia with behaviors, depression, spinal stenosis, stage 3 kidney disease and chronic diastolic heart failure. Review of the physician orders indicated Resident B had an order for Fentanyl 25 mcg/hr patch to be applied every 72 hours. This order was dated 1/15/2022. Review of the Medication Administration Record (MAR)			

for April 2022 indicated the patch was administered on the following days: 4/3, 4/6, 4/9, 4/12, 415, 4/18, 4/21, 4/24, 4/27 and 4/30.

Review of the narcotic inventory sheet, dated 4/5/2022 for Resident B's Fentanyl patch indicated the medicated patch was administered on the following dates: 4/6, 4/9, 4/12, 4/15, 4/17, 4/21, 4/23, 4/24, 4/26, and 4/27.

Review of a facility incident report indicated Resident B was administered the wrong dose of medication on the wrong date.

Review of a shower sheet dated 4/28/2022 indicated the resident received a complete bed bath. The shower sheet was signed by QMA (Qualified Medication Aide) 1.

During an observation on 5/11/2022 at 10:25 a.m., with the Memory Care Director, Resident B was observed in bed on her left side. The resident appeared clean and well groomed. A Fentanyl patch was located on her right posterior shoulder. The date on the patch was 4/27 with QMA3's initials. The date on the patch should have been 5/9.

During an interview on 5/11/2022 at 10:44 a.m., the DON (Director of Nursing) indicated she was made aware

	of the discrepancy in Resident B's Fentanly patches on 4/27/2022. She indicated the facility investigated and found no patches unaccounted for. She indicated because the medications had been administered more frequently than every 72 hours per the order, the NP was unable to write a new prescription because it was a controlled medication and the facility would need to wait for the pharmacy to be able to re-fill the subscription. The NP ordered for the resident to be monitored for adverse effects. During an interview on 5/11/2022 at 11:03 a.m., QMA3 indicated she had noticed a discrepancy in the resident's Fentanly patch on 4/18. She indicated the patch to be removed was dated 4/17 (should have been dated 4/15). Then on 4/24 she found the patch to be removed dated 4/23. She indicated she changed the patch and dated it 4/24. She indicated she reported this to the nurse on duty and was told to continue the medication as ordered. On 4/27 she found a patch dated 4/26. She indicated this was reported to the DON. QMA3 indicated she was suspended for attendance after she reported the incident and has not returned to the facility.			

	No further information was provided. This residential tag relates to complaints IN00378749, IN00379562, IN00379575, and IN00379760.			
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 prepare and distribute food under safe and sanitary conditions. This deficient practice had the potential to impact 122 of 122 residents. Finding include: During a lunch meal observation on 5/10/22 from 11:39 a.m. to 12:55 p.m., the following concerns regarding safe sanitary food distribution were made: a. At 11:39 a.m., Maintenance Assistant 6 was observed in the kitchen with his mask under his nose. b. At 11:41 a.m., CNA 10 was	R 0273	R273 The food and nutritional services will be maintained in accordance with regulation for sanitation and food handling standards. 1. No residents were found to be affected by this practice. 2. Food handling and sanitation practices were corrected to ensure no residents affected by this practice. 3. Directors completed an inservice training by Regional Culinary Director on Thursday May 19th covering food services sanitation and food handling standards. Inservice training will continue until each staff	06/01/2022

	observed exiting the walk in refrigerator with her mask under her nose.		member has been trained. 4. The new Culinary Services Director began on 5/23/2022. He and the Administrator will supervise and monitor that safe sanitation and food handling standards are upheld and that training and compliance continues. This compliance will include proper wearing of face masks, proper sanitary use of disposable gloves and hairnets, handwashing. The Culinary Service Director will monitor daily with each meal to ensure compliance. The Administrator will conduct weekly checks to ensure compliance. 5. Effective date June 1, 2022.	

	c. From 11:46 a.m. to 11:58 a.m., the Admission and Marketing Director was observed preparing fish and french fries. He was wearing a pair of disposable gloves on both hands. Throughout to food preparation he wore the same pair of gloves he never removed his gloves or wash his hands. He touched the handle of the fryer, cabinet door handles, drawer handles, utensils, food boxes, food bags, steam table pans, steam table lids, and frozen food all with the same gloves, Each time he placed fish in the fryer he touched the frozen fish patties with his gloved hands. When placing french fries in the fryer, he touched 5 to 20 fries in a scooping/cupping movement using his gloved hands. At 11:55 a.m., wearing his dirty gloves, he left the food preparation area and went into the dish room, then returned to the kitchen and opened a refrigerator and returned to the food preparation area and continued preparing food with the same soiled gloves. During an interview at 11:58 a.m., the Admissions and Marketing Director indicated he was currently the individual in charge of the dietary department and meal service. d. At 11:55 a.m. , C.N.A. 9 entered the washed her hand and then moved a broom and			

dust pan with her freshly washed hands. She then put gloved on her hands that had touched the handles of the broom and dust pan. She did not re-wash her hands prior to donning her gloves.

During an interview on 5/10/22, 11:56 a.m. C.N.A. 9 indicated she had not had any food preparation training.

e. At 11:57 a.m., Dietary Aide 7 was observed serving food, She was wearing gloves on both hands. She left the food service area wearing her gloves. She touched bags and containers with her gloved hands. She returned to the food serving area wearing the same gloves. She began serving food using the same gloves she had worn outside of the serving area.

f. From 11:58 a.m. to 12:06 p.m.., CNA 9 & CNA 10 entered and exited the kitchen and entered the dining room wearing the same pair of gloves for each entrance and exit.

g. At 12:02 p.m., QMA 8 removed ice from the ice from the ice machine using a drink pitcher. After she scooped out multiple scoops of ice, she placed the water pitcher, which she had touched with her hand, in the ice machine.

During a 5/22/19, 12:05 p.m., interview, QMA 8 indicated she

had not hand any food preparation training.

h. At 12:04 p.m., CNA 10 was observed moving in and out of the dining room with her mask under her nose.

During an interview at this time CNA 10 indicated she had not had any food preparation training.

i. At 12:06 p.m., CNA 10 exited the kitchen wearing gloves. She passed salads wearing the same gloves she had worn in the kitchen.

j. At 12:49 p.m., The Maintenance Director was walking around the kitchen without any form of hair covering. He walked from the food service area back to the refrigerator area and food preparation area all without a head covering. During an interview, at this time, he indicated he was waiting for his lunch.

k. From 12:50 p.m. to 12:55 p.m., Maintenance Assistant 6 touched his face mask with his gloved hands. He then touched boxes with the same gloves. He cooked and served food during this time. He then touched the tongs. He picked up and filled to go meal containers. He placed his soiled gloved thumb inside the to go container touching the food contact surface. At 12:51

p.m., his mask slid under his nose, He continues to work with his mask under his nose. He touched his mask with the same gloved hand at 12:52 p.m. and continued cooking and serving. At 12:54 p.m., he touched his mask again, He then picked up lettuce cheese and tomato with the same soiled gloves. He placed each food item on a plate making a salad.

During an interview at 12:55 p.m., Maintenance Assistant 6 indicated he had not had any training regarding food preparation.

A current, undated, facility policy, titled "General Food Preparation Policy and Procedure", which was provided by the Administrator, on 5/10/22 at 1:38 p.m., indicated the following:

"In an effort to prevent the transmission of pathogenic organisms, food shall be prepared with the least possible manual contact, with suitable utensils and no surface prior to use...

Food employees shall avoid direct contact (i.e., using bare hands) with ready- to eat-food when ever possible and, to the extent possible....If gloves are used to handle ready-to eat food, they shall be single-use gloves."

	A current, 3/2022, facility policy, titled "Personal Protective Equipment (PPE)", which was provided by the Administrator on 5/11/22 at 11:40 a.m., indicated the following: "Masks and respirators-protect mouth, nose..." . This residential tag relates to complaints IN00378749, IN00379322, and IN00379760. Based on observation, interview and record review, the facility failed to prepare and distribute food under safe and sanitary conditions. This deficient practice had the potential to impact 122 of 122 residents. Finding include: During a lunch meal observation on 5/10/22 from 11:39 a.m. to 12:55 p.m., the following concerns regarding safe sanitary food distribution were made: a. At 11:39 a.m., Maintenance Assistant 6 was observed in the kitchen with his mask under his nose. b. At 11:41 a.m., CNA 10 was observed exiting the walk in refrigerator with her mask under her nose. c. From 11:46 a.m. to 11:58			

	a.m., the Admission and Marketing Director was observed preparing fish and french fries. He was wearing a pair of disposable gloves on both hands. Throughout to food preparation he wore the same pair of gloves he never removed his gloves or wash his hands. He touched the handle of the fryer, cabinet door handles, drawer handles, utensils, food boxes, food bags, steam table pans, steam table lids, and frozen food all with the same gloves, Each time he placed fish in the fryer he touched the frozen fish patties with his gloved hands. When placing french fries in the fryer, he touched 5 to 20 fries in a scooping/cupping movement using his gloved hands. At 11:55 a.m., wearing his dirty gloves, he left the food preparation area and went into the dish room, then returned to the kitchen and opened a refrigerator and returned to the food preparation area and continued preparing food with the same soiled gloves. During an interview at 11:58 a.m., the Admissions and Marketing Director indicated he was currently the individual in charge of the dietary department and meal service. d. At 11:55 a.m. , C.N.A. 9 entered the washed her hand and then moved a broom and dust pan with her freshly			

	washed hands. She then put gloved on her hands that had touched the handles of the broom and dust pan. She did not re-wash her hands prior to donning her gloves. During an interview on 5/10/22, 11:56 a.m. C.N.A. 9 indicated she had not had any food preparation training. e. At 11:57 a.m., Dietary Aide 7 was observed serving food, She was wearing gloves on both hands. She left the food service area wearing her gloves. She touched bags and containers with her gloved hands. She returned to the food serving area wearing the same gloves. She began serving food using the same gloves she had worn outside of the serving area. f. From 11:58 a.m. to 12:06 p.m.., CNA 9 & CNA 10 entered and exited the kitchen and entered the dining room wearing the same pair of gloves for each entrance and exit. g. At 12:02 p.m., QMA 8 removed ice from the ice from the ice machine using a drink pitcher. After she scooped out multiple scoops of ice, she placed the water pitcher, which she had touched with her hand, in the ice machine. During a 5/22/19, 12:05 p.m., interview, QMA 8 indicated she had not hand any food			

preparation training.

h. At 12:04 p.m., CNA 10 was observed moving in and out of the dining room with her mask under her nose.

During an interview at this time CNA 10 indicated she had not had any food preparation training.

i. At 12:06 p.m., CNA 10 exited the kitchen wearing gloves. She passed salads wearing the same gloves she had worn in the kitchen.

j. At 12:49 p.m., The Maintenance Director was walking around the kitchen without any form of hair covering. He walked from the food service area back to the refrigerator area and food preparation area all without a head covering. During an interview, at this time, he indicated he was waiting for his lunch.

k. From 12:50 p.m. to 12:55 p.m., Maintenance Assistant 6 touched his face mask with his gloved hands. He then touched boxes with the same gloves. He cooked and served food during this time. He then touched the tongs. He picked up and filled to go meal containers. He placed his soiled gloved thumb inside the to go container touching the food contact surface. At 12:51 p.m., his mask slid under his

nose, He continues to work with his mask under his nose. He touched his mask with the same gloved hand at 12:52 p.m. and continued cooking and serving. At 12:54 p.m., he touched his mask again, He then picked up lettuce cheese and tomato with the same soiled gloves. He placed each food item on a plate making a salad.

During an interview at 12:55 p.m., Maintenance Assistant 6 indicated he had not had any training regarding food preparation.

A current, undated, facility policy, titled "General Food Preparation Policy and Procedure", which was provided by the Administrator, on 5/10/22 at 1:38 p.m., indicated the following:

"In an effort to prevent the transmission of pathogenic organisms, food shall be prepared with the least possible manual contact, with suitable utensils and no surface prior to use...

Food employees shall avoid direct contact (i.e., using bare hands) with ready- to eat-food when ever possible and, to the extent possible....If gloves are used to handle ready-to eat food, they shall be single-use gloves."

A current, 3/2022, facility policy,

	titled "Personal Protective Equipment (PPE)", which was provided by the Administrator on 5/11/22 at 11:40 a.m., indicated the following: "Masks and respirators-protect mouth, nose..." . This residential tag relates to complaints IN00378749, IN00379322, and IN00379760.			
R 0274	Food and Nutritional Services - Noncompliance 410 IAC 16.2-5-5.1(g)(1-3) (g) There shall be an organized food service department directed by a supervisor competent in food service management and knowledgeable in sanitation standards, food handling, food preparation, and meal service. (1) The supervisor must be one (1) of the following: (A) A dietitian. (B) A graduate or student enrolled in and within one (1) year from completing a division approved, minimum ninety (90) hour classroom instruction course that provides classroom instruction in food service supervision who has a minimum of one (1) year of experience in some aspect of institutional food service management.	R 0274	R274 The food service department will be organized and directed by a competent food service professional. 1. No residents were found to be affected by this practice. 2. Food handling and sanitation practices were corrected to ensure no residents affected by this practice 3. The new Culinary Services Director started on 5/23/2022. The new Director will	06/08/2022

	(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 observation, interview, and record review the facility failed to ensure there was 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 for one of one meals observed (5/10/22 lunch). This deficient practice had the potential to impact 122 of 122 residents.		ensure the food service department is organized and in compliance with daily oversight, training and instruction of team members and meal service. 4. The Culinary Services Director and Administrator are responsible for the compliance of food service and will meet weekly to discuss any further step necessary to ensure continued compliance. 5. Effective date is June 8, 2022.	

Findings include:

An untitled document provided by the Administrator on 5/11/22 at 11:40 a.m., indicated the previous Dietary Manager had left his position on 4/19/22 (22 days earlier). Since the previous Dietary Manager left, the Admission and Marking Director and Activity Director had been responsible for the oversight of the dietary department.

During an interview on 5/11/22, at 1:24 p.m., the Administrator indicated neither the Admissions and Marketing Director or Dietary Manager had a certification in dietary management, a degree in in dietary area, or a Servsafe certification.

Review of Registered Dietitian (RD) notes indicated the RD's last date of consultation was 2/28/22.

During a lunch meal observation on 5/10/22 from 11:39 a.m. to 12:55 p.m., the following concerns regarding safe sanitary food distribution were made:

a. The Admission and Marketing Director failed to use proper glove use and food handling techniques.

During an interview at 11:58 a.m., the Admissions and Marketing Director indicated he

was currently the individual in charge of the dietary department and meal service,

b. Maintenance Assistant 6 wore his mask under his nose, and failed to use proper food handling, safe food preparation or proper glove use. During an interview at 12: 55 p.m., Maintenance Assistant 6 indicated he had not had any training regarding food preparation.

c. CNA 10 wore her mask under her nose and failed to use proper glove use. During an interview at 12:04 p.m., CNA 10 indicated she had not had any food preparation training.

d. C.N.A. 9 did not display proper hand washing and glove use procedures. During an interview on 5/10/22, 11:56 a.m. C.N.A. 9 indicated she had not had any food preparation training.

e. Dietary Aide 7 did not display proper glove use.

f. QMA 8 did not display proper ice scoop handling practices. During a 5/22/19, 12:05 p.m., interview, QMA 8 indicated she had not hand any food preparation training.

g. At no time from 11:39 a.m. to 12:55 p.m., did any employee offer leadership or guidance to any of the other employees in

the kitchen. No correction was offered regarding, mask wearing, glove use, hair covering, or food handling.

A current, undated, facility policy, titled "General Food Preparation Policy and Procedure", which was provided by the Administrator, on 5/10/22 at 1:38 p.m., indicated the following:

"In an effort to prevent the transmission of pathogenic organisms, food shall be prepared with the least possible manual contact, with suitable utensils and no surface prior to use...

Food employees shall avoid direct contact (i.e., using bare hands) with ready- to eat-food when ever possible and, to the extent possible....If gloves are used to handle ready-to eat food, they shall be single-use gloves."

A current, 3/2022, facility policy, titled "Personal Protective Equipment (PPE)", which was provided by the Administrator on 5/11/22 at 11:40 a.m., indicated the following:

"Masks and respirators-protect mouth, nose..."

This residential tag relates to complaints IN00378749, IN00379322, and IN00379760.

Based on observation, interview, and record review the facility failed to ensure there was 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 for one of one meals observed (5/10/22 lunch). This deficient practice had the potential to impact 122 of 122 residents.

Findings include:

An untitled document provided by the Administrator on 5/11/22 at 11:40 a.m., indicated the previous Dietary Manager had left his position on 4/19/22 (22 days earlier). Since the previous Dietary Manager left, the Admission and Marking Director and Activity Director had been responsible for the oversight of the dietary department.

During an interview on 5/11/22, at 1:24 p.m., the Administrator indicated neither the Admissions and Marketing Director or Dietary Manager had a certification in dietary management, a degree in in dietary area, or a Servsafe certification.

Review of Registered Dietitian (RD) notes indicated the RD's last date of consultation was 2/28/22.

During a lunch meal observation on 5/10/22 from 11:39 a.m. to 12:55 p.m., the following concerns regarding safe sanitary food distribution were made:

a. The Admission and Marketing Director failed to use proper glove use and food handling techniques.

During an interview at 11:58 a.m., the Admissions and Marketing Director indicated he was currently the individual in charge of the dietary department and meal service,

b. Maintenance Assistant 6 wore his mask under his nose, and failed to use proper food handling, safe food preparation or proper glove use. During an interview at 12: 55 p.m., Maintenance Assistant 6 indicated he had not had any training regarding food preparation.

c. CNA 10 wore her mask under her nose and failed to use proper glove use. During an interview at 12:04 p.m., CNA 10 indicated she had not had any food preparation training.

d. C.N.A. 9 did not display proper hand washing and glove use procedures. During an interview on 5/10/22, 11:56 a.m. C.N.A. 9 indicated she had not had any food preparation training.

e. Dietary Aide 7 did not display proper glove use.

f. QMA 8 did not display proper ice scoop handling practices. During a 5/22/19, 12:05 p.m., interview, QMA 8 indicated she had not hand any food preparation training.

g. At no time from 11:39 a.m. to 12:55 p.m., did any employee offer leadership or guidance to any of the other employees in the kitchen. No correction was offered regarding, mask wearing, glove use, hair covering, or food handling.

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	direct contact (i.e., using bare hands) with ready- to eat-food when ever possible and, to the extent possible....If gloves are used to handle ready-to eat food, they shall be single-use gloves." A current, 3/2022, facility policy, titled "Personal Protective Equipment (PPE)", which was provided by the Administrator on 5/11/22 at 11:40 a.m., indicated the following: "Masks and respirators-protect mouth, nose..." This residential tag relates to complaints IN00378749, IN00379322, and IN00379760.			

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