STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	02/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER BIRCH OF TERRE HAUTE	650 LAFAYETTE AVENUE, TERRE HAUTE, , 47807

(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. This visit included the Investigation of Complaint IN00419266. Complaint IN00419266 - No deficiencies related to the allegations are cited. Survey dates: February 21, and 22, 2024 Facility number: 014291 Residential Census: 110 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on March 5, 2024.	R 0000	This plan of correction is submitted as required under federal and state regulation. This plan of correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of the plan does not constitute an agreement by the facility that the surveyor's findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies cited are correctly applied. Please accept this plan of correction as our credible allegation of compliance. We are requesting a desk review for paper compliance.	
R 0273	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(f)	R 0273	It is the practice of this facility to ensure proper food storage and temperature logs for the walk-in freezer, walk-in cooler,	03/17/2024

(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 proper food storage and the facility failed to complete temperature logs for the walk-in freezer, walk-in cooler, reach-in refrigerator, reach-in salad bar, and dishwasher for 1 of 1 kitchen observations.

Findings include:

1. During the kitchen observation, on 2/21/24 at 10:03 a.m., a food storage refrigerator was noted next to the food prep area. Cook 4 indicated the refrigerator contained some leftovers and extra items that may be needed for meals. An undated container of roast beef was noted in the refrigerator. Cook 4 indicated the roast beef should be discarded because it was not dated, and he does not know how long it had been in the refrigerator. He further indicated he had not worked the last two days.

In the food storage refrigerator, on 2/21/24 at 10:03 a.m., a container of mushroom burgers was noted with a date of 2/14/24. Cook 4 indicated the

reach-in refrigerator,
reach-in salad bar, and dishwasher
are completed daily.

1
Whatcorrectiveaction(s)willbe accomplishedforthose residentstohavebeenaffected bythedeficientpractice?

The container of roast beef, container of mushroom burgers and container
of chili dog sauce were immediately discarded.
All other food items were identified and dated appropriately using date
of receipt, preparation and use by dates.

Temperature logs were recorded for the walk-in freezer, walk-in cooler,
reach in refrigerator, and reach in salad bar and continue daily.

The temperature logs for the dishwasher were updated and continue daily.

2
Howwillthefacilityidentify

mushroom burgers should have been discarded because they were only good for 3 days.

In the food storage refrigerator, on 2/21/24 at 10:03 a.m., a container of chili dog sauce was noted with a date of 2/13/24. Cook 4 indicated the chili dog sauce should have been discarded because they were only good for 3 days.

During an interview, on 2/21/24 at 10:03 a.m., Cook 4 indicated the food leftovers were good for 3 days once placed in the refrigerator and all should have a date on them when placed in the containers.

On 2/21/24 at 10:25 a.m., the Executive Director (ED) provided a document with a revised date of 1/20/20, titled, "Food Storage," and indicated it was the policy currently being used by the facility. The policy indicated, " ...All products should be dated upon receipt and when they are prepared. Use "use by dates" on all food stored in refrigerators and use dates according to the timetable in the Dry ...5. All cooked meat should be used within 3-4 days of cooking ...."

2. During observation of the kitchen, on 2/21/24 at 10:00 a.m., Dietary Aide 3 and the Executive Director (ED) were present for the tour of the

othertohavingthepotentialto beaffectedbythesamedeficient practiceandwhatcorrective actionwillbe taken?

All residents have the potential to be affected. The AM and PM Cook will be responsible to record
daily temperatures for walk-in freezer, walk-in cooler, reach-in refrigerator,
reach-in salad bar, and dishwasher

during their shift. Any noncompliance will be corrected at the time of discovery.

3 Whatmeasureswillbeputinto placeorwhatsystematic changesthefacilitywillmaketo ensurethatthedeficient practicedoesnotoccur?

The Executive Director will inservice all staff by March 17, 2024,
regarding proper food storage procedures that all products should be dated upon
receipt, when prepared and to use “use by dates” on all foods

	kitchen and dry storage areas. The February 2024 temperature logs were observed on the outside door of the walk-in freezer and were noted to not be up to date. The last recorded date of temperatures for the walk-in freezer, walk in cooler, reach in refrigerator, reach in salad bar was 2/13/24. The record lacked documentation beyond 2/13/24. During an interview, on 2/21/24 at 10:00 a.m., the ED indicated the temperature logs should be completed daily and the temperature logs were not up to date. During observation of the kitchen, on 2/21/24 at 10:05 a.m., the ED indicated they had just installed a new high temperature dishwasher approximately 3 to 4 weeks ago. The February 2024 dish machine temperature logs were noted in a binder in the kitchen and were not up to date. The dishwasher temperature was last completed on 2/7/24. The log lacked documentation of the temperature after 2/7/24. During an interview, on 2/21/24 at 10:05 a.m., the ED indicated the dishwasher temperature should be checked daily and documented into the log sheet. She indicated the log was not up to date.		stored in refrigerators and to use the dates according to the timetable listed in the policy, “Food Storage.” In addition, all culinary staff will be educated on the importance and procedures of documenting temperature logs of walk-in freezer, walk-in cooler, reach in refrigerator, and reach in salad bar daily. **4** **Howthecorrectiveaction(s)will bemonitoredtoensurethe deficientpractice willnotrecur, i.e.,whatquality assurance programwillbeput intoplace?** The Executive Director will conduct random audits as a part of the QAPI process to ensure all food items are properly stored and dated in accordance with policy and temperature logs for walk-in freezer, walk-in cooler, reach in refrigerator, and reach in salad bar are documented daily, 5x a week for 4 weeks, 3x a week for 4 weeks and 1x a week for 4 weeks. Any noncompliance will be	

	On 2/21/24 at 10:25 a.m., the ED provided a document with a revised date of 1/20/20, titled, "Record of Refrigeration Temperatures," and indicated it was the policy currently being used by the facility. The policy indicated, " ...Policy: A daily temperature record should be kept for all refrigeration and freezer units. This is to ensure that food safety and quality are maintained ...." During an interview, on 2/21/24 at 2:00 p.m., the ED indicated she did not have a currently policy in regard to the dishwasher temperature log because the machine was new, but it was the expectation that staff check those temperatures daily and place it on the log sheet. Based on observation, interview, and record review, the facility failed to ensure proper food storage and the facility failed to complete temperature logs for the walk-in freezer, walk-in cooler, reach-in refrigerator, reach-in salad bar, and dishwasher for 1 of 1 kitchen observations. Findings include: 1. During the kitchen observation, on 2/21/24 at 10:03 a.m., a food storage refrigerator was noted next to the food prep area. Cook 4 indicated the		reported to the QAPI committee for further recommendations. Audits will be complete once 100% compliance has been maintained for 4 weeks. **5 Bywhatdatethesystematic changeswillbecompleted?** March 17, 2024	

refrigerator contained some leftovers and extra items that may be needed for meals. An undated container of roast beef was noted in the refrigerator. Cook 4 indicated the roast beef should be discarded because it was not dated, and he does not know how long it had been in the refrigerator. He further indicated he had not worked the last two days.

In the food storage refrigerator, on 2/21/24 at 10:03 a.m., a container of mushroom burgers was noted with a date of 2/14/24. Cook 4 indicated the mushroom burgers should have been discarded because they were only good for 3 days.

In the food storage refrigerator, on 2/21/24 at 10:03 a.m., a container of chili dog sauce was noted with a date of 2/13/24. Cook 4 indicated the chili dog sauce should have been discarded because they were only good for 3 days.

During an interview, on 2/21/24 at 10:03 a.m., Cook 4 indicated the food leftovers were good for 3 days once placed in the refrigerator and all should have a date on them when placed in the containers.

On 2/21/24 at 10:25 a.m., the Executive Director (ED) provided a document with a revised date of 1/20/20, titled,

"Food Storage," and indicated it was the policy currently being used by the facility. The policy indicated, " ...All products should be dated upon receipt and when they are prepared. Use "use by dates" on all food stored in refrigerators and use dates according to the timetable in the Dry ...5. All cooked meat should be used within 3-4 days of cooking ...."

2. During observation of the kitchen, on 2/21/24 at 10:00 a.m., Dietary Aide 3 and the Executive Director (ED) were present for the tour of the kitchen and dry storage areas. The February 2024 temperature logs were observed on the outside door of the walk-in freezer and were noted to not be up to date. The last recorded date of temperatures for the walk-in freezer, walk in cooler, reach in refrigerator, reach in salad bar was 2/13/24. The record lacked documentation beyond 2/13/24.

During an interview, on 2/21/24 at 10:00 a.m., the ED indicated the temperature logs should be completed daily and the temperature logs were not up to date.

During observation of the kitchen, on 2/21/24 at 10:05 a.m., the ED indicated they had just installed a new high temperature dishwasher

approximately 3 to 4 weeks ago. The February 2024 dish machine temperature logs were noted in a binder in the kitchen and were not up to date. The dishwasher temperature was last completed on 2/7/24. The log lacked documentation of the temperature after 2/7/24.

During an interview, on 2/21/24 at 10:05 a.m., the ED indicated the dishwasher temperature should be checked daily and documented into the log sheet. She indicated the log was not up to date.

On 2/21/24 at 10:25 a.m., the ED provided a document with a revised date of 1/20/20, titled, "Record of Refrigeration Temperatures," and indicated it was the policy currently being used by the facility. The policy indicated, " ...Policy: A daily temperature record should be kept for all refrigeration and freezer units. This is to ensure that food safety and quality are maintained ...."

During an interview, on 2/21/24 at 2:00 p.m., the ED indicated she did not have a currently policy in regard to the dishwasher temperature log because the machine was new, but it was the expectation that staff check those temperatures daily and place it on the log sheet.

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