

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 10/15/2021	
NAME OF PROVIDER OR SUPPLIER GLASSWATER CREEK OF PLAINFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 10480 GLASSWATER LANE, INDIANAPOLIS, , 46231					
(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 IN00363314, IN00363731, IN00364042 and IN00364337. Complaint IN00363314 - Substantiated. State deficiencies related to the allegations are cited at R0154. Complaint IN00363731 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00364042 - Unsubstantiated due to lack of evidence. Complaint IN00364337 - Unsubstantiated due to lack of evidence. Survey dates: October 13, 14, and 15, 2021 Facility number: 014410 Residential Census: 111 These State Residential	R 0000					

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	Findings are cited in accordance with 410 IAC 16.2-5. Quality review was completed on October 19, 2021.			
R 0154	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(k) (k) The facility shall keep all kitchens, kitchen areas, common dining areas, equipment, and utensils clean, free from litter and rubbish, and maintained in good repair in accordance with 410 IAC 7-24. Based on observation, interview and record review, the facility failed to ensure food preparation equipment was kept clean, safe, and free of food and grease build-up, 4 of 6 staff observed in a kitchen food preparation and serving area wore hair coverings, opened food items were labeled appropriately and staff member's personal food items were not stored with resident food items. This had the potential to affect 111 of 111 residents who resided at the facility. Findings include: 1. On 10/13/21 at 12:25 p.m., the kitchen flat top griddle, grill, and gas stove were observed. The flat top griddle was noted to	R 0154	1. Describe what the facility did to correct the deficient practice for each client cited in the deficiency. a. All residents had the potential to be affected by the alleged deficient practices. No residents experienced adverse reactions from the alleged deficient practices. 2. Describe how the facility reviewed all clients in the facility that could be affected by the same deficient practice, and state, what actions the facility took to correct the deficient practice for any client the facility identified as being affected. a. All residents had the potential to be	11/26/2021

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have thick layers of grease and other unidentified debris which ran down both sides of the equipment. The grill had thick layers of burnt debris as well as grease and oil which ran down both sides of the equipment. The gas stove had various food items burned onto the gas burners, in the well of the burners, on the top of the stove and down both sides of the equipment. Cooked egg product was observed on the top of the stove. During an interview, at this time, the Dietary Director indicated the egg was from breakfast served that morning. The kitchen staff did not have time to clean after breakfast before they prepared for lunch the day. The kitchen was short-staffed. It was only the Dietary Director and the Assistant Manager who worked as full time kitchen staff. They had a cleaning schedule and a list of cleaning duties, but it was hard to get to everything. The Dietary Director and the Assistant Manager did all the cooking, cleaning and dishwashing. They had some part-time servers which worked mostly on the weekends to help serve food and clean the kitchen. During the week, nursing staff had been recruited to help serve the residents' meals so the meals were served on time. The nursing staff were not able to help stay after meals to help clean because they had

affected by the alleged deficient practices. No residents experienced adverse reactions from the alleged deficient practices

3.
Describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recur, including any in-services, but this also should include any system changes you made.

a.
On October 13, additional hair nets were ordered to accommodate employees with larger hair styles. Additional hair nets were received by the community on October 21, 2021. The kitchen and all equipment were thoroughly cleaned, and cleaning checklist binder was created and implemented on October 15, 2021. All items in the kitchen were audited for labels and dates. Items without dates were immediately discarded. Current and new dietary staff members will be in-serviced no later than October 31, 2021, on proper

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to get back to taking care of the residents.

During an interview, on 10/13/21 at 12:30 p.m., the Dietary Director indicated the current degreaser and kitchen cleaner provided by the facility's corporate management did not work well. He had worked in kitchens for many years and had become familiar with products which worked well to remove grease and debris from the cooking equipment. He indicated he had spoken with the facility corporate management to express his concerns with the effectiveness of the degreaser and kitchen cleaner. He had offered suggestions of a more effective cleaning product. He indicated he was waiting to hear back from corporate about the approval for the new cleaner.

On 10/15/21 at 1:00 p.m., the Administrator provided a document, titled "Daily Dietary Cleaning Schedule". She indicated it was the current cleaning checklist in use by the dietary staff. The Administrator indicated the dietary staff had not been keeping documentation of when kitchen cleaning tasks were completed. The cleaning schedule indicated the cooks were responsible for cleaning the grill, grill grease trap and stove daily.

practices related to kitchen cleaning schedule and expectations, proper food labelling and food storage practices. All staff will be in-serviced no later than November 15, 2021, on proper usage of hair nets in the kitchen. All dietary staff will be educated on proper practices related to kitchen cleaning schedule and expectations, proper food labelling and food storage practices during general or job-specific orientation moving forward. All staff will be educated on proper usage of hair nets in the kitchen during general or job-specific orientation moving forward.

4. Describe how the corrective actions(s) will be monitored to ensure the deficient practice will not recur (i.e. what quality assurance program will be put into place).

a. Beginning November 1, 2021, Administrator or designee will audit food storage and labels, cleaning practices, and hair net usage 2x/week for 4 weeks,

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The Indiana Department of Health, "Retail Food Establishment Sanitation Requirements," 410 IAC 7-24-295, Section 295, indicated "... (a) Equipment food-contact surfaces and utensils shall be clean to sight and touch. (b) The food-contact surfaces of cooking equipment and pans shall be kept free of encrusted grease deposits and other soil accumulations. (c) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of: (1) dust; (2) dirt; (3) food residue; and (4) other debris...."

2. On 10/13/21 at 11:55 a.m., a sign was observed at the entrance to the kitchen which indicated "hairnets must be worn in this area".

On 10/13/21 at 12:12 p.m., Qualified Medication Aides (QMA) 7, 8, 9 and 10 were observed as they stood over the steam table which contained opened pans of food. The Assistant Manager was observed as he served food from the pans of food onto plates which were then taken by the staff from the kitchen, out to the dining room, to be served to the residents. None of the QMAs observed wore hair coverings which contained all their hair. QMA 7 did not have any hair covering on. Her hair was pulled back in a loose bun,

then 1x/week for 8 weeks, then 2x/month for 2 months, then 1x/month for 1 month, then ongoing as needed. Results will be reviewed at monthly QI meeting as needed.

with several hair pieces sticking out. QMA 8 and 9 had on hairnets which appeared to have come loose and were bunched at the top of their heads. Both QMA 8 and 9 had longer than shoulder length hair which was uncovered. QMA 10 wore her hair in long, tightly woven braids which extended down her back. The top of QMA 10's hair was covered with a hairnet, but the back of her hair was loose. During an interview, at that time, QMA 9 indicated they put hairnets on as soon as they entered the kitchen, but the hairnets were too small and were not able to contain a variety of hair lengths, textures and styles. She indicated, as she worked and ran back and forth from the kitchen to the dining room to serve food to the residents, the hairnets shifted and the hair fell out. QMA 7 indicated she just forgot to put on a hairnet. The Dietary Director indicated all staff who worked in the kitchen needed to have all their hair tucked under a hair net or other hair covering the entire time they were in the kitchen.

On 10/14/21 at 10:01 a.m., the Administrator provided an undated policy, titled "Dietary Uniform and Dress Code Practices". She indicated this was the current policy in use by the facility. The policy indicated "...Long hair must be restrained

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or tied back. Caps/hats or hairnets must be worn in the kitchen...."

The Indiana Retail Food Establishment Sanitation Requirements, Title 410 IAC 7-24-138, indicated "...Effectiveness of hair restraint...food employees shall wear hair restraints, such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting: (1) exposed food; (2) clean equipment, utensils, and linens; and (3) unwrapped single-service and single-use articles...."

3. On 10/13/21 at 12:17 p.m., the walk-in refrigerator was observed with the Dietary Director present. A clear, plastic, squeezable bottle was observed on a shelf inside the refrigerator. The bottle was half-full of liquid. The Dietary Director indicated the liquid was salad dressing. The bottle was not labeled with the contents contained in the bottle, the date the contents were prepared or the expiration date. A 25-pound bucket with the manufacturer label, "beef base" was observed, half full. The bucket was not labeled with the date the bucket was opened or an expiration date. A 16-ounce plastic container with the

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manufacturer label, "chicken base" was observed, less than half full. The container was not labeled with the date the container was opened or an expiration date. The Dietary Director indicated he did not know when the beef and chicken bases were last used. A clear, plastic container was observed on a shelf inside the walk-in refrigerator. The container had a staff member's name written across the top. The Dietary Director indicated the container was a staff member's lunch. It should not be stored with food for the residents.

On 10/14/21 at 10:01 a.m., the Administrator provided an undated policy, titled "Refrigerated Storage Policy". She indicated this was the current policy in use by the facility. The policy indicated "...Potentially hazardous food requiring refrigeration after preparation shall be labeled or tagged with the date, time, discard date, initials of the person who made it...."

The Indiana Retail Food Establishment Sanitation Requirements, Title 410 IAC 7-24-146, indicated "...Food labels...(b) Label information shall include the following: (1) The common name of the food or, absent a common name, an adequately descriptive identity

statement. (2) If made from two (2) or more ingredients, a list of ingredients in descending order of predominance by weight, including a declaration of artificial color or flavor and chemical preservatives if contained in the food. (3) An accurate declaration of the quantity of contents...."

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Findings include:

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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
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