STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	06/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIVERA SENIOR LIVING OF COLUMBUS	1971 STATE STREET, COLUMBUS, , 47201

(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: June 1 and 2, 2023 Facility number: 014519 Residential Census: 110 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on June 7, 2023.	R 0000	Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also not to be construed as an admission against interest by the facility, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does not constitute an admission or agreement by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.	
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	With regards to finding R273 Food& Nutritional Services Vivera Senior Living Columbus will;	07/05/2023

Based on observation, interview, and record review, the facility failed to store food and provide a clean kitchen for 4 of 4 kitchen observations. This deficient practice had the potential to affect all 110 residents that resided in the facility.

Findings include:

During an observation and interview on 06/01/23 at 9:55 A.M., the walk-in cooler contained 10 unopened gallons of whole milk that had a use by date of 05/30/23. A small reach-in refrigerator contained a gallon of milk that was 1/4 full with a use by date of 05/30/23. Cook 2 indicated the milk had been used for breakfast that morning and should have been thrown out.

During an observation on 06/01/23 at 11:40 A.M., the plate warmer was observed. The bottom of the warmer contained scattered food crumbs, a piece of hard looking bread, and a pair of tongs.

During an observation, interview, and record review on 06/01/23 at 1:50 P.M., Cook 3 indicated the plate warmer was cleaned by the cooks but he wasn't sure it was on the cleaning schedule. The Dietary Manager was on vacation and Cook 2 was in charge. Cook 3

-What corrective actions will be accomplished for those residents found to have been affected by the finding:

No negative outcome identified for those residents affected.

-How will you identify other residents having the potential to be affected by the same findingand what corrective action will be taken:

All residents had the potential to be affected. No resident was adversely affected. An audit was completed to further identify any concerns, none noted.

-What measures will be put in place or what systemic changes the facility will make to ensurethat the deficient practice does not recur:

Culinary Manager or Designee will audit refrigerator & dry stock daily to ensure compliance with expiration dates. Culinary Manager or Designee will train dietary staff on proper cleaning and the use of cleaning logs. Culinary Manager or Designee will provide training

	provided the clip board that contained the cleaning schedules for review. There was no cleaning schedule for 06/01/23. The last cleaning schedules were dated daily for 04/09/23 through 04/15/23 and the weekly schedule was dated for April 2023. During an observation and interview on 06/01/23 at 3:01 P.M., the walk-in cooler had a large pan that contained both an unopened tube of pork sausage and a previously opened package of deli ham. The ham had been cut and a portion was missing. The pork sausage was thawing out. There was no blood present, but there was water in the pan. There was no date that indicated when the pork sausage or ham was removed from the freezer. A tube of hamburger was thawed in a tray with no date that indicated when it was removed from the freezer. Cook 2 indicated the pork sausage was pulled from the freezer on Saturday and should not have been on the same tray as the ham and the hamburger was pulled from the freezer on Sunday. The meats should have had a date of when they came out of the freezer. There were dry food particles under the dry storage racks. Cook 2 indicated she was unsure on how to clean the plate warmer. She had never cleaned it before, and the		on proper food storage, handling & labeling. **-How the corrective action(s) will be monitored to ensure the finding will not recur:** Executive Director or Designee will monitor Dietary Managers audit tool and cleaning schedules weekly X 1 month, monthly x 2 months and random audits ongoing. By what date the systemic changes will be completed: July 5th, 2023	

Dietary Manager had never told her it needed to be cleaned. She had been working in the building for 6 months. She also wasn't sure where the cleaning schedules were located, and she had never checked off daily or weekly cleaning.

The current, undated facility policy titled, "Ready-to-Eat Hazardous Food, Date Marking" was provided by the Administrator of 06/01/23 at 3:32 P.M. The policy indicated, "...All ready-to-eat potentially hazardous foods...shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, discarded..."

The current, undated facility policy titled, "Cleaning Frequency" was provided by the Administrator on 06/01/23 at 3:03 P.M. The policy indicated, "...Non-food contact surfaces of equipment shall be cleaned as often as is necessary to keep the equipment free of accumulation dust, dirt, food particles, and other debris...The approved...cleaning schedule shall be utilized. Task will be assigned on the Assignment Sheets for the Cooks and Dietary Aides..."

The current, undated facility policy titled, "Refrigerated Storage" was provided by the Administrator on 06/01/23 at

3:01 P.M. The policy indicated, "...Potentially hazardous food requiring refrigeration after preparation shall be labeled or tagged with the date and time of preparation..."

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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