STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	07/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITA OF NEW WHITELAND	532 COUNTRY GATE DRIVE , NEW WHITELAND, , 46184

(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 an Initial State Residential Licensure Survey. This visit included the Investigation of Complaint IN00438000. Complaint IN00438000 - No deficiencies related to the allegations are cited. Survey dates: July 18 and 19, 2024 Facility number: 016046 Residential Census: 34 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed July 23, 2024.	R 0000		
R 0273	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(f) (f) All food preparation and serving	R 0273	1 In-service was completed on 7/25/24 by Executive Director on Regs 0273 Food and Nutritional Services – deficiency	07/30/2024

	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 foods were served in a sanitary and safe manner for 3 of 3 kitchen observations. Staff hair was not covered while in the kitchen food preparation area. (Dietary Manager, Server 2, Cook 3) Findings include: 1. During the initial kitchen tour on 7/18/24 from 9:00 a.m. to 9:20 a.m., the following was observed: - The Dietary Manager (DM) was observed walking near the steamtable and grill area where breakfast foods were being prepared. The DM was observed to have multiple loose hairs, approximately 3 inches in length hanging below the neckline, that were not covered. The DM also had multiple loose hairs in front of the ears that were not covered. - Server 2 was observed walking throughout the kitchen area and near the steamtable and grill area where breakfast foods were being prepared. Server 2 was observed to have multiple loose hairs,		410 IAC 16.2-5-5.1(f) and 410 IAC 7-24-1.38 effectiveness of hair restraints. (See Attached) 2 In-service was completed on 7/25/24 by the Executive Director on Dining Services policy ‘Associate Hygiene’ with all dining staff. The policy will be posted in Dining Services Director’s office for staff to review as needed. (See attached) Policy will be reviewed with all new hires. 3 In-service was completed on 7/25/24 by the Executive Director on Dining Services policy “Personal Hygiene Rules” with all dining staff. The policy will be posted in Dining Services Director’s Office for staff to review as needed. (See attached) Policy will be reviewed with all new hires. Monitoring Dining Services Director will monitor for proper hair net use 2x per day, 5 days per week	

	approximately 3 inches in length in the forehead area, that were not covered. 2. During a follow-up kitchen observation on 7/18/24 from 11:50 a.m. to 12:10 p.m., the following was observed: - The DM was observed at the steamtable taking the noon meal food starting temperatures. The same uncovered hair was observed. - Server 2 was observed walking throughout the kitchen area and near the steamtable and grill area where the noon meal foods were being held. The same uncovered hair was observed. - Cook 3 was observed at the steamtable plating the noon meal foods. Cook 3 was observed to have facial hair above and below the lips. The facial hair was approximately one half inch in length and was observed to not be covered. 3. During a follow-up kitchen observation on 7/18/24 from 1:30 p.m. to 1:35 p.m., the following was observed: - Cook 3 was observed at the steamtable plating the noon meal foods. The same uncovered facial hair was observed. - Server 2 was observed		for 2 weeks, daily, 5 days per week for 2 weeks, 1x weekly for 3 months, and 1x monthly for 2 months. Place POC binder.	

	walking throughout the kitchen area and near the steamtable and grill area where the noon meal foods were being held. The same uncovered hair was observed. - The DM was observed at the steamtable taking the noon meal food ending temperatures. The same uncovered hair was observed. During an interview on 7/18/24 at 1:38 p.m., the DM indicated while in the kitchen, staff hair was to be covered. During an interview on 7/18/24 at 1:50 p.m., the Resident Services Director indicated staff hair was to be covered while in the kitchen. On 7/18/24 at 1:45 p.m., the DM provided a copy of the Dining Services Personal Hygiene Rules, dated 11/6/19, and indicated it was the current policy in use by the facility. A review of the policy indicated, "...to guide the staff in acceptable hygiene and attire in the protection against food borne illness...a hairnet or hat should be worn as a hair covering in the kitchen area..." On 7/18/24 at 3:00 p.m., a review of the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24, effective November 13, 2004, indicated, "...food			

	employees shall wear hair restraints, such as hats, hair coverings or nets...that are designed and worn to wear effectively keep their hair from contacting...exposed food..." Based on observation, interview, and record review, the facility failed to ensure foods were served in a sanitary and safe manner for 3 of 3 kitchen observations. Staff hair was not covered while in the kitchen food preparation area. (Dietary Manager, Server 2, Cook 3) Findings include: 1. During the initial kitchen tour on 7/18/24 from 9:00 a.m. to 9:20 a.m., the following was observed: - The Dietary Manager (DM) was observed walking near the steamtable and grill area where breakfast foods were being prepared. The DM was observed to have multiple loose hairs, approximately 3 inches in length hanging below the neckline, that were not covered. The DM also had multiple loose hairs in front of the ears that were not covered. - Server 2 was observed walking throughout the kitchen area and near the steamtable and grill area where breakfast foods were being prepared. Server 2 was observed to have multiple loose hairs,			

	approximately 3 inches in length in the forehead area, that were not covered. 2. During a follow-up kitchen observation on 7/18/24 from 11:50 a.m. to 12:10 p.m., the following was observed: - The DM was observed at the steamtable taking the noon meal food starting temperatures. The same uncovered hair was observed. - Server 2 was observed walking throughout the kitchen area and near the steamtable and grill area where the noon meal foods were being held. The same uncovered hair was observed. - Cook 3 was observed at the steamtable plating the noon meal foods. Cook 3 was observed to have facial hair above and below the lips. The facial hair was approximately one half inch in length and was observed to not be covered. 3. During a follow-up kitchen observation on 7/18/24 from 1:30 p.m. to 1:35 p.m., the following was observed: - Cook 3 was observed at the steamtable plating the noon meal foods. The same uncovered facial hair was observed. - Server 2 was observed			

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R 0409	Infection Control - Noncompliance 410 IAC 16.2-5-12(d) (d) Prior to admission, each resident shall be required to have a health assessment, including history of significant past or present infectious diseases and a statement that the resident shows no evidence of tuberculosis in an infectious stage as verified upon admission and yearly thereafter. Based on record review and interview, the facility failed to ensure a physicians annual health statement (a statement indicating the resident is free of communicable disease) was obtained upon admission for 6 of 6 residents reviewed. (Resident 17, Resident 19, Resident 32, Resident 22, Resident 30, Resident 43) Findings include: 1. On 7/19/24 at 9:00 a.m., the clinical record of Resident 17 was reviewed. The diagnosis included, but was not limited to, type 2 diabetes. A review of the physicians orders, dated July 2024, lacked	R 0409	1 On 7/25/24, the Resident Services Director in-serviced the Executive Director, Sales Counseling Director, and Sales Counselor on Regulation 0409 Infection Control – Noncompliance 410 IAC 16.2-5-12(d). (See Attached) 2 On 7/22/24, the statement “Resident is free and clear of all communicable diseases” was added to RTask, the Resident electronic health record, under MD orders. Please see attached for residents MM, KM, SW, RJ. (See attached) 3 On 7/22/24, a new Physician Admission Order form was added to the Residents move in packet to ensure that Regulation 0409 Infection Control – Non-compliance 410 IAC 16.2-5-12(d) is compliant	08/09/2024

	an annual health statement indicating the resident was free of communicable disease 2. On 7/19/24 at 9:15 a.m., the clinical record of Resident 19 was reviewed. The diagnosis included, but was not limited to, chronic kidney disease. A review of the physicians orders, dated July 2024, lacked an annual health statement indicating the resident was free of communicable disease 3. On 7/19/24 at 9:25 a.m., the clinical record of Resident 32 was reviewed. The diagnosis included, but was not limited to, chronic kidney disease stage 3. A review of the physicians orders, dated July 2024, lacked an annual health statement indicating the resident was free of communicable disease 4. On 7/19/24 at 9:30 a.m., the clinical record of Resident 22 was reviewed. The diagnosis included, but was not limited to, type 2 diabetes. A review of the physicians orders, dated July 2024, lacked an annual health statement indicating the resident was free of communicable disease 5. On 7/19/24 at 9:33 a.m., the clinical record of Resident 30 was reviewed. The diagnosis included, but was not limited to,		moving forward for all new move ins. (See attached) 4 On 7/25/24, the Executive Director, Resident Services Director, Sales Counseling Director, and Sales Counselor were in-serviced on the new Physician Admission Order form. (See attached) 5 On 7/25/24, Resident Services Director completed an audit of all Resident charts to ensure compliance with Regulation 0409 Infection Control – Non-compliance 410 IAC 16.2-5-12(d). All needed forms have been sent to Physicians for required signatures. Clinical staff will follow up with all physicians to get forms returned and added to resident records. Will be completed by 8/9/24. Monitoring Resident Services Director will audit admission order forms for all new residents, monthly for 6 months.	

	type 2 diabetes. A review of the physicians orders, dated July 2024, lacked an annual health statement indicating the resident was free of communicable disease 6. On 7/19/24 at 9:45 a.m., the clinical record of resident 43 was reviewed. The diagnosis included, but was not limited to, dementia. A review of the physicians orders, dated July 2024, lacked an annual health statement indicating the resident was free of communicable disease On 7/19/24 at 10:33 a.m., the Director of Clinical Services indicated a policy for the annual health statements was not available. During an interview on 7/19/24 at 1:00 p.m., the Resident Services Director indicated the facility was unable to provide an annual health statement for Resident 22, Resident 17, Resident 19, Resident 32, Resident 43, and Resident 30. Based on record review and interview, the facility failed to ensure a physicians annual health statement (a statement indicating the resident is free of communicable disease) was obtained upon admission for 6 of 6 residents reviewed. (Resident 17, Resident 19,		Resident Services Director will copy each admission order form, initial the form, and place in POC binder.	

Resident 32, Resident 22, Resident 30, Resident 43)

Findings include:

1. On 7/19/24 at 9:00 a.m., the clinical record of Resident 17 was reviewed. The diagnosis included, but was not limited to, type 2 diabetes.

A review of the physicians orders, dated July 2024, lacked an annual health statement indicating the resident was free of communicable disease

2. On 7/19/24 at 9:15 a.m., the clinical record of Resident 19 was reviewed. The diagnosis included, but was not limited to, chronic kidney disease.

A review of the physicians orders, dated July 2024, lacked an annual health statement indicating the resident was free of communicable disease

3. On 7/19/24 at 9:25 a.m., the clinical record of Resident 32 was reviewed. The diagnosis included, but was not limited to, chronic kidney disease stage 3.

A review of the physicians orders, dated July 2024, lacked an annual health statement indicating the resident was free of communicable disease

4. On 7/19/24 at 9:30 a.m., the clinical record of Resident 22 was reviewed. The diagnosis

included, but was not limited to, type 2 diabetes.

A review of the physicians orders, dated July 2024, lacked an annual health statement indicating the resident was free of communicable disease

5. On 7/19/24 at 9:33 a.m., the clinical record of Resident 30 was reviewed. The diagnosis included, but was not limited to, type 2 diabetes.

A review of the physicians orders, dated July 2024, lacked an annual health statement indicating the resident was free of communicable disease

6. On 7/19/24 at 9:45 a.m., the clinical record of resident 43 was reviewed. The diagnosis included, but was not limited to, dementia.

A review of the physicians orders, dated July 2024, lacked an annual health statement indicating the resident was free of communicable disease

On 7/19/24 at 10:33 a.m., the Director of Clinical Services indicated a policy for the annual health statements was not available.

During an interview on 7/19/24 at 1:00 p.m., the Resident Services Director indicated the facility was unable to provide an annual health statement for

	Resident 22, Resident 17, Resident 19, Resident 32, Resident 43, and Resident 30.			

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