Bonnie Ploeger

PRINTED: 09/11/2024 FORM APPROVED OMB NO. 0938-039

09/09/2024

	TOF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA  OF CORRECTION IDENTIFICATION NUMBER  151329	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION  00	(X3) DATE SURVEY COMPLETED 08/15/2024
	PROVIDER OR SUPPLIER RET MARY HEALTH	321 MI	ADDRESS, CITY, STATE, ZIP COD TCHELL AVE VILLE, IN 47006	
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	
TAG S 0000	REGULATORY OR LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE
Bldg. 00	This visit was for an investigation of a State Licensure Hospital Complaint.  Complaint Number: IN00440732 - Deficiency related to the allegations is cited at S0536.  Survey Date: 08/15/2024	S 0000		
	Facility Number: 004718  QA: 08/30/2024 & 09/03/2024			
S 0536	410 IAC 15-1.5-1 DIETETIC SERVICES			
Bldg. 00	410 IAC 15-1.5-1 (d)(1)(2)(3)			
	(d) Menus shall meet the needs of the patients as follows:			
	(1) Therapeutic diets shall be prescribed by the practitioner responsible for the care of the patient. (2) Nutritional needs shall be met in accordance with recognized dietary standards of practice and in accordance with the orders of the responsible practitioner. (3) A current therapeutic diet manual approved by the dietitian and medical staff shall be readily available to all medical, nursing, and food service personnel.			
	Based on document review and interview, the facility failed to ensure prepared foods met the requirements to serve safely in 1 out of 5 (Patient	S 0536	The Food Services Policies     Preparation and Handling and     Food Storage will be revised t	
LABORATOR	LY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIG	GNATURE	TITLE	(X6) DATE

Any defiency statement ending with an asterisk (\*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclodays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

State Form Event ID: 4L7N11 Facility ID: 004718 If continuation sheet Page 1 of 3

Director of Risk & Compliance

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/11/2024 FORM APPROVED OMB NO. 0938-039

	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 151329	· /	JILDING	onstruction 00	(X3) DATE : COMPL 08/15/	ETED
NAME OF PROVIDER OR SUPPLIER  MARGARET MARY HEALTH			STREET ADDRESS, CITY, STATE, ZIP COD  321 MITCHELL AVE BATESVILLE, IN 47006				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	ſΕ	(X5) COMPLETION DATE
TAG	3) medical records in Findings include:  1. Review of ServS. copyright 2018, und Purchasing, Received Marking, indicated [Time/Temperature marked if held for lemust indicate when or thrown out.  2. Interview with So at approximately 1:: Patient 3 had been on packaged blueberried confirmed the packaged sexpiration date of 0 been served.  3. Interview with A confirmed that dieta	afe Manager, 7th Edition, der The Flow of Food: ang, and Storage: Date ready-to-eat TCS Control Safety] food must be conger than 24 hours. The label the food must be sold, eaten,  (Kitchen Aide) on 08/15/2024 23 p.m. confirmed on 08/10/2024 delivered a small bowl of es that contained mold; S3 aged blueberries had an 8/09/2024 and should not have  (3 (Food Service Supervisor) ary follows ServSafe Standards a fruit must be labeled and		TAG	more specific to include the be practices for handling fresh for items, such as fresh fruit. The policy revisions will include howash, inspect, package, label, and date all fresh food items. date expire in 7 days.  The Food service staff, including the cooks, and the dietary aides were on the best practices for storage and fresh following the Safe Serv Standard the revised Food Service Policies titled, Food Preparation and Handling and Food Storage.	est od e w to The fruit ards on ge.	DAIL
					·2. The Food Service Supers and/or the Support services Manager will audit and record findings of at least 30 fresh fruitems per month monitoring for appropriate labeling of fresh frand the discarding of any fresh fruit items that exceed 7 days. addition, be monitoring for the of the food waste sheets wher indicated. Any complaints ab fresh fruit will also be document and researched for cause. Monthly audits will continue until 100% compliance.	the it uit In use out	

State Form Event ID: 4L7N11 Facility ID: 004718 If continuation sheet Page 2 of 3

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/11/2024 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER 151329		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED 08/15/2024			
NAME OF PROVIDER OR SUPPLIER  MARGARET MARY HEALTH			STREET ADDRESS, CITY, STATE, ZIP COD  321 MITCHELL AVE BATESVILLE, IN 47006				
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE		
				achieved for no less than 3 consecutive months. If there any non-compliance, the appropriate staff will be identiand re-educated.			
				·3. The Food Service Super and the Support Services Mal will be responsible for these corrective actions and will ens compliance.	nager		
				·4. The Policy Review and Inservice was held on 8/26/20 The monthly food audits will be on September 10, 2024. All deficiencies were corrected by 8/26/2024.	pegin		

State Form Event ID: 4L7N11 Facility ID: 004718 If continuation sheet Page 3 of 3