PRINTED: 01/07/2020 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		A. BU	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/11/2019		
NAME OF PROVIDER OR SUPPLIER RITTENHOUSE VILLAGE AT MICHIGAN CITY			STREET ADDRESS, CITY, STATE, ZIP COD 4300 CLEVELAND RD MICHIGAN CITY, IN 46360				
(X4) ID PREFIX TAG	(EACH DEFICIE)	(EACH DEFICIENCY MIIST BE PRECEDED BY FULL PREFIX (EACH CORI		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
R 0000							
Bldg. 00	This visit was for a State Residential Licensure Survey.		R 00	000			
	Survey dates: Dec	ember 10 and 11, 2019					
	Facility number: 0	12180					
	Residential Census: 98						
	These State Reside accordance with 41	ential Findings are cited in 10 IAC 16.2-5.					
	Quality review cor	npleted on 12/16/19.					
R 0144 Bldg. 00	(a) The facility sh a state of good re and shall provide	.5(a) afety Standards - Deficiency all be clean, orderly, and in apair, both inside and out, reasonable comfort for all					
	failed to keep the r related to dirty and facility in common	on and interview, the facility esident's environment clean stained carpet throughout the areas and hallways for 2 of 2 ed Living and Memory Care)	R 03	R 0144	1&2 A 1. Immediate action was taker develop a schedule for cleanir common area carpet in AL and MC quarterly 2. ED to perform random audit ongoing to ensure deficient	ng all d	02/15/2020
	During the Environmental tour with the Maintenance Supervisor on 12/10/19 from 10:02 a.m. until 10:40 a.m., the following was observed:				practice does not re-occur. 3. Obtain current bids for replacement of all common are carpet in AL & MC	ea	
	1. Assisted Living						
		dirty and stained in the hallway ond floors and in all of the					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/11/2019		
NAME OF PROVIDER OR SUPPLIER RITTENHOUSE VILLAGE AT MICHIGAN CITY ON THE PROVIDER OF PERFORMANCE AND ADMICHIGAN CITY			STREET ADDRESS, CITY, STATE, ZIP COD 4300 CLEVELAND RD MICHIGAN CITY, IN 46360				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY 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		
R 0154 Bldg. 00	Interview with the I time, indicated the of Interview with the I 1:15 p.m., indicated some time next year approved in her cap no current bids to read the of Interview with the I 1:15 p.m., indicated some time next year approved in her cap no current bids to read the Interview with Interview Inte	5(k) fety Standards - Deficiency all keep all kitchens, nmon dining areas, tensils clean, free from litter maintained in good repair in to IAC 7-24. on and interview, the facility kitchen was clean related to bases, floors, floor drains, dried food substances, and f 1 kitchens. (The Main ttchen Tour with the Dietary M) on 12/10/19 at 8:50 a.m., the rved:	R 0154	a,b,c,d,f,g 1. Immediate action was taken clean all deficient areas. 2. CSD added all areas to culi cleaning schedule and educat staff on importance of followin schedule 3. CSD will audit weekly x4 to ensure to compliance 4. Ongoing randon audits performed by ED or designee ensure that cleaning schedule being followed and deficient practice does not re-occur. E. 1. Immediate action was taken clean affected areas. 2. CSD to monitor ceiling to	nary ed g to		

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STATEMENT OF DEFICIENCIES X1) PROV		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		NSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING <u>00</u>		00	COMPLETED	
		B. WING			12/11/	12/11/2019	
				CTD FFT A	DDDEGG GITY GTATE ZID GOD		
NAME OF P	ROVIDER OR SUPPLIER	2			DDRESS, CITY, STATE, ZIP COD		
RITTENHOUSE VILLAGE AT MICHIGAN CITY			4300 CLEVELAND RD				
KILIENI	IOUSE VILLAGE A	T MICHIGAN CITY	MICHIGAN CITY, IN 46360				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	P	PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		ΓE	COMPLETION
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION			TAG	DEFICIENCY)	DATE	
	ice maker was dirty and had an accumulation of				ensure cleanliness ongoing		
	dried substances.						
	c. The floor at the o	entrance of the kitchen was					
	dirty.						
		bases of the floor throughout					
		accumulation of dirt and dried					
	food substances.						
		ed ceiling tiles observed					
	throughout the kitchen.						
	f. There were spider webs in the window ledge above the dishwashing machine.						
g. The white floor drain under the 3 compartment							
	g. The white floor drain under the 3 compartment sink was dirty and had an accumulation of dried substances. Interview with the DFM at the time indicated the above was in need of cleaning.						
	doore was in need	or creaming.					
R 0273	410 IAC 16.2-5-5.	1(f)					
		nal Services - Deficiency					
Bldg. 00		ation and serving areas					
	.,	n residents ' units) are					
	· -	ordance with state and					
		nd safe food handling					
	standards, includir	•					
		on and interview, the facility	R 02	73	A.		12/20/2019
	failed to store and p	prepare food under sanitary			1. Immediate action was taken	to	
	conditions related to	o uncovered fruit cups, black			cover fruit cups.		
	substances on the in	nside of the ice machine, dust,			2. Educate culinary staff on pro	oper	
	lime build-up, greas	se, adhered dust, and food			storage of side items		
	debris on fixtures ar	nd/or equipment for 1 of 1			3. CSD to monitor ongoing		
	kitchens. (The Main Kitchen)				b,c,d,e		
					1. Immediate action taken to		
	Findings include:				thoroughly clean ice machine		
					inside and out.		

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

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) M	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING <u>00</u>		00	COMPLETED		
			B. WING			12/11/2019		
				CERTER	A DEDEGG COTAL CTATE GIR COD	<u> </u>		
NAME OF PROVIDER OR SUPPLIER					ADDRESS, CITY, STATE, ZIP COD			
RITTENHOUSE VILLAGE AT MICHIGAN CITY					LEVELAND RD			
RITTENE	100SE VILLAGE A	I MICHIGAN CITY		MICHIGAN CITY, IN 46360				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION			PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETION		
TAG				TAG	DEFICIENCY)	CIENCY)		
	During the Brief Ki	tchen Tour with the Dietary			2. Educate staff on proper			
	Food Manager (DF	M) on 12/10/19 at 8:50 a.m., the			cleaning and maintenance for			
	following was obse	rved:			machine			
					3. CSD to develop and monitor Ice			
	a. There were 4 un	covered fruit cups stored on			Machine cleaning and			
	the counter at the en	ntrance of the kitchen.			maintenance schedule			
					4. CSD to audit weekly x 4. E	O to		
		ck substance along the inside			perform random audits ongoin	g		
	of the ice machine a	above the ice making						
	compartment.				f,g,l,j			
					Immediate action was taker	ı to		
		vy accumulation of dust on the			clean all deficient areas.			
	outside of the ice machine.				2. CSD ensured all areas to w			
					on culinary cleaning schedule			
	d. There was a heavy accumulation of dust adhered to the vent on the ice machine.			educated staff on importance of				
					following schedule			
					3. CSD will audit weekly x4 to			
		cumulation of lime build-up			ensure to compliance			
	along the side of the ice machine.				4. Ongoing random audits			
					performed by ED or designee			
		cumulation of dust and grease			ensure that cleaning schedule	IS		
	on the top of the ov	ren.			being followed and deficient			
	g. There was an accumulation of grease along the				practice does not re-occur.			
	oven hood.							
	i Thora was an	numulation of dust adhered to						
		cumulation of dust adhered to the dry dish storage rack.						
	me metal grates of	ine dry dish storage rack.						
	i The shelf under t	the microwave had an						
	-	st and food debris and the						
	plastic bin containing lids on that shelf had an accumulation of dust and food debris. Interview with the DFM at the time indicated the above was in need of cleaning.							
	25010 1145 111 11004 (

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