

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

PRINTED: 11/26/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155685		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/04/2024	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - ELKHART CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 1001 W HIVELY AVE ELKHART, IN 46517			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00443784, IN00443631, IN00443636, IN00443671, and IN00443191.</p> <p>Complaint IN00443784 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00443631 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00443636 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00443671 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00443191 - Federal/State deficiencies related to the allegations are cited at F804.</p> <p>Survey dates: September 30, 2024 and October 1, 2, 3, & 4, 2024</p> <p>Facility number: 000039 Provider number: 155685 AIM number: 100275130</p> <p>Census Bed Type: SNF/NF: 120 Total: 120</p> <p>Census Payor Type: Medicare: 5 Medicaid: 76 Other: 39 Total: 120</p> <p>This deficiency reflects State Findings cited in</p>			F 0000	The facility respectfully requests a desk review regarding this alleged deficient practice.		

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards 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 disclosable 30 days 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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F 0804 SS=F Bldg. 00	<p>accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on 10/09/2024</p> <p>483.60(d)(1)(2) Nutritive Value/Appear, Palatable/Prefer Temp Based on observation, record review and interview, the facility failed to ensure food was served at palatable temperatures in 1 of 1 kitchens observed (Main Kitchen). This deficient practice potentially affected 110 of 120 residents who consumed food from the main kitchen.</p> <p>Finding includes:</p> <p>During a meal observation with Cook 1 in the Main Kitchen, on 10/1/24 at 12:00 P.M., the food temperatures of hot foods on the steam table were as follows: pureed corn 105 F (Fahrenheit), cream corn 123 F, pureed beef 118 F, beef gravy 128 F, pepper steak 123 F, whole corn 141 and sweet potato 140..</p> <p>During observation of room trays on the 500 hall, conducted on 10/1/24 at 12:37 P.M., meals were transported to the unit, from the kitchen on metal covered, noninsulated carts. The last tray to be served, at 12:37 P.M., had the following food temperatures at the point of service: pepper steak 80 F, sweet potatoes 85 F and whole corn 85°F.</p> <p>During an interview on 10/1/24 at 12:05 P.M., Cook 1 indicated hot food temps should be held at or above 140 F while on the steam table.</p> <p>During an interview on 10/1/24 at 12:24 P.M. the Dietary Manager indicated hot foods were to be temperature checked at the steam table and</p>			F 0804	<p>Reason for IDR: We are requesting a reduction in the scope and severity. What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> · All food in the kitchen was heated and temped above 135 degrees prior to serving any other residents. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? · All residents receiving a room tray had the potential to be affected by this alleged deficient practice. · The Dietary Manager/Designee educated all food service staff to the policy indicating that all hot food needed to be served on hot plates and temp above 135 degrees prior to serving to the residents. What measures will be put into place or what systematic changes will you make to ensure that the deficient practices do not recur? · Dietary Director/designee educated all food service staff to the policy indicating that all hot food needed 		10/21/2024

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	<p>should be held at at least 135 F.</p> <p>During an interview on 10/1/24 at 12:49 P.M., Resident E indicated the hot food was always cold when served.</p> <p>During an interview, on 10/1/24 at 12:52 P.M. in the dining room, Resident G and Resident H both indicated the food was often served cold and needed to be warmer.</p> <p>On 10/1/24 at 12:00 P.M., during food service distribution, in a hot food temps check with Cook 1, Cook 1 check the food temps and agreed that the following foods tempt out at: Pureed corn: 105 F, Cream corn 123, whole corn 141, pureed beef 118, beef gravy 128, pepper steak 123, sweet potato 140</p> <p>During an interview on 10/1/24 at 12:58 P.M., the Administrator indicated hot foods should be served at appropriate temperatures and not below.</p> <p>On 10/1/24 at 2:32 P.M., the Director of Nursing provided the policy titled, "Maintaining a Sanitary Tray Line," dated 12/17 and indicated it was the current facility policy. The policy indicated the priority of food service was to ensure foods were handled safely and held at proper temperatures and to periodically monitor food temperatures throughout the meal service to ensure hot foods were maintained at or above 135 F.</p> <p>This citation relates to Complaint IN00443191.</p> <p>3.1-21(a)(2)</p>				<p>to be served on hot plates and temp above 135 degrees prior to serving to the residents. · Dietary Director/designee will ensure that hot food is served on hot plates and check the temperature of all hot food on the serving line and the first and the last tray of hall trays at various meal times 5x weekly for 4 weeks and then once a month for 6 months to ensure that there are no deficient practices. How will corrective actions(s) be monitored to ensure the deficient practice will not occur, i.e., what quality assurance program will be put into place? · The Dietary Director/designee will complete audit tool to ensure that hot food is served on hot plates and at proper food temps. · The Dietary Director/ Designee will present the summaries of the audits to the Quality Assurance committee monthly for 6 months, thereafter, if it is determined by the Quality Assurance committee that further monitoring is needed, audit will continue. DOC: 10/21/24</p>		