

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155654	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/20/2023
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NAME OF PROVIDER OR SUPPLIER ENGLEWOOD HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 2237 ENGLE RD FORT WAYNE, IN 46809
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: July 17, 18, 19, and 20, 2023.</p> <p>Facility number: 000498 Provider number: 155654 AIM number: 100266110</p> <p>Census Bed Type: SNF/NF: 53 Total: 53</p> <p>Census Payor Type: Medicare: 2 Medicaid: 46 Other: 5 Total: 53</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed July 21, 2023</p>	F 0000	<p>The following plan of correction constitutes our written allegation of compliance for the deficiencies cited. Submission of this plan of correction is not an admission that the deficiency exists or that one was cited correctly. This plan of correction is submitted to meet the requirements established by State and Federal law.</p> <p>This facility respectfully requests paper compliance for the deficiencies cited.</p>	
F 0812 SS=E Bldg. 00	<p>483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Christian Livingston	Administrator	08/03/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined 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 disclosed 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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	<p>regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>Based on observation, and interview the facility failed to ensure sanitary practices were observed in the kitchen. 53 of 56 residents to residing in the facility ate food prepared in the kitchen.</p> <p>Findings include:</p> <p>During an observation on, 7/17/23 at 9:03AM, noted floor was slippery. The floor had an oily feel. The area with the slippery, oily feel was from in front of the oven to just beyond the stove top range.</p> <p>The top of the oven had trays and multiple crumbs. The crumbs varied in size and color (yellow, brown, and black)</p> <p>There were 2 hamburgers in the refrigerator with cellophane covering. There was no date labeling on the hamburgers.</p> <p>The dietary aide was unable to determine when the hamburgers were prepared. A hamburger was listed on alternative menu for 7-17-23.</p> <p>The dietary aide 3 had her hair pulled into a bun, the bun was covered with a hair net but the</p>	F 0812	<p>F812 Food Procurement, Store/Prepare/Serve-Sanitary Plan of Correction</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The dietary floor was cleaned and oily substance was cleaned and removed from floor. The oven trays and crumbs were cleaned off oven. Hamburgers in refrigerator were thrown away due to not having label. Staff in-serviced on the correct use of hair nets. Walk-in freezer rack was cleaned and black substance was removed.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will</p>	08/03/2023
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	<p>remainder of hair was uncovered.</p> <p>In the walk-in freezer's left furthest corner under the rack was a black substance. It was approximately 1 inch high by a ½ inch wide by 9 inches long. The dietary aide could not identify the substance.</p> <p>In an interview on, 07/18/23 08:25 AM, the Administrator indicated the kitchen staff were to be in-serviced and the dietary manager was informed of cleaning issues.</p> <p>During an observation on, 07/18/23 11:13 AM, Dietary Aide 3 had her hair pulled back into a bun. The bun portion of her hair was covered with a hairnet, the remainder of her hair was uncovered.</p> <p>During an observation on 7/19/23 at 12:14PM Dietary Aide 3 had hair in bun and the hairnet was covering all of hair.</p> <p>The cleaning lists (month of July am and pm) were provided by Administrator on 7/18/23 at 12:18PM indicated the top of the oven was to be cleaned by day shift on 7/7/23 and the exterior of oven was to be cleaned on 7/23/23. There were no other times on cleaning list the outside of the oven was listed to be cleaned.</p> <p>The cleaning list indicated the floor was to be swept and mopped on 7/10/23 by the evening shift.</p> <p>No additional cleaning lists were provided.</p> <p>A policy titled, "Freezers" with a date 6/2021, provided by the Administrator on 7/18/23 at 12:18PM, indicated ...4. Remove shelving units and clean the shelves and walls with warm sudsy</p>		<p>be taken?</p> <p>All residents had potential to be affected by the alleged deficient practice.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that deficient practice does not recur?</p> <p>Staff were in-serviced on cleaning schedule and importance of cleaning. Staff were in-serviced on labeling of food. Staff were in-serviced on hair nets. Audits to be performed to ensure practices and policies are followed. Dietary Manager received 1:1 training on importance of cleaning/labeling practices. 1:1 education with each dietary staff member. Dietary manager/designee to complete audit daily X 8 weeks, then weekly X 4, then monthly X3 to ensure sanitary policies are followed and food is labeled.</p> <p>4. How will the corrective action(s) be monitored to ensure the deficient practice will not recur? ie: what QA program will be put into place and by what date will they be completed.</p>	

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	<p>water. Rinse and sanitize. Allow to air dry ...7. For walk in freezers, mop floors, wash walls and ceilings as needed</p> <p>A policy titled, "Floors, Tables, and Chairs" with a date 6/2021, provided by the Administrator on 7/18/23 at 12:18PM, indicated ...1. Sweep and clean kitchen floors after each meal. Mop thoroughly at least once daily. Move major appliances at least once a month to facilitate cleaning behind and underneath ...</p> <p>A policy titled, "Leftovers" with a date 2/2020, provided by the Regional Nurse Consultant on 7/18/23 at 12:38PM, indicated ...2. All foods stored for later use shall be covered, labeled with the food name, and dated with the current date as well as with a use by date ...</p> <p>A policy titled, "Personal Hygiene and Jewelry" with a date 6/2021, provided by the Regional Nurse Consultant on 7/18/23 at 12:38PM, indicated ...2. All Dining and Nutrition Services department must wear hair restraints to prevent hair from contacting exposed food ...</p> <p>3.1-4.5-5</p>		<p>Audits/findings will be forwarded to QA monthly for review. The facility through the QAPI program, will review, update, and make changes to the POC as needed for sustaining compliance for no less than 6 months. Frequency and duration of the reviews will be adjusted as needed. After consecutive compliance is achieved, the Dietary Manager and/or designee will randomly complete an audit to ascertain continued compliance annually.</p> <p>5. By what date will the systematic changes be completed? 8/3/2023</p>	