

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 11/29/2017	
NAME OF PROVIDER OR SUPPLIER  MORNINGSIDE OF COLLEGE PARK				STREET ADDRESS, CITY, STATE, ZIP CODE 8810 COLBY BLVD INDIANAPOLIS, IN 46268			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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	
R 0000  Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey Dates: November 27, 28, and 29, 2017</p> <p>Facility Number: 013034</p> <p>Resident Census: 29</p> <p>This State finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review was completed on December 4, 2017.</p>		R 0000	<p><b>The following is the Plan of Correction for Morningside of College Park in regard to the Statement of Deficiencies for the State Residential Licensure Survey completed on November 29, 2017. This Plan of Correction is not to be construed as an admission of or agreement with findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document , we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvements to satisfy that objective.</b></p>			
R 0273  Bldg. 00	<p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving 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</p>		R 0273	<b>What corrective action(s)</b>		12/22/2017	

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 90 days 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 14 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>record review the facility failed to label all food with open dates, ensure an employee wore a beard cover while working in the kitchen, and ensure the pH in the bucket of sanitizing solution was at an appropriate level. This deficient practice had the potential to affect 29 of 29 residents served from the facility kitchen.</p> <p>Findings include:</p> <p>During a kitchen tour, on 11/27/17 at 9:20 a.m., with the Kitchen Manager, the following was observed.</p> <p>1. In the reach in refrigerator there were five serving bottles of salad dressing not in their original containers and not labeled with open dates.</p> <p>a. One bottle of Thousand Island dressing open, with no open date</p> <p>b. One bottle of Ranch dressing open, with no open date</p> <p>c. One bottle of French dressing open, with no open date</p> <p>d. One bottle of Bleu Cheese dressing open, with no open date</p> <p>e. One bottle of Italian dressing with open, no open date</p> <p>At that time, the Kitchen Manager indicated he did not know when the salad</p>				<p><b>will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <p><b>No resident was known to be affected by this deficient practice. How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected by this deficient practice.</b></p> <p>Complete inspection of reach-in refrigerator was done immediately. Items expired and/or not labeled were disposed of including: <b>-one bottle of Thousand Island dressing open, with no open date-one bottle of Ranch dressing open, with no open date-one bottle of French dressing open, with no open date-one bottle of Bleu Cheese dressing open, with no open date-one bottle of Italian dressing open,</b></p>		

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	<p>dressings were opened and did not know when they would expire.</p> <p>A current facility policy titled, 'Date Marking / Labeling', received from the Executive Director on 11/29/2017 at 10:00 a.m., indicated, "...All food preparation and serving areas are maintained in accordance with the state and local sanitation and safe food handling standards including 410 IAC 7-24...Dining service employees will label and date food items with the appropriate "use by" or "date opened"...."</p> <p>2. Cook 1 was observed working in the kitchen with no beard covering on his beard.</p> <p>At that time, the Kitchen Manager indicated Cook 1 should have been wearing a beard covering. The Kitchen Manager indicated the facility used the state regulation for it's policy concerning beard covers.</p> <p>3. The pH in the bucket of sanitizing solution was observed to be at 50.</p> <p>At that time, the Kitchen Manager indicated the pH should have been between 150 and 200.</p> <p>A current facility policy titled, 'Sanitation</p>		<p><b>with no open dateCook #1 immediately covered his beard with a beard covering.The bucket of sanitizing solution observed to be at 50 ph was emptied immediately, rinsed and refilled with fresh sanitizer and tested successfully. Corrective action included in next section.What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur? Kitchen staff will be in-serviced on proper labeling and dating of refrigerated and other food items, sanitation procedures and proper usage of hairnets/beard coverings. How will the corrective action(s) be monitored to ensure the deficient practice will not recur? Kitchen Manager/Designee will monitor server reach in refrigerator using an end</b></p>				

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

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	and Safety: Cleanliness Standards', received from the Executive Director on 11/29/2017 at 10:00 a.m., indicated, "...Follow standards to maintain clean equipment in work areas...sanitizer solution is in appropriate concentration (use test strips to determine)...."				of day labeling and dating checklist to ensure all food items are labeled and dated according to received date, opened date and clearly marked and any expired food item is disposed of immediately.		