

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

PRINTED: 05/21/2024  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155508		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/25/2024	
NAME OF PROVIDER OR SUPPLIER  TRANSCENDENT HEALTHCARE OF BOONVILLE				STREET ADDRESS, CITY, STATE, ZIP COD 725 S SECOND ST BOONVILLE, IN 47601			
(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 a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 3/14/24. This visit included a PSR to the Investigation of Complaint IN00428375 completed on 3/14/24.</p> <p>Complaint IN00428375 - Corrected.</p> <p>Survey dates: April 24, 25, 2024</p> <p>Facility number: 000451 Provider number: 155508 AIM number: 100266240</p> <p>Census Bed Type: SNF/NF: 57 Total: 57</p> <p>Census Payor Type: Medicare: 16 Medicaid: 40 Other: 1 Total: 57</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality of review completed on April 30, 2024.</p>			F 0000	<p>By submitting the enclosed materials, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests the plan of correction be considered our allegation of compliance effective 05/15/2024 to the state findings of the Post Survey Review conducted on April 25, 2024.</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</p>						

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

TITLE

(X6) DATE

Robin L McCarty

Executive Director

05/15/2024

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>approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or 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, interview, and record review, the facility failed to ensure storage of food in a safe and sanitary manner for 1 of 1 kitchen observations. Open food items were observed unlabeled and open to air, debris was observed on the floor, ice was accumulated in the refrigerator and freezer, and the temperature logs were not up to date.</p> <p>Findings include:</p> <p>On 4/25/24 from 7:40 A.M. to 8:00 A.M., the following was observed in the kitchen:</p> <p>Dry Storage: elbow macaroni laying loose on the shelf white substance smeared on floor over one of the tiles in middle of floor</p> <p>Walk in refrigerator: water on the floor red substance smeared under shelf to left of door</p>			F 0812	<p>F - 812</p> <p><i>The corrective action taken for those residents found to have been affected by the deficient practice is that although no specific residents were identified during the survey, all residents, staff and visitors have the potential to be affected by this deficient practice. The entire kitchen area has been deep cleaned. All outdated food/beverage items have been discarded. All food and beverage items have now been appropriately sealed, labeled and dated. All food items are appropriately stored and no items are stored on the floor surface area. A new freezer door has been ordered and is scheduled to be installed on 05-21-24. In the meantime, the staff will continue</i></p>		05/15/2024

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	<p>ice build up around condenser unit and dripping onto the shelves below making boxes wet slices of American cheese open to air, unlabeled 1 3/4 milk crates of apple juice with use by date of 4/17/24 3/4 milk crate of apple juice with use by date of 4/24/24 5 cups with red liquid in them on a tray without date, not covered 5 covered and 2 uncovered pieces of cake on tray, unlabeled unsalted butter block open to air, unlabeled temperature was 44 degrees Fahrenheit (F)</p> <p>Freezer: ice build up on the ceiling, walls, around the door, and floor a box of hamburger buns were stored on the floor a bag of hot dog buns was not dated a bag of biscuits was not dated a box with pancakes in the bag was open to air a box with breaded chicken in the bag was open to air the thermometer was difficult to read due to condensation on the inside, but the Maintenance Director verified it was at 0 degrees F</p> <p>The floor throughout the kitchen and dry storage had food and trash debris scattered and were sticky.</p> <p>On 4/25/24 at 8:02 A.M., the walk in refrigerator and freezer logs were provided by the Dietary Manager and indicated the normal range for the walk in refrigerator temperature was 35-40 degrees F and the normal range for the freezer was &lt;0 degrees F. Both logs lacked temperatures for 4/21/24, 4/22/24, 4/23/24, 4/24/24, and 4/25/24.</p> <p>On 4/25/24 at 8:12 A.M., the in services and audits</p>				<p>to remove excess ice build up from the freezer. All floor surfaces, including the refrigerator, freezer and kitchen floors are now clean and free of any debris, water, etc. The freezer and refrigerator temperature logs are being completed per facility policy and there are no omissions in documenting the temperatures. <i>The corrective action taken for the other residents that have the potential to be affected by the same deficient practice is that all residents, staff and visitors have the potential to be affected by this deficient practice. A daily audit of the dietary department is being completed to identify and immediately correct any food storage, food preparation, and overall dietary sanitation. All food storage, preparation, serving and sanitation policies are now being followed by the dietary staff. The measures that have been put into place to ensure that the deficient practice does not recur is that a mandatory in-service has again been provided for all dietary staff on the facility policy related to food storage, preparation, serving and dietary sanitation. The dietary staff has been re-educated on their responsibilities to adhere to all dietary policies and procedures to ensure food safety. The staff has also been advised that failure to follow facility policies will result in</i></p>		

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	<p>for the kitchen were reviewed. Both audits, signed by the Dietary Manager on 4/11/24 indicated there was ice on the ground in the freezer.</p> <p>During an interview on 4/25/24 at 12:56 P.M., the Dietary Manager indicated she would expect the normal temperature for the walk in refrigerator to be about 38 degrees F and freezer should be 0 degrees F or below. The first person to get there every morning was responsible for filling out the temperature logs and they should be kept up to date. Whoever puts food items away was responsible for labeling and when it is stored, the date on it is the date that it goes into storage. The cheese slices and butter should have been wrapped, the tray with drink cups and uncovered cake should be individually labeled or saran wrap the entire thing and then put a label on it. The apple juice should have been discarded. The hot dog buns, biscuits, pancakes, and chicken should be thrown away. They should of disposed of it before they left last night, but whoever was working at the time and saw it should get rid of expired, unlabeled, and uncovered food. All of it was discussed in the in services we had. It's been hard finding and keeping kitchen staff. In regards to the ice build up, they chipped the ice off of the condenser unit in the refrigerator a few weeks ago, but it continues to form. The freezer door not working properly (new ordered but not delivered) was making it really hard to keep ice from forming in the freezer. They keep an eye on the food to make sure it stays frozen and if it wouldn't, they would have to dispose of it if they couldn't use it. The floors of the kitchen should be swept and mopped by staff every shift before they leave. It didn't look like it was done last night when I got here this morning.</p> <p>On 4/25/24 at 1:19 P.M., a current Food Receiving</p>				<p>a disciplinary action.</p> <p><i>The corrective action taken to monitor to ensure the deficient practice will not recur is that a Quality Assurance tool has been developed and implemented to monitor the storage, preparation, serving and sanitation of the dietary department. This tool will be completed by the Food Service Manager and/or their designee daily for at least four weeks, or longer until consistent compliance is achieved. Once consistent compliance has been achieved, then the tool will be completed weekly for four weeks, then monthly for three months and then quarterly for three quarters. The outcome of this tool will be reviewed at the facility's Quality Assurance meetings to determine if any additional action is warranted.</i></p>		

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	<p>and Storage Policy, dated 10/22/17, was provided by the Administrator and indicated " ... Foods shall be received and stored in a manner that complies with safe food handling practices ... Food services, or other designated staff, will maintain clean food storage areas at all times ... All foods stored in the refrigerator or freezer will be covered, labeled and dated ... "</p> <p>On 4/25/24 at 1:19 P.M., a current mandated Preventing Foodborne Illness Policy was provided by the Administrator and indicated " ... All employees who handle, prepare, or serve food are trained in the practices of safe food handling and preventing foodborne illness. Employees will demonstrate knowledge and competency in these practices prior to working with food or serving food to residents ... "</p> <p>This deficiency was cited on 3/14/24.The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-21(i)(2) 3.1-21(i)(3)</p>						