

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

PRINTED: 09/08/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155267		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/08/2023	
NAME OF PROVIDER OR SUPPLIER LAKE POINTE VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 545 W MOONGLO RD SCOTTSBURG, IN 47170			
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: August 2, 3, 4, 7, and 8, 2023</p> <p>Facility number: 000168 Provider number: 155267 AIM number: 100267020</p> <p>Census Bed Type: SNF/NF: 61 Total: 61</p> <p>Census Payor Type: Medicare: 2 Medicaid: 45 Other: 14 Total: 61</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on August 10, 2023.</p>			F 0000	<p>F 0000 This plan of correction constitutes the facilities written allegation of compliance for the deficiencies cited. The submission of this plan of correction is not an admission of or agreement with the deficiencies or conclusions contained in the department's inspection report. We respectfully request a paper compliance desk review and ask that your office accept this plan as our facility's compliance with the final compliance date of September 14, 2023. Please review the attachments provided with this plan of correction, which include audit tools, photos of work performed. Please feel free to contact Richey Barton, Executive Director, should you need any additional information to support the desk review at 812-752-3499. Thank you for your consideration</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

Richey Barton

Executive Director

08/25/2023

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 removal of expired foods and equipment was clean and in good repair during 4 of 4 kitchen observations. This deficient practice had the potential to affect 60 of 61 residents who received meals from the kitchen.</p> <p>Findings include:</p> <p>During an tour of the kitchen on 8/2/23 at 9:11 a.m., the following concerns were observed:</p> <p>-The grease drain to the right side of the flat top griddle was caked with a heavy buildup of black grime.</p> <p>- The inside of the griddle, which could be visualized through a large opening under the flat top griddle where the burner knobs were, had a heavy accumulation of food debris and black grime inside of it.</p> <p>- Inside the walk-in freezer there was a buildup of ice on the pipe connected to the fan. An ice formation was approximately 3 inches wide by 6 inches long and was 2 to 3 inches thick. There were smaller ice formations on two white bins</p>			F 0812	<p>It is the practice of this provider to maintain kitchen sanitation in accordance with state and federal regulations. Facility to ensure storage of food/food delivery products stored by FIFO per policy and expired food items will be discarded timely, Facility to ensure that preventative maintenance is to be followed per policy to prevent ice buildup in freezers and potential fire risk of range.</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice. Grease drain, griddle, inside walk in freezer was cleaned. Walk in freezer ice build-up was repaired by Indiana Technical and monitored by staff. Sliced turkey was discarded.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what</p>		09/14/2023

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	<p>below the pipe and forming on the floor below the fan, and on the ceiling above the fan.</p> <p>- Inside the reach in refrigerator there was one bag of sliced turkey which indicated an expiration date of 5/31/23, two bags which indicated expiration dates of 6/30/23, and one bag which indicated an expiration date of 7/17/23. The turkey in the bags appeared to have ice accumulating on it and did appear dried and freezer burnt.</p> <p>During an interview on 8/2/23 at 9:15 a.m., the Assistant Dietary Manager indicated the bags of turkey were obviously not in date and did appear to be a little freezer burnt as there was a lot of ice crystals on the turkey. Expired foods were to be removed weekly when they got their food deliveries. They had just received a delivery on 8/1/23. Some of the turkey should have been pulled over two months prior. It should not be in there.</p> <p>During an interview on 8/2/23 at 9:17 a.m., Dietary Aide 7 indicated she had sliced some turkey the week before. She stated, " ... Apparently I didn't see the turkey in there ..."</p> <p>During a follow-up observation of the kitchen on 8/2/23 at 11:02 a.m., the grime to the griddle and the ice formations to the freezer remained the same.</p> <p>During a follow-up observation of the kitchen on 8/4/23 at 11:26 a.m., the following concerns were observed:</p> <p>-The grease drain to the right side of the flat top remained with a heavy buildup of black grime.</p> <p>- The inside of the griddle remained with a heavy</p>				<p>corrective action will be taken? All residents who reside in facility have the potential to be affected by this deficient practice. All areas which contained food were inspected by Culinary manager/designee to ensure all expired food was removed. All kitchen equipment was thoroughly cleaned and inspected to ensure items were in good repair by Culinary Manager/designee.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? All Culinary staff were in-serviced on monitoring and labeling food, cleanliness of the kitchen and monitor of freezer by Culinary Manager. Daily/weekly/monthly cleaning lists specified for each culinary position posted and each staff member will sign off before completion of each shift. DM/designee to complete AM checklist daily to ensure cleaning lists completed/proper storage of foods/supplies and present to ED each day. Corporate RD will complete Short sanitation minimum of monthly and provide plan of correction, in-services needed (food storage) (cleaning schedule) (cleaning freezer) (Cleaning range) (completed by CM), and maintenance concerns needing fixed. staff education to be done as</p>		

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	<p>accumulation of food debris and black grime inside of it.</p> <p>- Inside the walk-in freezer, the ice formation appeared to have gotten larger. It was approximately 1 inch longer than it had been on 8/2/23 and there was ice forming on the inside door handle of the freezer.</p> <p>During an interview on 8/4/23 at 11:27 a.m., the Assistant Dietary Manager indicated she was not aware of any issues with the freezer. They checked the temperatures, but did not monitor routinely for ice formations. She had seen the ice formations on the handle a few days prior, but had not seen the ice on the pipes, floor, and ceiling.</p> <p>During an interview on 8/4/23 at 11:32 a.m., the Maintenance Director indicated he had not been aware of any issues with the freezer recently. He would have to come back and used a heat gun to melt the ice off.</p> <p>During an interview on 8/4/23 at 12:40 p.m., the ED (Executive Director) indicated he had not been aware of any issues with the freezer; it must be a new problem. He inspected the freezer and indicated he could see the ice buildup on the pipe and all other areas. The freezer had just had a brand-new coolant system put in, he would have to call the company that installed it to see what was going on with it. It wasn't something that was going to be fixed with a heat gun.</p> <p>During an observation of the kitchen on 8/7/23 at 1:42 p.m., with the Dietary Manager the following concerns were observed:</p> <p>-The ice formation on the freezer pipe appeared to have gotten larger and was approximately 9 inches</p>				<p>needed if cleaning lists not followed or done correctly same goes with labeling/dating. AM checklist completed daily to ensure kitchen maintains regulatory standards, and any POC from monthly RD short sanitation addressed timely with in-services completed.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur? CM to complete AM checklist daily turn into ED, any concerns from AM checklist will be placed on CQI and corrected timely. Monthly sanitations completed with action plan/in-services/maintenance concerns completed timely, CM designee will complete food storage QA weekly x 4 and monthly x 6. If 95% completion is not achieved an action plan will be developed.</p> <p>Compliance date: 9/14/2023</p>		

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	<p>long and 4 to 5 inches in width. The ice remained to the floor, ceiling, and inside the door handle.</p> <p>- The Dietary Manager pulled out the grease trap and it was coated in a heavy buildup of black grime and grease. The Dietary Manager was able to scrape away some of the grease with a scraper.</p> <p>During an interview on 8/7/23 at 1:42 p.m., the Dietary Manager indicated she had tried to knock the ice off the pipe, but did not want to damage it. She was going to let the company handle it. The grease trap was to be cleaned whenever they used it. They should pull the grease trap out and clean it. It was not on their cleaning list but it was to be completed after each use. The inside of the griddle was something where they would have to unbolt it and take the griddle top off. She did not know when it was last done, but it needed to be cleaned. They cleaned the freezer twice weekly and were supposed to inspect for ice.</p> <p>The Cleaning and Sanitizing Equipment policy, last revised 5/2023, provided on 8/8/23 at 8:00 a.m. by the ED, included but was not limited to, " ... Equipment will be cleaned and sanitized as needed ... 6. Equipment should be cleaned and sanitized after each use and more frequently as needed. In general, follow these steps ... b. Remove food and soil present on, under, and around the equipment ..."</p> <p>The Food Storage policy, last revised 5/2023, provided on 8/8/23 at 8:00 a.m. by the ED, included, but was not limited to, " ... 2 ... spoiled foods should be disposed of promptly or separated from other food to prevent contamination ... 5. All stock must be rotated with each new order received. Rotation should be based on the First in, First out method or rotated</p>						

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	based on the product expiration date ... 7. Leftover prepared food and processed meats such as lunch meat, are to be stored in covered containers or wrapped securely. The food must be clearly labeled with the name of the product, the date it was prepared, and marked to indicate the date by which the food should be consumed or discarded ..." 3.1-						