

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

PRINTED: 05/24/2023

FORM APPROVED

OMB NO. 0938-039

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 04/19/2023	
NAME OF PROVIDER OR SUPPLIER  WHITLOCK PLACE				STREET ADDRESS, CITY, STATE, ZIP COD 1719 S ELM ST CRAWFORDSVILLE, IN 47933			
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R 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00406267.</p> <p>Complaint IN00406267 - A State deficiency related to the allegations is cited at R0041.</p> <p>Survey date: April 19, 2023</p> <p>Facility number: 004419</p> <p>Facility Census: 45</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on April 27, 2023.</p>			R 0000	<p><i>Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.</i></p>		
R 0041  Bldg. 00	<p>410 IAC 16.2-5-1.2(o)(4) Residents' Rights - Deficiency (4) The facility shall develop and implement policies for investigating and responding to complaints when made known and grievances made by: (A) an individual resident; (B) a resident council or family council, or both; (C) a family member; (D) family groups; or (E) other individuals. Based on observation, interview, and record review, the facility failed to ensure implementation of their policy and procedure for responding to residents' food services complaints for 3 of 4</p>			R 0041	<p>R 041 Residents' Rights - Deficiency</p> <p><b>1. What corrective action(s)</b></p>		05/15/2023

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

TITLE

(X6) DATE

Ashley Lay-Wolf

RN, RDCS

05/12/2023

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 disclosable 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>residents interviewed (Residents B, D, and E) and for responding to resident council food service grievances for 21 of 21 residents in attendance.</p> <p>Findings include:</p> <p>On April 19, 2023 at 10:50 a.m.; Resident B was interviewed. During the interview, Resident B indicated the food here was "terrible." Resident B had reported his complaints over the past several months to the staff, to the Regional Executive Director, and to Regional/Divisional Staff. "Nothing has happened or changed." Reported complaints have been dining staff do not follow the menu, serving sizes are poor and not enough, a person cannot get a second helping, food items prepared are not appetizing being either overcooked, "burnt or cold." A bread was never or rarely served with the meal.</p> <p>On April 19, 2023 at 11:05 a.m.; Resident D was interviewed. Prior to having started the interview a peer knocked on the apartment door, poked their head in, and asked Resident D if they wanted to go down to the dining room with them for lunch. Resident D declined. Resident D went on to explain they didn't go down to the dining room, because "the food here is not good." Our residents have talked to staff about this, and we are going to have another meeting here soon.</p> <p>On April 19, 2023 at 1:20 p.m.; Resident E was interviewed. During the interview, Resident E indicated the food served "does not taste good, it's either burnt or cold." The residents have been complaining to staff "for months and nothing has changed."</p> <p>On April 19, 2023 at 1:30 p.m.; February and March 2023 Resident Council Meeting minutes</p>				<p><b>will be accomplished for those residents found to have been affected by the deficient practice:</b></p> <p>The Executive Director (ED) had residents B, D, and E fill out resident grievance forms for their food service complaints and placed those concerns on the grievance log on 5/11/2023. The concerns from resident council were placed on the grievance log on 5/11/2023 and will be addressed per the policy by 5/15/2023.</p> <p><b>2. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</b></p> <p>The ED will interview all interviewable residents by 5/12/2023 to obtain food services complaints. All complaints received will be placed on a resident grievance form and on the grievance log on the date received. All concerns received will be addressed per the policy within 14 days of receipt. In the event a concern is unable to be resolved satisfactorily, the resident and/or family will be given the contact information for the regional or division team, as well as the Enlivan Care's Customer Service Line and state agency</p>		

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	<p>were provided. A review of the minutes indicated the following:</p> <p>-February 22, 2023 (14 residents in attendance); "Dining room concerns voiced were: not enough fruit and vegetables, poorly prepared food, too much seasoning, questionable menus and running out of ordinary items."</p> <p>-March 22, 2023 (21 residents in attendance); "Dining Services were discussed at length. It was stated that servers try hard and should be commended. Numerous concerns were listed including not knowing what the menu is, food being served cold, bread and buns for sandwiches being cold, running out of food and beverages, some food being impossible to cut, inadequate amount of food and/or small servings and food that looks totally unappetizing."</p> <p>On April 19, 2023 at 12:50 p.m.; the Regional Executive Director was interviewed. During the interview, the Director indicated having been aware of residents' food services complaints and/or grievances. A request was made to review the grievance log. The grievance log was not provided, and the Director indicated she had no documented dietary grievances in the log. Letters sent to residents in response to dietary grievances were provided. A review of the letters indicated the following:</p> <p>-January 09, 2023; no response to dietary grievances were documented.</p> <p>-January 12, 2023; "...I am working on our dietary department as well. You may see some changes during your meals. I am asking a member of our management team, one day a week to be involved in serving you at lunch. So, when you see the</p>				<p>information as directed per policy.</p> <p><b>3. What measure will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not reoccur:</b></p> <p>The ED was re-educated on 5/5/2023 by the Regional Director of Operations (RDO) to ensure implementation of Enlivant policy and procedure for responding to residents' food services complaints, including the use of the concern log (Attachment 1). The ED was re-trained on 5/5/2023 by the RDO to ensure the daily menus are posted reflecting the correct food items being served that day with any relevant substitutions (Attachment 1). The dining staff were re-educated on 5/5/2023 by the ED to ensure the daily menus are posted reflecting the correct food items being served that day with any relevant substitutions (Attachment 2).</p> <p><b>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</b></p> <p>The ED is responsible for sustained compliance. The ED or designee will complete interviews</p>		

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	<p>team in the dining room, no need for alarm! We are here to make sure you have a great experience."</p> <p>-January 17, 2023; "...Dining Services - [staff name], the Chef is no longer with us. For now, please help me in supporting [staff name] as she is filling in. We are aware of all your concerns and will address them one by one. We will work on the food to add more fresh fruit."</p> <p>-January 23, 2023; "...I am getting good feedback from the dining room!"</p> <p>-February 27, 2023; "...I am diligently working to hire a Chef and an Assistant Chef. Until I can fill these positions you may see some familiar faces in our dining room. We are all here to make sure you are served and have an enjoyable meal."</p> <p>On April 19, 2023 at 12:00 p.m.; dining observation indicated the posted menu as Ham and Broccoli Divan, white rice, spiced apples, and dessert being assorted cookies. Additional Choices of the Day: Soup: Chicken Noodle. Sandwich: Sausage/Egg/Cheese. Regional Entree: Meat Loaf/Gravy. Heart Healthy: Lean Turkey. Additional Carb Options: Milk. Residents were observed to be served the Divan or other choices, spiced apples, Rice Krispies treat, and no bread items. In the kitchen for food preparation was one staff member, a cook.</p> <p>Once all residents were served a test tray was provided. The Divan served was warm. The Divan had 3 small cubes of ham mixed in with a sauced white rice and broccoli. The ham was tender. The broccoli was very soggy. The food's taste was bland, but not unpalatable. The spiced apples were chilled and tasted as though they were from a can with cinnamon sprinkled on. No</p>				<p>for 3 interview able residents weekly for 4 weeks, biweekly for 4 weeks, then monthly for one month to ensure resident's dining concerns are addressed. Any concerns identified during these interviews will be placed on a Resident Concern log and addressed per the policy. The results of the interviews will be discussed at monthly QI meetings. The QI Committee will determine if continued interviewing is necessary based on 3 consecutive months of compliance. Monitoring will be on-going.</p> <p>!--[if !supportAnnotations]--&gt;</p>		

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	<p>bread was on the tray. A Rice Krispies treat was on the tray.</p> <p>On April 19, 2023 at 12:30 p.m.; Weekly Menu Week-At-A-Glance; dated April 19, 2023; was reviewed. The weekly menu indicated, "Lunch Ham &amp; Broccoli Divan, White Rice, Spiced Peaches, Assorted Cookies, Baked Fish, Dinner Roll, Milk."</p> <p>On April 19, 2023 at 12:40 p.m.; the cook was interviewed. During the interview, the cook indicated she worked alone in the kitchen, however floor staff assisted with passing the trays in the dining room. The cook indicated being aware of residents' dining complaints. The Week-At-A-Glance was reviewed with the cook. Peaches were not served, because they had not been delivered on the truck. The cookies were not available, because residents had them with their meal yesterday, and the dinner rolls were "an extra option" to be served only if residents wanted them. When asked about seconds or additional items being available at a resident's request the cook indicated, the items are provided "unless we have none, that doesn't happen too often." A time frame of, not too often, could not be explained.</p> <p>On April 19, 2023 at 1:15 p.m.; the Regional Executive Director provided a copy of the facility's Dining, Nutrition &amp; Hospitality Services Resource Guide (non-dated). A review of the guide indicated, "The purpose of this handbook is to assist with the effective and appropriate provision of dining services in each community. This handbook provides reference information for Chefs and Cooks to perform their duties, and for Executive Directors to provide adequate support and oversight. ... The handbook may also be used</p>						

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	<p>on an ongoing basis as a reference guide for specific issues or policies/procedures. ... Standardized Menus ... The Week-at-A-Glance (WAG) menu, exhibits three meals per day, seven days per week. ... The date the menu should be served is indicated at the top of the menu ... The daily meal posing document is a Word format so it can be edited at each community, as needed. Therefore, if menu substitutions are made, the community must make the necessary changes on the posting, print the document, and post the menu in the proper location. Daily meal postings must be consistent with what is actually being served. ... Resident Satisfaction. The success of the menus is dependent on several factors. One key factor is how the menus are introduced to the Residents, families and team at each community. Continuous follow-up and communication regarding meal satisfaction is vital..."</p> <p>On April 19, 2023 at 1:00 p.m.; the Regional Executive Director provided a current copy of the Resident Concern or Complaint Policy dated March 01, 2022. A review of the policy indicated, "Families and Residents are encouraged to report any concerns....1) Concerns will be investigated in an effort to remedy the situation in a prompt and through manner.... 2) The Executive Director or designee shall follow-up with the person(s) filing the Resident Concern (Grievance) within the specified time period using the appropriate method as allowed per individual state regulations ... A concern/grievance log will be maintained by the ED or designee. 3) If the Executive Director and/or designee are unable to resolve the concern satisfactorily, the resident and/or family may contact Regional or Division Staff..."</p> <p>This State Residential Finding relates to Complaint IN00406267.</p>						

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