

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

PRINTED: 12/03/2018

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 11/01/2018	
NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF COLLEGE PARK				STREET ADDRESS, CITY, STATE, ZIP COD 8810 COLBY BLVD INDIANAPOLIS, IN 46268			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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. This visit included the Investigation of Complaints IN00276900 and IN00276137.</p> <p>Complaint IN00276900 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00276137- Unsubstantiated due to lack of evidence.</p> <p>Survey dates: 11/01/18</p> <p>Facility number: 013034</p> <p>Residential Census: 2</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review was completed on November 2, 2018.</p>			R 0000			
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 record review the facility failed to maintain a sanitary kitchen environment. This deficient practice had the potential to effect 2 of 2 residents who received meals from the kitchen.</p> <p>Findings include:</p>			R 0273	<p>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 11/01/2018. This Plan of Correction is not to be construed as an admission of or</p>		11/01/2018

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 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>During an observation of the kitchen, on 11/01/18 at 10:04 a.m., Employee 1 was observed with a cell phone in one hand and using the other to operate the screen. When Employee 1 was finished, he did not wash his hands and returned to his kitchen duties. At 10:24 a.m. Employee 1 was also observed working in the kitchen without a hair net covering his hair or beard, while cooking food over the grill.</p> <p>On 11/01/18 at 10:05 a.m., Employee 2 was observed handling food, he did not have a hair net on beard.</p> <p>On 11/01/18 at 10:07 Employee 2 removed his gloves and without washing his hands, began a new task in the kitchen.</p> <p>On 11/01/18 at 10:11, the Dietary Assistant Manager came into the kitchen, he did not have a hair net on his beard.</p> <p>At that time Dietary Assistant Manager indicated hair covers for facial hair were not needed unless the hair was one and one half inches long.</p> <p>A facility document provided by the Director of Nursing, on 11/01/18 at 12:52 p.m., titled "EMPLOYEE HEALTH AND PERSONAL HYGIENE" indicated, "...Wear a hair...in any food production area...Beard restraints are required in any food production area...."</p> <p>A facility document provided by the Director of Nursing, on 11/01/18 at 12:52 p.m., titled "GLOVE AND UTENSIL USE" indicated, "...Wash hands...prior to putting on gloves and when gloves are changed...."</p>				<p>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. We remain committed to the delivery of quality health care services and will continue to make changes and improvements to satisfy that objective.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? 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. 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? All current kitchen employees were immediately In-Serviced for said violations. In-services will be held by Dietary Manager for incoming employees upon hire and for current employees for Hand-Washing, glove policy, Hairnet and beard covering</p>		

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					policy, cell phone policy on a continual basis but not less than once per year. Dietary Manager or other designated employee will monitor kitchen at all times to insure policies are being followed.		