

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

PRINTED: 03/18/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155341		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/29/2024	
NAME OF PROVIDER OR SUPPLIER EASTGATE MANOR NURSING AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP COD 2119 E NATIONAL HWY WASHINGTON, IN 47501			
(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 the Investigation of Complaints IN00429420 and IN00427463.</p> <p>Complaint IN00427463: Federal/State deficiencies related to the allegations are cited at F812.</p> <p>Complaint IN00429420: No deficiencies related to the allegations are cited.</p> <p>Survey dates: February 28 & 29, 2024</p> <p>Facility number: 000301 Provider number: 155341 AIM number: 100289090</p> <p>Census Bed Type: SNF/NF: 51 Total: 51</p> <p>Census Payor Type: Medicare: 3 Medicaid: 35 Other: 13 Total: 51</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 1, 2024.</p>			F 0000			
F 0812 SS=E Bldg. 00	483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must -						

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

TITLE

(X6) DATE

Tanya Hentrup

ED

03/12/2024

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 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 30 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>§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 regulations. (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. (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. Based on observation, interview, and record review, the facility failed to ensure food was stored and distributed in accordance with professional standards for food service safety during 2 of 2 kitchen observations. Food packages were stored on the floor of the walk-in refrigerator and walk-in freezer, and food was open to air in the walk-in freezer.</p> <p>Finding includes:</p> <p>During an observation on 2/28/24 at 10:35 A.M. a walk-in freezer contained a bag of peas that were open to air. A walk-in refrigerator contained a box of chopped celery and a box of whole tomatoes resting directly on the floor.</p> <p>During an observation on 2/29/24 at 9:55 A.M., a walk-in freezer contained a bag of peas that were open to air and a box of meat patties resting</p>			F 0812	<p>This plan of Correction constitutes the facility's written allegation of complaint for the deficiencies cited. The submission of the Plan of Correction is not an admission of or agreement with the deficiencies or conclusions contained in the Department's inspection report. The provider respectfully requests that this Plan of Correction be considered the letter of credible allegation of compliance and requests a desk review. If more information is needed to support this request, please contact the Executive Director, Tanya Hentrup, at 812-254-3301.</p> <p>All residents have the potential to</p>		03/12/2024

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	<p>directly on the floor. A walk-in refrigerator contained a box of chopped celery and a box of whole tomatoes resting directly on the floor.</p> <p>During an interview on 2/29/24 at 10:00 A.M., Cook 2 indicated that stored food containers should be wrapped up or closed tightly to ensure the food is not open to air and that food containers should be stored up off of the floor.</p> <p>On 2/29/24 at 11:35 A.M., the facility administrator supplied a facility policy titled, Food Storage and dated, 10/2017. The policy included, "Policy... The Dietary supply storeroom is the center of control by maintaining the quality of products... Procedure... 10. Food is stored a minimum of 6" (inches) above the floor... on clean racks or other clean surfaces... 15. Frozen Foods: ...d. Food should be covered or wrapped tightly..."</p> <p>This citation relates to Complaint IN00427463.</p> <p>3.1-21(i)(2) 3.1-21(i)(3)</p>				<p>be affected by the alleged deficient practice. Once identified of alleged non-compliance, the Culinary manager immediately discarded all food items not stored appropriately. The culinary manager audited all food storage areas with no other concerns noted. The Culinary manager educated all culinary staff on proper food storage policies with post-test.</p> <p>The Culinary Manager or Designee will audit food storage daily x 2 weeks, then 3 x's/week x3 weeks, them monthly x 6 months. The results of these audits will be reviewed by the QAPI committee overseen by ED. If threshold of 100% is not achieved an action plan will be developed. Regional Dietician will complete sanitation review monthly to ensure compliance if less that 90%, plan of correction will be implemented.</p>		