

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 06/08/2021
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NAME OF PROVIDER OR SUPPLIER BENNETT PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 3928 HORNE AVE NEW ALBANY, IN 47150
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00353830.</p> <p>Complaint IN00353830 - Substantiated. State deficiencies related to the allegations are cited at R0029 and R0154.</p> <p>Survey date: June 8, 2021</p> <p>Facility number: 004442</p> <p>Residential Census: 26</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on June 14, 2021.</p>	R 0000		
R 0029 Bldg. 00	<p>410 IAC 16.2-5-1.2(d) Residents' Rights - Deficiency (d) Residents have the right to be treated with consideration, respect, and recognition of their dignity and individuality.</p> <p>Based on record review and interview, the facility failed to ensure the residents' choices were honored related to the self determination through support of choices of menu for 3 of 3 residents reviewed. (Residents B, C, and D)</p> <p>Findings include:</p> <p>The review on 6/8/21 at 11:11 a.m., of the April, May, and June menus included, but were not limited to, the calendar of meals for the April 26 through May 2, 2021, May 3 through May 9, May 31 through June 6, 2021 included the same food items on the menu. The calendar of meals from</p>	R 0029	<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</i></p>	07/16/2021

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 that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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>the May 3-9, 2021 and June 7-13, 2021 included the same food items on the menu.</p> <p>The Dining, Nutrition, And Hospitality Process Procedure Review by the Registered Dietician on 4/19/21, included, but was not limited to the following:</p> <p>-Some recent menu food substitutions were reported by the community staff.</p> <p>During an interview, on 6/8/21 at 9:20 a.m., RCP (Resident Care Provider) 4 indicated the residents were complaining about not having enough food, the food was too hard or too salty, and the same food items all week, such as broccoli. When staff had to cook, it put them behind in completing their resident care.</p> <p>During an interview, on 6/8/21 at 9:45 a.m., Resident B indicated the facility did not have anyone consistent in the kitchen. When the former chef left, the ordering wasn't done. The facility didn't have any food orders coming in, so the staff just used whatever was on the shelves or freezer to feed the residents. The former Assistant Chef didn't do any ordering. He didn't know how. He eventually left, and nothing new was coming in. The aides and nurses took turns cooking for the residents. They really got down low on food. It's been a bad situation. The former Chef wasn't good at rotating the food, because he knew they had found some outdated foods. They didn't have very many other vegetables to choose from. They didn't get corn or green beans. They had a lot of broccoli, carrots and cauliflower. They used to have menus. She asked them about it and they were supposed to be getting them, people were wanting them, but they weren't getting one yet. The residents had brought up a</p>		<p><i>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> <p>R 029 410 IAC 16.2-5-1.2(d) Residents' Rights – Deficiency What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? By 7/5/21, staff will provide daily menus including alternate food choices to Residents B, C, and D to ensure their food choices are honored. 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? By 7/5/21, staff will provide daily menus including alternate food choices to current residents to ensure their food choices are honored. By 7/12/21, the Chef will post "at a glance menu" for the upcoming week. The new chef has completed orientation that included menu postings and menu availability each day. (Attachment 1). On June 28th and 29th, the chef will complete a refresher course to ascertain retention and application of learned skills.</p>	

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	<p>taco day and a diabetic diet. She had discussed it with the staff, but they never did it. She got a side salad every day when they had the menu, but they don't have that anymore. There were no alternate options anymore.</p> <p>During an interview, on 6/8/21 at 9:57 a.m., Resident C indicated no one was ordering food. They've had a lot of broccoli. Breakfast, lunch, and supper were a mystery. They didn't have a menu. Staff kept telling them they were going to get a menu and they never did. Residents brought up a salad bar in Resident Council. The facility ultimately told them no and it was too expensive.</p> <p>During an interview, on 6/8/21 at 10:08 a.m., Resident D indicated they had a lot of the food she didn't like. They used to get menus, but didn't anymore. They got a lot of broccoli. They didn't get much fresh food and got a lot of canned and processed stuff, which wasn't healthy. When they had menus, they had an alternate meal. They didn't have the alternates now and that was really needed. They used to get cottage cheese and fruit if they wanted it, and that was really nice, but they didn't do that anymore.</p> <p>During an interview, on 6/8/21 at 12:00 p.m., the ED (Executive Director) indicated he had not been at the facility long and had not heard of any grievances by the residents for food choices.</p> <p>The review on 6/8/21 at 12:10 p.m., of the current Ordering Products policy included, but was not limited to, "Inventory control is essential to the successful operation of the Dietary Department. Too few items can lead to running out of food, and can result in dis-satisfied Residents. Too many items means that money is sitting on the shelf and can potentially go to</p>		<p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. By 6/25/21, Associate Executive Director will educate Executive Director (ED) on weekly menu posting, daily printing of menus to be distributed to residents, Dining Services, food inventory ordering and responsibilities for supervising food services. (Attachment 2) ED will review Resident Rights, including food choices during July 2021 Resident Council Meeting. How the corrective action(s) will be monitored to ensure the deficient practice will not recur. The Executive Director and/or Designee will conduct audit of 5 residents to ensure Resident Rights are being upheld related to honoring food choices weekly for four weeks, biweekly for four weeks, then monthly for one month. Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.</p> <p>By what date will the systemic changes be completed? 07/16/2021</p>	

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R 0154 Bldg. 00	<p>waste. A successful Chef maintains adequate inventory at all times ...Food and supplies are ordered through...(Inventory Ordering Company) Our main food provider throughout the company is...(Food Company), and the provider for kitchen chemicals, utensils and paper products is.. (Utensil Company). It is important to note that only approved kitchen chemicals may be used, which are (Chemical Supply Company) products available through... (Utensil Company). Using weekly menu, the Chef will prepare a shopping list. Order items needed from... (Food Company), through . Orders can be placed anytime up to seven days before delivery ..."</p> <p>This State tag relates to Complaint IN00353830.</p> <p>410 IAC 16.2-5-1.5(k) Sanitation and Safety Standards - Deficiency (k) The facility shall keep all kitchens, kitchen areas, common dining areas, equipment, and utensils clean, free from litter and rubbish, and maintained in good repair in accordance with 410 IAC 7-24.</p> <p>Based on observation and interview, the facility failed to ensure the kitchen was maintained in a clean and sanitary manner.This deficient practice had the potential to affect all 26 of the residents residing in the facility.</p> <p>Findings include:</p> <p>1. During the initial tour of the kitchen, on 6/8/21 at 9:15 a.m., the following observations were made:</p> <p>-A drawer under the coffee pot was observed to be delaminated with coffee stains on the drawer. -The dry goods room had scattered brown spills</p>	R 0154	<p>R 154 410 IAC 16.2-5-1.5(k) Sanitation and Safety Standards – Deficiency What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? On 6/17/21, Servpro cleaned and sanitized the kitchen, equipment, and utensils. On 6/24/21, Chef discarded identified food items not properly stored. Keys to the cleaning supply closet was supplied to the dining staff on</p>	07/16/2021

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	<p>on the floor at the end of the shelving to the left side of the entrance door, which had been bungee tied open.</p> <ul style="list-style-type: none"> -There were insect traps scattered on the floor under the food racks, with dead insects in them. -There were yellow stains scattered under the food racks, throughout the room. -An open bag of flour was observed on a shelf with an open date of 3/6/21. -There was a stove top deep fryer on a shelf with a scattered white solution on the lid and brown colored grease, built up on the sides of the pan. - The stove had grease and black burnt food buildup on the burners. - The metal on the the stove handles were coated with a yellow colored grease buildup. - Dust and grease buildup on the internal fixtures beside stove knobs - The stove hood was coated with grease and dripping off the hood The dust was covering the stove hood. - The floor was sticky and had a black greasy buildup on the floor. - The white cabinets beside the stove was coated with food particles and grease - Inside the microwave there were food particlae stuck to the walls, and grease buildup - Dust and brown particles were noted on the windowsill. - The windows had a greasy film and food particles on them. - The stainless steel prep table holding the pots and pans had food debrie and builtup grease on it <p>2. During a tour of the kitchen on 6/8/21 at 11:12 a.m., the following was observed:</p> <ul style="list-style-type: none"> -The steam tables had a quarter of an inch of yellow colored water\, with food particles. The Chef indicated he added water every 2 days.The 		<p>6/24/2021.</p> <p>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?</p> <p>On 6/22/21, Executive Director and Care Services Manager conducted audit of kitchen, kitchen areas, common dining areas, equipment, and utensils to ensure they were clean, free from liter and rubbish, and maintained in good repair. Any areas of concern identified were corrected at time of findings.</p> <p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.</p> <p>By 7/12/21, ED will provide re-education to current staff on sanitation and safety standards.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur.</p> <p>The Executive Director and/or Designee will conduct an audit of kitchen and kitchen areas to ensure snatiation and safety standards are maintained weekly for four weeks, biweekly for four weeks, then monthly for one month. Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three</p>	

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	<p>heating element had a hard water build up with rusty spots.</p> <p>-A Receptionist was observed walking through the kitchen and through the back door, without applying a hair net or performing hand hygiene.</p> <p>-Food debris was observed on the stove top from breakfast. The lunch meal of ziti was in the oven baking, along with the zucchini and squash.</p> <p>- No separation of clean and soiled food areas in the food preparation area.</p> <p>- The steam table had a greasy buildup on the front and sides.</p> <p>- Paper towel dispenser had a greasy film coating over it.</p> <p>-The trash cans were coated with food particles and grease.</p> <p>- In the dry storage room, 3 graham cracker pie crust were observed open to the air.</p> <p>- One box of scallop potatoes was open to the air.</p> <p>- One box of instant potatoes were open to the air.</p> <p>- LPN (Licensed Practical Nurse) 3 walked into the kitchen to get ice and did not have a hair net on.</p> <p>During an interview on 6/8/21 at 11:12 a.m., the Chef indicated the kitchen was a mess when he hired in. He did not have keys to the cleaning supply room in the kitchen. He thought the Maintenance Director would have them. No one used the supplies. He felt it was safe for cooking, as long as the pots and pans were clean, but the kitchen needed a good wiping down. He indicated he could have used a thermometer for the steam table water, but just tested the food temperature instead. He could not provide the food temperature logs, because the ED (Executive Director) had them. Staff were required to wear hair nets and perform hand washing when</p>		<p>consecutive months of compliance.</p> <p>By what date will the systemic changes be completed? 07/16/2021</p>	

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	<p>entering the kitchen. Staff cut through the kitchen all of the time.</p> <p>The Dining, Nutrition, And Hospitality Process Procedure Review by the Registered Dietician dated 4/19/21, included, but was not limited to the following: -Ovens needed cleaning. -Window sill, windows and backsplashes all need cleaning. -Shelf below steam table and cook's work area needs to be cleaned. The exterior of the plate warmer needs to be cleaned. -Open large bag of Gold Medal flour, all had to be discarded related to mice.</p> <p>During an interview, on 6/8/21 at 9:45 a.m., Resident B indicated she didn't always see staff wearing hair nets. They haven't had consistent staff in the kitchen.</p> <p>During an interview, on 6/8/21 at 10:08 a.m., Resident D indicated the cook should have a helper back there. The nursing staff had to help. The nurses had to cook on weekends. The Daily, Weekly, Bi-Monthly Kitchen Cleaning Checklist dated 8/1/16, included, but was not limited to, "All Cleaning Tasks to be done by Chef, Assistant Chef & Dining Services Assistant Or as Assigned by Executive Director." Daily cleaning of the stove top, grill, shelf above the oven and grill. The dry storage room should be swept daily or as needed. Floors should be clean of visible debris. Mop daily or as needed.</p> <p>The review on 6/8/21 at 12:12 p.m., of the Leftovers and Prepared Foods policy, effective on 4/17/17, included, but was not limited to, "...Leftover foods that cannot be frozen must be discarded after 3 days from the refrigerator if</p>			

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	<p>not used. Preparation day counts as Day 1 ..."</p> <p>The review on 6/8/21 at 12:12 p.m., of the current Cleaning and Sanitizing policy included, but was not limited to, " ...Equipment Cleaning and Sanitizing Wash, rinse and sanitize equipment after each use to ensure the safety of food served to residents. Employees who use equipment are responsible for washing and sanitizing removable parts after each use ..."</p> <p>This State tag relates to Complaint IN00353830.</p>			