

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

PRINTED: 07/06/2023
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 04/20/2023	
NAME OF PROVIDER OR SUPPLIER AUTUMN GLEN				STREET ADDRESS, CITY, STATE, ZIP COD 98 NORTH 10TH STREET GREENCASTLE, IN 46135			
(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.</p> <p>Survey dates: April 19 and 20, 2023</p> <p>Facility number: 013322</p> <p>Residential Census: 48</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on May 4, 2023.</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.</p> <p>Based on observation, interview, and record review, the facility failed to ensure hair restraints were worn properly in the kitchen food preparation area for 1 of 2 kitchen observations, and food was served in a sanitary manner during dining for 1 of 2 dining observations.</p> <p>Findings include:</p> <p>1. During the initial kitchen tour with the Dietary Director, on 4/19/23 at 11:15 a.m., Cook 5 was observed in the food preparation area. His beard cover was pulled down below his nose, fully exposing his moustache, and the beard cover and/or hairnet failed to cover his sideburns.</p>		R 0273	<p>This plan of correction is submitted as required under State and Federal law. The submission of this Plan of Correction does not constitute an admission on the part of Autumn Glen as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. Submission of this Plan of Correction also does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and</p>		04/21/2023	

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

TITLE

(X6) DATE

Michelle McClure

Executive director

05/25/2023

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>During an interview, on 4/19/23 at 11:27 a.m., the Dietary Director indicated Cook 5 was the only male who worked in the kitchen. He should have been aware that he needed to keep his moustache and beard covered when in the kitchen.</p> <p>During an interview, on 4/19/23 at 11:48 a.m., the Executive Director (ED) indicated they had spoken with Cook 5 about the importance of keeping his beard and moustache covered when in the kitchen area. She understood it was regulated in the food establishment guidelines.</p> <p>On 4/19/23 at 3:28 p.m., the ED provided an undated document, titled, "Hair Restraint Policy," and indicated it was the policy currently being used by the facility. The policy indicated, "Policy: It is the policy of this Community that all dietary staff shall wear hair restraints (hairnets), including beard covers, if applicable, while in the kitchen and preparing meals."2. During a dining observation, on 4/19/23 at 11:54 a.m., Cook 7 served a resident her plate of food. Cook 7 was holding the plate from the kitchen with her thumb touching the inside surface of the plate. Cook 7 returned to the kitchen and brought out another plate of food for a resident. Cook 7 was holding the plate with her thumb touching the inside surface of the plate. Cook 7 went back into the kitchen and returned with a 3rd plate of food. She touched the inside surface of the plate with her thumb while she served another resident.</p> <p>During an interview, on 4/20/23 at 11:54 a.m., Cook 8 indicated staff should hold the plate on the bottom with their hands so that they do not touch the surface of the plate.</p> <p>On 4/20/23 at 12:25 p.m., the Executive Director</p>				<p>procedures should be considered subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.</p> <p>·What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>·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;</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>·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?;</p>		

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	(ED) provided an undated document, titled, "Meal Preparation," and indicated it was the policy currently being used by the facility. The policy indicated, " ...14. ...Avoid handing the eating surface of glasses, dishes, or silverware"			<p>and</p> <p>·By the date the systemic changes will be completed.</p> <p>R 273</p> <p>1.Cook 5 is properly wearing a beard restraint in the kitchen food preparation area. Cook 7 is properly holding plates to ensure fingers do not touch the side of plates.</p> <p>1.The Community reviewed each resident's record to determine which residents, if any, could be affected by the alleged deficient practice.</p> <p>1.Cook 5 was in-serviced on ensuring hair restraints, including beard restraints are worn properly while in the kitchen food preparation area. Cook 7 was in-serviced on proper meal preparation, including ensuring fingers do not touch the inside surface of the plate.</p> <p>1.The Dietary Director or designee will randomly audit kitchen staff for proper use of hair restraints, including beard restraints, and proper meal preparation, including ensuring fingers do not touch the surface of the plate. Said audit will occur weekly for four weeks, and</p>			

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					monthly for an additional five months. In addition, all staff will be in-serviced on the Community's policies on hair restraints, including beard restraints, and meal preparation. 1. Corrective date: 4/21/23		