

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

PRINTED: 05/10/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155526		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/19/2023	
NAME OF PROVIDER OR SUPPLIER PERSIMMON RIDGE REHABILITATION CENTRE				STREET ADDRESS, CITY, STATE, ZIP COD 200 N PARK ST PORTLAND, IN 47371			
(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 Complaint IN00404122.</p> <p>Complaint IN00404122 - No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency is cited.</p> <p>Survey date: April 19, 2023</p> <p>Facility number: 000148 Provider number: 155526 AIM number: 100275500</p> <p>Census Bed Type: SNF/NF: 60 Total: 60</p> <p>Census Payor Type: Medicare: 9 Medicaid: 44 Other: 7 Total: 60</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed April 24, 2023.</p>			F 0000	Submission of this Plan of Correction does not constitute an admission or an agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. The Plan of Correction is prepared and submitted because of requirements under state and federal law. Please accept this Plan of Correction as our credible allegation of compliance.		
F 0812 SS=F Bldg. 00	<p>483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by</p>						

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

TITLE

(X6) DATE

Melinda Hodgson

Administrator

05/01/2023

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 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>federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(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.</p> <p>(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.</p> <p>Based on observation, record review, and interview, the facility failed to store food in a safe and hygienic manner in the facility kitchen. This deficient practice had the potential to affect all residents receiving meals from the facility kitchen.</p> <p>During a kitchen observation, on 4/19/23 at 9:25 a.m., the following was observed:</p> <p>Three unlabeled, undated plastic containers were on a movable dietary cart in the dry storage area. During an interview, at the time of the observation, the Administrator indicated the containers should be labeled and dated. Dietary Cook 2 indicated she had filled the plastic containers with dry cereal on 4/17/23. She was uncertain what date the cereal should be discarded.</p> <p>A freezer in the kitchen contained opened, unlabeled, and undated large bags of the following: pre-formed cookie dough, unidentifiable type of filets, hash brown patties,</p>			F 0812	<p>1. No residents were affected by the alleged deficient practice. The outdated, items were discarded immediately. The unlabeled and undated items were discarded.</p> <p>2. As all residents could be affected, the dietary staff received in-service training and review of proper storage of food under sanitary conditions such as opened packages of food labeled, dated and stored in proper containers, and proper storage of frozen foods.</p> <p>3. In-service and education was provided by the Dietary Manager and Administrator of the facility of all aforementioned interventions to all dietary staff. The Dietary Manager and or her designee will check daily on scheduled workdays, to ensure all</p>		04/27/2023

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	<p>mixed vegetables, cauliflower, and bread rolls. The bags of food were piled on each other, and on the bottom of the freezer. During an interview, at the time of the observation, the Administrator indicated, although not certain, she thought the filets were fish. She indicated the bags should have been labeled and dated with open dates.</p> <p>During an observation, on 4/19/23 at 9:37 a.m., a refrigerator in the kitchen contained an opened container of chicken salad with no open date. The use by date was 4/18/23. An unopened bag of hard-boiled eggs had a use-by date of 3/9/23. During an interview, at the time of the observation, the Administrator indicated the chicken salad and eggs should be thrown away, as they were past date. An unlabeled, undated, small container of food was on the shelf. During an interview, at the time of the observation, Dietary Cook 2 indicated sausage gravy was in the container and had been placed there a short time ago. She forgot to label it.</p> <p>During an interview, on 4/19/23 at 10:10 a.m., the Dietary Manager indicated the staff had tied off bags of food from boxes they opened. The bags should have been put back in the boxes and dated, not placed on the bottom of the freezer.</p> <p>A current policy, dated 5/2018, provided by the Administration on 4/19/23 at 11:50 a.m., titled "Storage of Foods under Sanitary Conditions," indicated "...All food items stored in the refrigerator must be labeled and dated if not scheduled to be served at the next meal"</p> <p>A current policy, dated 5/2018, provided by the Administrator on 4/19/23 at 11:50 a.m., titled "Storage of Frozen Foods," indicated "Policy: A proper handling procedure for frozen food safety</p>				<p>foods are stored labeled and dated properly and all outdated foods are immediately discarded. The daily monitoring will occur daily for 6 months, weekly X2 for 3 months and weekly X1 for 3 months to ensure continued compliance. Should concerns be noted, immediate corrective action shall be taken.</p> <p>4. The Dietary Manager or designee will be responsible for completing the monitoring tool. The results of the aforementioned monitoring and any corrective action taken will be addressed during the monthly QA meetings for a minimum of 6 months and the frequency of the monitoring will be increased or decreased if indicated to maintain compliance.</p> <p>5. 4-27-23</p>		

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	lessens the risks of acquiring foodborne diseases" 3.1-21(i)(1)						