PRINTED:	10/27/2021
FORM API	PROVED

OMB NO. 0938-039

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

	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155370		r í	JILDING	NSTRUCTION 00	(X3) DATE COMPI <b>09/29</b>	LETED
	PROVIDER OR SUPPLIEI	R F NEW HARMONY		251 HIG	address, city, state, zip cod GHWAY 66 ARMONY, IN 47631		
(X4) ID PREFIX TAG F 0000	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROP DEFICIENCY)	E	(X5) COMPLETION DATE
F 0812 SS=E Bldg. 00	IN00363444. This Focused Infection O Complaint IN0036. Federal/State defici allegations are cited Survey dates: Septe Facility number: 00 Provider number: 1 AIM number: 1002 Census Bed Type: SNF/NF: 43 Total: 3 Census Payor Type Medicare: 2 Medicaid: 35 Other: 6 Total: 43 This deficiency refi accordance with 41 Quality review con 483.60(i)(1)(2) Food Procurement, Stor	8444- Substantiated. encies related to the 1 at F812. 200555 55370 67530 ects State Findings cited in 0 IAC 16.2-3.1. apleted on September 30, 2021. e/Prepare/Serve-Sanitary afety requirements.	F 0(	000			
		ocure food from sources idered satisfactory by					

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

TITLE

(X6) DATE

Any defiencystatement ending with an asterisk (\*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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.

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155370	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/29/2021	
	PROVIDER OR SUPPLI	BR OF NEW HARMONY	251 H	address, city, state, zip cod IGHWAY 66 HARMONY, IN 47631		
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATI DEFICIENCY)	E (X5) COMPLETIC DATE	
	<ul> <li>(i) This may including the initial 8:30 a.m 8:57 a.t.</li> <li>(ii) This provision facilities from using gardens, subject applicable safe of practices.</li> <li>(iii) This provision from consuming facility.</li> <li>§483.60(i)(2) - S serve food in access and ards for food based on observation interview the facility was sanitary and for properly for 2 of 2 unlabeled and uncompared dirt/debris on them the freezer, floors stains on them, and serving carts were findings include:</li> <li>During the initial 8:30 a.m 8:57 a.t.</li> <li>1. The kitchen had handwashing sink hands after hand the food the function of the serve food the serve food the serve food the serve food in a constrained the freezer food the serve food the s</li></ul>	<ul> <li>ade food items obtained al producers, subject to and local laws or</li> <li>an does not prohibit or prevent ing produce grown in facility to compliance with growing and food-handling</li> <li>an does not preclude residents foods not procured by the</li> <li>tore, prepare, distribute and cordance with professional od service safety.</li> <li>cion, record review, and ity failed to ensure the kitchen food was labeled and stored</li> <li>kitchen observations. Food was lated after opening, floors had n, soiled serving utensils were in and walls had black and white and coffee carafes and food e soiled. (Kitchen)</li> <li>tour of the kitchen on 9/28/21 at m., the following was observed,</li> <li>two handwashing sinks. Both s lacked paper towels to dry nygiene.</li> <li>20 p.m., paper towels were noted</li> </ul>	F 0812	Food Procurement, Storage/Preparation/Service/S anitation F483.60 [i] [1] [2] The items noted below this area are <u>corrected</u> as of <u>10/11/2021</u> : *Paper towels are in place at th handwashing sinks *All kitchen items that were cite on survey of 9/28-29/2021, for being unlabeled and/or undated have been properly labeled and dated as of 10/11/2021 The items noted below this area are <u>in process of</u> <u>correction</u> and have a date certain for completion of <u>10/19/2021</u> : *Lid on outside of ice maker is	ne ed d,	

STATEME	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	IPLE CO	DNSTRUCTION	(X3) DATE	<b>IB NO. 0938-039</b> SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILD		00	с, ́	LETED
		155370	B. WING			09/29	
				DEET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF	PROVIDER OR SUPPLIE	ER			GHWAY 66		
PREMIE	R HEALTHCARE	OF NEW HARMONY			ARMONY, IN 47631		
X4) ID	SUMMARY	Y STATEMENT OF DEFICIENCIE	П	C	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIE	NCY MUST BE PRECEDED BY FULL	PRE	FIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY O	OR LSC IDENTIFYING INFORMATION	T	AG	DEFICIENCY)		DATE
	a.m., he indicated	the kitchen ran out of paper			being cleaned weekly		
	towels last night a	nd he had not refilled them. No			*Inside rim of ice maker is beir	ng	
	hand hygiene was	observed during the kitchen			cleaned weekly		
	tour by Cook 1 or	Dishwasher 1.			*Walls in dry storage are being	9	
					scrubbed monthly		
	2. A undated plast	ic bag of sliced onions was in			*Kitchen floors are being clear	ned	
	the refrigerator.				and scrubbed throughout daily		
					*Counter tops and shelves are		
	On 9/28/21 at 12:2	20 p.m., the bag of sliced onions			being deep cleaned daily		
	was dated.				*Food carts are being scrubbe	d	
					thoroughly daily		
3. A plastic container of sliced cheese was noted		ner of sliced cheese was noted			*Top of dishwasher is being		
		d undated in the refrigerator.			cleaned weekly		
					*Walls in kitchen are being		
	On 9/28/21 at 12:2	20 p.m., the container of sliced			scrubbed monthly		
	cheese was labele	-			*Floor mats are being scrubbe	ed	
					and cleaned daily		
	4. A plastic contai	ner of a white substance was			*Coffee pots, carafes, and oth	er	
	-	lated in the refrigerator.			stained items are being soake		
		C C			bleach and de-liming agents to		
	On 9/28/21 the pla	astic container of white			remove stains on a daily basis		
	-	eled as white gravy and dated.			,		
	5. Two plastic cor	tainers of a red substance were					
	unlabeled and und	lated in the refrigerator.					
					Future oversight, of the above		
		20 p.m., the two containers of red			noted items, will be managed		
	substance were no	longer in the refrigerator.			citations will be prevented fror		
					recurrence by using a checklis	st	
	_	ner of BBQ sauce was undated			with initials for tasks/duties in		
	in the refrigerator.				areas that were cited. In addit		
					these findings shall be addres		
		20 p.m., the open container of			in both ad hoc and regular mo	nthly	
	BBQ sauce was st	ill undated.			QAPI meetings, to mitigate		
					recurrences. This tag shall be		
	_	ner of sour cream was undated			reviewed by the FSS on a wee	-	
	in the refrigerator.				basis for two [2] months and b	у	
					the Registered Dietician on a		
		20 p.m., the open container of			monthly basis for two [2] mont	hs.	
	sour cream was st	ill undated.			If the cited issues have been		1

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 8VMK11 Facility ID: 000555

If continuation sheet Page 3 of 10

STATEMENT OF DEFICIENCIES       X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER         155370		(X2) MULTIPLE C		(3) DATE SURVEY	
		A. BUILDING B. WING	<u>00</u>	COMPLETED 09/29/2021	
NAME OF	PROVIDER OR SUPPLIE	CR.		ADDRESS, CITY, STATE, ZIP COD	
PREMIE		OF NEW HARMONY		GHWAY 66 IARMONY, IN 47631	
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID		(X5)
PREFIX		NCY MUST BE PRECEDED BY FULL	PREFIX	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
TAG	REGULATORY C	PR LSC IDENTIFYING INFORMATION	TAG		DATE
				ameliorated by December 31,	
	in the refrigerator.	her of garlic sauce was undated		2021, the reviews will be	
	in the refrigerator.			conducted on a routine monthly basis, by both the FSS and the	
	On 9/28/21 at 12:2	20 p.m., the open container of		R.D., effective January 1, 2022.	
	garlic sauce was st			The cited areas will be introduce	
				at the monthly QAPI meetings	
	9. An open contain	ner of ketchup was undated in		until resolution of the issues	
	the refrigerator.			occur. If any circumstances arise	e,
				that preclude the resolution of the	ne
On 9/28/21 at 12:20 p.m., the open container of			cited problems, then the FSS		
ketchup was still undated.	indated.		shall call an Ad Hoc QAPI to		
10 An area has af marked natataon was			address the unresolved issues,	on	
	10. An open bag of mashed potatoes was undated on the shelf in the food preparation area.			a weekly basis, until the issues are corrected. When the FSS	
	undated on the she	in the food preparation area.		conducts his monitoring of the	
	On 9/28/21 at 12:2	20 p.m., the open bag of mashed		cited issues and finds them to be	e
	potatoes was still u			in full compliance, after two [2]	-
				months from October 22, 2021,	
	11. An open bag o	f potato chips was undated on		then it will be deemed to be in a	
	the shelf in the foc	od preparation area.		status of compliance. At this	
				juncture, the cited issues will be	
		20 p.m., the open bag of potato		considered resolved and the	
	chips was still und	ated.		monitoring efforts will revert to a	
	12 An open jar of	peanut butter was undated on		routine monthly timeframe.	
		od preparation area.		The person[s] responsible for th	is
		1 1		continued monitoring and action	
	On 9/28/21 at 12:2	20 p.m., the open jar of peanut		process is the Food Service	
butter was still undated.		dated.		Supervisor and/or his dietary	
				designee on duty. In addition, th	
		of Worcestershire sauce was		Registered Dietician is reviewing	g
	undated on the she	elf in the food preparation area.		the areas cited monthly and	
	$O_{\rm m} 0/28/21$ at 12.2	20 p.m., the open bottle of		immediately reporting the finding	-
		uce was still undated.		to the Administrator for review a action.	nu
		ace was still ultrated.		Most cited items, that were that	
	14. Three plastic h	ins of cereal were unlabeled and		were deemed as noncompliant,	
	undated in the foo			have been resolved at this time	
				October 22,2021. Remaining	

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STATEME	R MEDICARE & MEDIC NT OF DEFICIENCIES I OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155370	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING			(X3) DATE SURVEY COMPLETED 09/29/2021	
	PROVIDER OR SUPPLIEF			251 HI	address, city, state, zip cod GHWAY 66 IARMONY, IN 47631		
PREMIE (X4) ID PREFIX TAG	SUMMARY (EACH DEFICIEN REGULATORY OF On 9/28/21 at 12:20 were no longer in th 15. A plastic bin of undated in the food On 9/28/21 at 12:20 unlabeled and unda 16. A plastic bin of undated in the food On 9/28/21 at 12:20 unlabeled and unda 17. The lid on the o white stains and the dirty and stained.	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL <u>R LSC IDENTIFYING INFORMATION</u> ) p.m., the three bins of cereal he food preparation area. beans was unlabeled and preparation area. ) p.m., the bin of beans was still ted. flour was unlabeled and preparation area. ) p.m., the bin of flour was still		ID PREFIX TAG	ARMONY, IN 47631 PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPR DEFICIENCY) items [noted above] that m more extensive cleaning p or special ordering, shall t completed by October 22,	D BE OPRIATE equire a process pe	(X5) COMPLETIO DATE
	the dry storage area On 9/28/21 at 12:30 syrup was no longe 19. An open 50 pou in the dry storage at On 9/28/21 at 12:30 was still undated. 20. The walls in the streaks and stains. On 9/28/21 at 12:30	<ul> <li>) p.m., the open container of r in the dry storage area.</li> <li>and bag of sugar was undated rea.</li> <li>) p.m., the open bag of sugar</li> <li>e dry storage area had black</li> <li>) p.m., the same was observed.</li> <li>dry storage area had</li> </ul>					

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

	NT OF DEFICIENCIES	x1) provider/supplier/clia identification number 155370	(X2) MULTIPLE CC A. BUILDING B. WING	00	(X3) DATE SURVEY COMPLETED 09/29/2021	
	PROVIDER OR SUPPLI	ER OF NEW HARMONY	251 HIC	address, city, state, zip coe GHWAY 66 ARMONY, IN 47631	)	
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIE ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APP DEFICIENCY)	LD BE	(X5) COMPLETIO DATE
	On 9/28/21 at 12:	30 p.m., the same was observed.				
		ream scoop was noted next to a m, sitting on a tray in the freezer.				
		30 p.m., the soiled ice cream ger in the freezer.				
	undated in the fre On 9/28/21 at 12:	30 p.m., one of the open o longer in the freezer, the other				
	24. An open bag undated in the fre	of chocolate flavored chips was ezer.				
		30 p.m., the open bag of d chips was still undated.				
	25. A foil covered and undated in th	l piece of meat was unlabeled e freezer.				
	On 9/28/21 at 12: no longer in the f	30 p.m., the foil covered meat was reezer.				
	-	of fruit, covered in plastic wrap, nd undated in the walk in cooler.				
	On 9/28/21 at 12: unlabeled and une	30 p.m., the cups of fruit were still dated.				
	27. An open bag the walk in cooler	of coleslaw mix was undated in r.				
	On 9/28/21 at 12: mix was still und	30 p.m., the open bag of coleslaw ated.				
	28. The floor und	er the sink near the ice maker had				

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

	AT OF DEPICIPLY STOP	AID SERVICES		ONOTRIOTION		AB NO. 0938-03
	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C		· · ·	E SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	00	_	LETED
155370			B. WING		- 09/29	9/2021
NAME OF	PROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP C	OD	
				GHWAY 66		
PREMIE	R HEALTHCARE O	F NEW HARMONY	NEW F	HARMONY, IN 47631		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE A		COMPLETI
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)		DATE
	white stains and dir	t and debris, and the floor				
	under the floor mat	had black and white stains.				
	On 9/28/21 at 12:30	p.m., the same was observed.				
	29. The floor under	and around the ice maker had				
		bris, and the floor under the				
	floor mat was black					
	On 9/28/21 at 12:30	p.m., the same was observed.				
	30. The counters an	d bottom shelves of the food				
	preparation area had	l dirt and debris on them.				
	On 9/28/21 at 12:30	p.m., the same was observed.				
	31. The three food of debris.	carts were dirty with stains and				
	On 9/28/21 at 12:30	p.m., the same was observed.				
	32. The top of the d substance and white	ishwasher had a brown debris e stains on it.				
	On 9/28/21 at 12:30	p.m., the same was observed.				
	33. The floor in the	dishwashing area had white				
	stains on the floor a	round and under the sink area,				
	and the walls behind	d the sinks and dishwasher				
	had black streaks ar	nd stains on them.				
	On 9/28/21 at 12:30	p.m., the same was observed.				
	34. The floor mat in had black stains and	front of the dishwashing sink I debris under it.				
	On 9/28/21 at 12:30	p.m., the same was observed.				
	35. The kitchen floo tables and food prep	or had dirt and debris under the paration areas.				

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155370		(X2) MULTIPLE CC A. BUILDING B. WING	<u>00</u>	(X3) DATE SURVEY COMPLETED 09/29/2021	
	PROVIDER OR SUPPLI R HEALTHCARE	<sup>ER</sup> OF NEW HARMONY	251 HIG	address, city, state, zip cod GHWAY 66 ARMONY, IN 47631	)	
(X4) ID PREFIX TAG	(EACH DEFICII	Y STATEMENT OF DEFICIENCIE ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPI DEFICIENCY)	LD BE	(X5) COMPLETIC DATE
	On 9/28/21 at 8:3 start sweeping the	5 a.m., Cook 1 was observed to e kitchen floors.				
		30 p.m., the floors in the food ppeared to have been swept.				
	36. The coffee car and the handles w	rafes had brown stains inside vere soiled.				
		30 p.m., all coffee carafes were n the side of the sink to be				
	Cook 1, he indica and dated upon op in a different cont scoop should hav	ew on 9/28/21 at 8:50 a.m. with ted, all foods should be labeled bening, and before putting away rainer. The soiled ice cream e never been left in freezer. He pove it immediately.				
	on 9/28/21 at 9:15 Manager was out charge of the kitc should be cleaned	ew with the Director of Nursing 5 a.m., she indicated the Dietary on vacation and Cook 1 was in hen. She indicated the floors and all items labeled and dated. away, the mice will play."				
	August on 9/28/2	of the daily cleaning schedule for 1 at 1:30 p.m., it indicated the ere to be completed twice daily,				
	Convection oven Range/oven outsi Grill outside Reach in refrigera Microwave Checks trays with Prep table 1	de Itor				

TAG         REGULATORY OR LISC DENTIFYING INFORMATION         TAG         Description         Date           Meat slicer clean/covered         Material and the source of the		NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155370	(X2) MULTIPLE C A. BUILDING B. WING	onstruction 00	(X3) DATE SURVEY COMPLETED 09/29/2021	
(X4) ID     SUMMARY STATEMENT OF DEFICIENCIE     ID     ID     INCREMENT ALMOST OR USED IN FOLL     ID       TAG     RECOLATORY OR LSC DENTIFYING INFORMATION     TAG     INCREMENT ALMOST OR USED IN FOLL     COMPLET       TAG     REGULATORY OR LSC DENTIFYING INFORMATION     TAG     INCREMENT ALMOST OR USED IN FOLL     INCREMENT ALMOST OR USED IN FORMATION       Meat slicer clean/covered     Robot coape     INCREMENT ALMOST OR USED IN FOLL     TAG       Storage bins on wheels     Long prop table and shelf below     Utensil bins outside     INTE       Base heater     Stam table and shelves     Stam table lids     INTE       Cooks utility cart     Cooks utility cart     Cooks utility cart     INTE       Tootster, clean, crumb free     Mixer     The schedule indicated all were initialed as     INTE       During a review of the current policy, " Labeling     Indicated, "Any ready to cat food or prepared     Indicated, "Any ready to cat food or prepared       food will be labeled with the due opend or     prepared on and the due of discardToods that     Inter considered held under refrigeration for       cumulatively more than 24 hours before service     shall be date marked. Opened packages of foods     Int alor refrigeration for       cumulatively more than 24 hours before service     shall be date of alor of prepared     Int alor refrigeration for       cumulatively more than 24 houres there service     shall				251 HI	GHWAY 66	COD	
PREIX TAG     (EACH DEFICENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION     PREFIX TAG     COMPLET CONSERVATIONS OF CONSTRUCTION TAG     COMPLET CONSERVATIONS OF CONSTRUCTION DATE       Image: Construction of the complexity of the compl	PREMIE	RHEALTHCARE	OF NEW HARMONY	NEVV F	ARMONY, IN 47631		
Meat slicer clear (before the large of determined to be dete	PREFIX	(EACH DEFICIE	NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE	SHOULD BE COMPLETI	
Robot coupe         Storage bins on wheels         Long prep table and shelf below         Utensil bins outside         Plate warmer outside         Base heater         Steam table and shelves         Table and shelves         Steam table and shelves         Steam table and shelves         Steam table and shelves         Steam table an	TAG			TAG	DEFICIENCY)	DATE	
Storage bins on wheels         Long prep table and shelf below         Utensil bins outside         Plate warmer outside         Base heater         Steam table and shelves         During a review of the current policy, " Labeling and Dating," revised 4/18, providel by the Director of Nursing on 9/28/21 at 1:35 p.m., it indicated, "Any ready to cat food or prepared food will be labeled with the date of discardFoods that are considered held under refrigeration f			covered				
Long prep table and shelf below         Utensib lins outside         Plate warmer outside         Base heater         Steam table ids         Gamma table and shelves         Steam table ids         Cooks utility cart         Tosater, clean, crumb free         Mixer         Trash and boxes out         Temp logs completed         Sanitizer logs for breakfast/lunch         The schedule indicated all were initialed as         completed.         During a revise of the current policy, " Labeling         and Dating," revised 4/18, provided by the         Director of Nursing on 92/8/21 at 1:35 p.m., it         indicated, "Any ready to cat food or prepared         food will be labeled with the date opened or         prepared on and the date of discardFoods that         are considered held under refrigeration for         cumulatively more than 24 hours before service         shall be date marked. Opened packages of foods         that day of opening or preparation.         include the day of opening or preparation.         Example: Leftwores shall be ued with the open date         and the expiration date if noted by the         mandature, "Use by" or date of discard will         include the day of opening or preparation.		-					
Utensil bins outside       Plate warmer outside         Plate warmer outside       Base beater         Base beater       Steam table and shelves         Steam table lids       Cooks utility cart         Toaster, clean, crumb free       Mixer         Mixer       Trash and boxes out         Temp logs completed       Sanitizer logs for breakfast/lunch         The schedule indicated all were initialed as completed.       During a review of the current policy, " Labeling and Dating," revised 4/18, provided by the Director of Nursing on 9/28/21 at 1:35 p.m., it indicated, "Any ready to eat food or prepared food will be labeled with the date opened or prepared on and the date of discard Foods that are considered held under refrigeration for cumulatively more than 24 hours before service shall be date marked. Opened packages of foods that are considered held under refrigeration for cumulatively more than 24 hours before service shall be date of discardFoods that are considered held under refrigeration for cumulatively more than 24 hours before service shall be date of discardFoods that are considered held under refrigeration for cumulatively more than 24 hours before service shall be date of discardFoods that are considered held under refrigeration for cumulatively more than 24 hours before service held and refrigeration for cumulatively more than 24 hours before service held and refrigeration for cumulatively more than 24 hours before service held and refrigeration for cumulatively more than 24 hours before service held and refrigeration for cumulatively more than 24 hours before service held and refrigeration for cumulatively more than 24 hours before service held and refrigeration for distribute.		-					
Plate warmer outside         Base heater         Steam table and shelves         Steam table lids         Cooks utility cart         Toaster, clean, crumb free         Mixer         Trash and boxes out         Temp logs completed         Sanitizer logs for breakfast/lunch         The schedule indicated all were initialed as completed.         During a review of the current policy, " Labeling and Dating," revised 4/18, provided by the Director of Nursing on 9/28/21 at 1:35 p.m., it indicated, " Any ready to eat food or prepared food will be labeled with the date opened or prepared food will be labeled with the date opened or cumulatively more than 24 hours before service shall be date marked. Opened packages of foods that do not require refrigeration (such as cereals, sugar, flour, etc) will be dated with the open date and the expiration date if noted by the manufacturer." Use by" or date of diseard will include the day of opening or preparation.         Example: Leftovers shall be used within 3 days (72 hours) with Day 1 beingt data of diseard will include the of openarion and may be reheated only onceAll items that are not in their original containers will be labeled and/or easily identifiable. All packaged foods removed from original packageing (original case)							
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will be dated with date received and dated opened							

**CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 09/29/2021 155370 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 251 HIGHWAY 66 PREMIER HEALTHCARE OF NEW HARMONY NEW HARMONY, IN 47631 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE if opened (i.e., bags of frozen vegetables removed from the original case). During a review of the current policy, " Food Storage," dated 12/2017, provided by the Director of Nursing on 9/28/21 at 1:35 p.m., indicated, " Food will be stored in a manner consistent with Food Code Guidelines and protected from contamination...Items removed from original packaging will be dated with date of delivery and will be rotated/used following FIFO. Opened containers will be resealed in a manner that protects the remaining food product and will be dated with open date and a discard date on or before 30 days following opening or within manufacturer's expiration guidelines." During a review of the current policy, " Labeling and Dating," dated 1/2018, indicated, " All opened and leftover items will be labeled with the date of opening/date stored and a discard/use-by date...These are guidelines and should not be used in place of good judgement. When in doubt, throw it out." During a review of the current policy, " Cleaning Procedure for Equipment and Utensils," dated 2010, provided by the Director of Nursing on 9/29/21 at 8:11 a.m., indicated, " Equipment and utensils used in food preparation will be cleaned and sanitized according to standard procedure. Dietary manager may post a schedule for cleaning assignments. This Federal tag relates to Complaint IN00363444. 3.1-21(i)(2) 3.1-21(i)(3)

8VMK11 Facility ID: 000555

If continuation sheet

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FORM APPROVED

PRINTED:

10/27/2021

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES