

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

PRINTED: 06/13/2019

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 05/02/2019	
NAME OF PROVIDER OR SUPPLIER  RESIDENCES AT DEER CREEK				STREET ADDRESS, CITY, STATE, ZIP CODE 401 EAST US 30 SCHERERVILLE, IN 46375			
(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: 5/1 and 5/2/19</p> <p>Facility number: 013069</p> <p>Residential Census: 93</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on 5/8/19.</p>			R 0000	<p>Residences at Deer Creek (the "Provider") submits this Plan of Correction ("POC") in accordance with specific regulatory requirements. It shall not be construed as an admission of any alleged deficiency cited. The Provider submits this POC with the intention that it be inadmissible by any third party in any civil or criminal action against the Provider or any employee, agent, officer, director, or shareholder of the Provider. The Provider hereby reserves the right to challenge the findings of this survey if at any time the Provider determines that the disputed findings: (1) are relied upon to adversely influence or serve as a basis, in any way, for the selection and/or imposition of future remedies, or for any increase in future remedies, whether such remedies are imposed by the state of Indiana or any other entity; or (2) serve, in any way, to facilitate or promote action by any third party against the Provider. Any changes to Provider policy or procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceeding on</p>		

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 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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R 0144  Bldg. 00	<p>410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards - Deficiency (a) The facility shall be clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents. Based on observation and interview, the facility failed to ensure a clean and orderly environment was maintained related to stained carpet, marred walls and marred doors on 1 of 2 units throughout the facility. (The Memory Care Unit)</p> <p>Finding includes:</p> <p>During the Environmental Tour on 5/2/19 at 10:10 a.m., with the Maintenance Supervisor, the following was observed:</p> <p>Memory Care Unit</p> <p>a. The base of the bathroom door in Room 149 was scratched and marred. The carpet next to the dresser was also stained. One resident resided in this room.</p> <p>b. The bathroom door frame in Room 145 was scratched and marred. One resident resided in this room.</p> <p>c. The bathroom door frame in Room 183 was marred. The base of the walls next to the bathroom door were scratched and marred as well as the wall next to the main entry door. One resident resided in this room.</p> <p>Interview with the Maintenance Supervisor at that</p>			R 0144	<p>that basis. We are requesting paper compliance for this survey.</p> <p>On the date of this finding there were no resident identified as impacted by this deficiency.</p> <p>On The date of this finding the base of the bathroom door in apartment 149 was repaired, and the carpet was cleaned. On the date of this finding the bathroom door frame in apartment 145 was repaired. On the date of this finding the door frame and marred walls were repaired in in apartment 183. On 5/2/1019, the date of this finding, the Plant Operations Director met with Housekeeping staff and his Maintenance Assistant and Housekeeping Supervisor to address proper protocol in place for housekeeping and maintenance. The Director of Plant Operations completed a quality assurance audit of all resident apartments and issues identified have been addressed. The Housekeeping staff will monitor their assigned apartments five times per week for marred walls, marred doors and frames,</p>		05/05/2019

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R 0154  Bldg. 00	<p>time, indicated all of the above was in need of cleaning and/or repair.</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 keep the kitchen clean related to dirty floors, pipes, floor drains, and back splashes for 1 of 1 kitchens. (The Main Kitchen)</p> <p>Finding includes:</p> <p>On 5/1/19 at 9:20 a.m., during the Kitchen Sanitation tour with Chef 1, the following was observed:</p> <p>a. There was a heavy accumulation of dried food splattered on the back splash behind the dish machine.</p>			R 0154	<p>and stained carpets. Housekeeping shall notify the housekeeping supervisor and/or designee in writing of needed repairs. The Director of Plant Operations or designee will systematically inspect all resident apartments on a rotating schedule and shall complete all resident apartment repairs to marred walls, marred doors and frames. Six random apartments will be inspected weekly for a period of 30-60-90-days to ensure ongoing compliance with this requirement.</p> <p>On the date of this finding there were no residents identified as impacted by this deficiency.</p> <p>On the date of this finding the dried food on the back splash behind the dish machine was cleaned.</p> <p>On the date of this finding the floor along the baseboard behind and under the dish machine was addressed/cleaned.</p> <p>On the date of this finding the floor drains under the dish machine and convection oven were cleaned.</p>		05/06/2019

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R 0268  Bldg. 00	<p>b. The floor was dirty and stained along the baseboard behind the dish machine and by the convection oven, griddle and stove.</p> <p>c. The floor drains by the dish machine and convection oven were dirty with dried food spillage.</p> <p>d. The pvc pipes under the dish machine and by the convection oven were dirty with dried food spillage.</p> <p>Interview with Chef 1 at that time, indicated all of the above was in need of cleaning.</p> <p>410 IAC 16.2-5-5.1(a) Food and Nutritional Services - Deficiency (a) The facility shall provide, arrange, or make available three (3) well-planned meals a day, seven (7) days a week that provide a balanced distribution of the daily nutritional requirements.</p> <p>Based on observation, record review, and interview, the facility failed to use a recipe to prepare a pureed meal for 4 pureed diets.</p> <p>Finding includes:</p> <p>On 5/1/19 at 11:00 a.m., Cook 1 was observed preparing pureed egg salad. The egg salad had already been prepared and was in a bowl. The cook placed an unmeasured amount of egg salad into the blender. He added an unmeasured amount of cold water to the egg salad and blended the mixture. He added 1 and 1/2 soup spoonfuls of instant food thickener to the egg salad. The cook blended until smooth and placed an unmeasured amount into 4 bowls.</p>			R 0268	<p>On the date of this finding the pvc pipes under the dish machine and by the convection oven were cleaned.</p> <p>Executive chef or designee implementing additional protocols for culinary staff related to cleaning areas have been addressed.</p> <p>A check off list has been implemented to address issues identified in the deficiency. The Executive Chef or designee will monitor weekly 30-60-90- days to ensure ongoing compliance with this requirement.</p> <p>Upon communication of this finding residents receiving puree diets were not impacted by this finding. This is evidenced by all identified as above ideal body weight or within normal weight range as residents are routinely seen by our consulting dietician. Residents on puree on the date of this finding were immediately given additional caloric intake which exceeded the caloric intake of the bread.</p> <p>On the date of this finding the Executive Director and Executive Chef notified consulting dietician</p>		05/06/2019

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R 0273  Bldg. 00	<p>Interview with Cook 1 at that time, indicated he was unaware of any type of recipe to follow to make the pureed egg salad and each serving for the residents was to be between 3 and 4 ounces. He indicated the egg salad was to be served on wheat bread and instead of a fruit cup, they were giving the residents on a pureed diet applesauce.</p> <p>The menu for the lunch meal on 5/1/19 indicated egg salad and fruit cup.</p> <p>Interview with the Chef 1 on 5/1/19 at 11:10 a.m., indicated there were virtual menus and recipes online which should be used to make pureed food. The bread for the sandwiches was not puree, due to the residents would not eat it. There was no substitute for the bread.</p> <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. Based on observation and interview, the facility failed to serve and store food under sanitary conditions related to dirty oven hood slats, stove top grates, ovens, and food warmer for 1 of 1 kitchens. (The Main Kitchen)</p> <p>Finding includes:</p> <p>On 5/1/19 at 9:20 a.m., during the Kitchen Sanitation tour with Chef 1 the following was observed:</p> <p>a. The oven hood slats had a heavy accumulation of dirt and grease.</p>			R 0273	<p>by phone and received clarification related to puree diets. Additional follow up by on site dietician was made to meet with Executive Chef and Executive Director to review preparation for puree meals. Executive Chef and or designee will continue to monitor preparation of puree meals on a weekly basis for 30-60-90-days to ensure ongoing compliance with this requirement.</p> <p>No residents were negatively impacted by this finding.</p> <p>The Hood System was changed on the date of this finding. The amount of burned food in the oven was cleaned. The grates were cleaned on the date of this finding. The dirty pans and food crumbs in warmer were removed. The warmer at the time of this finding was shut off for cleaning purposes.</p>		05/15/2019

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	<p>b. There was a moderate amount of burned food in the oven.</p> <p>c. There was a large amount of grease and burned food on the stove top grates.</p> <p>d. There were dirty pans and a large amount of food crumbs noted in the warmer.</p> <p>Interview with Chef 1 at that time, indicated all of the above was in need of cleaning.</p>				<p>Executive Chef or designee will provide cleaning duties in addition to current protocol and implemented additional checklist for staff of which will be monitored by Executive Chef and or designee as part of quality assurance process for a period of 30-60-90 days.</p>		