

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

PRINTED: 04/05/2024

FORM APPROVED

OMB NO. 0938-039

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|---|--|---|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155828 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | | X3) DATE SURVEY COMPLETED 03/06/2024 | |
| NAME OF PROVIDER OR SUPPLIER HERITAGE POINTE OF FORT WAYNE | | | | STREET ADDRESS, CITY, STATE, ZIP COD 5250 HERITAGE PARKWAY FORT WAYNE, IN 46835 | | | |
| (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 | This visit was for Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey. Survey dates: February 29, March 1, 4, 5 and 6, 2024 Facility number: 012931 Provider number: 155828 AIM number: 201278730 Census Bed Type: SNF/NF: 47 SNF: 7 Residential: 17 Total: 71 Census Payor Type: Medicare: 6 Medicaid: 17 Other: 31 Total: 54 This deficiency reflects state findings cited in accordance 410 IAC 16.2-3.1 Quality review completed March 8, 2024 | | | F 0000 | | | |
| F 0812 SS=F Bldg. 00 | 483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. | | | | | | |

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

TITLE

(X6) DATE

Edwin T. Rice

Administrator

04/04/2024

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 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>(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, interview, and record review the facility failed to ensure opened items were dated, labeled and baking pans were thoroughly dried prior to storage in the facility kitchen. 54 of 54 residents residing in the facility consumed food prepared in the kitchen.</p> <p>Findings include:</p> <p>During an observation and interview on 2/29/24 at 9:18 AM, a bag of tilapia fillets on a shelf inside the walk- in freezer had been opened and was sealed shut with a Ziploc style closure. The bag was not marked with the date on which it was opened. The Director of Dining Services (DDS) indicated the bag should have been labeled with an open date. A metal container filled with french fries, covered loosely with a piece of plastic wrap was observed on the shelf of the walk-in cooler. The DDS indicated he was unable to find a date indicating when the container was filled and prepared. A plastic container containing cupcakes was observed on the shelf in the freezer.</p> | | | F 0812 | <p>This Plan of Correction constitutes the facility's written allegation of compliance for the deficiency cited. Submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal laws.</p> <p>How the corrective action will be accomplished for identified affected individuals?</p> <p>All currently opened items in the facility kitchen have been reviewed, dated, and labeled as of 02/29/2024. All baking pans have been re-washed, thoroughly dried, and properly stored to prevent contamination as of 02/29/2024. All kitchen staff have been re-educated on the use of improperly labeled, dated, and</p> | | 03/07/2024 |

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| | <p>The sticker that had sealed the package was torn. There were 2 cupcakes and 2 open spots in the container with smears of red frosting. The DDS indicated the cupcakes should have been labeled and dated.</p> <p>During an observation and interview on 2/29/24 at 9:32 AM Chef 3 separated 4 baking sheets. Upon separation, liquid present on the pans dripped to the floor. Chef 3 indicated the baking sheets should have been air dried prior to stacking and storing.</p> <p>During an interview on 3/1/24 at 12:04 PM, the DSS indicated all 54 residents in the nursing facility consumed food prepared in the kitchen.</p> <p>A current policy titled Freezer Storage Life of Foods dated January 2023 provided by the DDS at 12:39 PM on 3/1/24 indicated when a case of food was partially used and the remaining food was exposed to the air, the remaining food should be relabeled as opened and used within 3 months.</p> <p>A current policy titled Sanitation and Infection Prevention/Control dated January 2023 provided by the DDS at 12:39 PM on 3/1/24 indicated all food contact surfaces including pots, and dishes should be air dried and not stacked when wet.</p> <p>3.1-21(i)(2) 3.1-21(i)(3)</p> | | | | <p>stored items and equipment as of 3/13/2024.</p> <p>How will other individuals with the potential to be affected be identified and protected? 54 out of 54 SNF residents potentially affected by deficiency determined on 3/7/2024 by HFA. What measures will be put into place or systemic changes made to ensure the deficient practice will not recur? By 03/13/2024, mandatory training sessions for all kitchen staff on proper food labeling, dating of opened items, and drying and storage procedures for kitchen equipment.</p> <p>How will the facility plan to monitor its performance to make sure solutions are sustained? Kitchen F812 audit established. Director of Dining Services (DDS), or designee, conducts weekly checks for six months to verify compliance with labeling, dating, and equipment drying/storage procedures. Weekly checks reported to HFA and QA committee. Should 100% compliance not be achieved during six months, QA committee will recommend additional compliance strategies.</p> <p>Corrective actions to address these deficiencies took place immediately following the surveyor's initial observations in our Kitchen on 03/01/2024. All items in the freezer were correctly</p> | | |

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| R 0000 Bldg. 00 | <p>This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey.</p> <p>Survey dates: February 29, March 1, 4, 5 and 6, 2024</p> <p>Facility number: 012931</p> <p>Residential Census: 17</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality reivew completed March 8, 2024</p> | R 0000 | labeled and re-stored, all stored pots and pans were inspected, re-washed as required, air-dried, and stored inverted on the storage rack. | | |
| 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 opened items were dated and labeled and baking pans were thoroughly dried prior to storage in the facility kitchen. 17 of 17 residents residing in the facility</p> | R 0273 | <p>This Plan of Correction constitutes the facility's written allegation of compliance for the deficiency cited. Submission of this Plan of Correction is not an admission that a deficiency exists or that one</p> | 03/07/2024 | |

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| | <p>consumed food prepared in the kitchen.</p> <p>Findings include:</p> <p>During an observation and interview on 2/29/24 at 9:18 AM, a bag of tilapia fillets on a shelf inside the walk- in freezer had been opened and was sealed shut with a Ziploc style closure. The bag was not marked with the date on which it was opened. The Director of Dining Services (DDS) indicated the bag should have been labeled with an open date.</p> <p>A metal container filled with french fries, covered loosely with a piece of plastic wrap was observed on the shelf of the walk-in cooler. The DDS indicated he was unable to find a date indicating when the container was filled and prepared.</p> <p>A plastic container containing cupcakes was observed on the shelf in the freezer. The sticker that had sealed the package was torn and there were 2 cupcakes and 2 open spots in the container with smears of red frosting. The DDS indicated the cupcakes should have been labeled and dated.</p> <p>During and observation and interview on 2/29/24 at 9:32 AM Chef 3 separated 4 baking sheets. Upon separation, liquid present on the pans dripped to the floor. Chef 3 indicated the baking sheets should have been air dried prior to stacking and storing.</p> <p>During an interview on 3/1/24 at 12:04 PM, the DSS indicated 17 residents in the residential facility consumed food prepared in the kitchen.</p> <p>A current policy titled Freezer Storage Life of Foods dated January 2023 provided by the DDS at 12:39 PM on 3/1/24 indicated when a case of food</p> | | | | <p>was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal laws.</p> <p>How the corrective action will be accomplished for identified affected individuals? All currently opened items in the facility kitchen have been reviewed, dated, and labeled as of 02/29/2024. All baking pans have been re-washed, thoroughly dried, and properly stored to prevent contamination as of 02/29/2024. All kitchen staff have been re-educated on the use of improperly labeled, dated, and stored items and equipment as of 3/13/2024.</p> <p>How will other individuals with the potential to be affected be identified and protected? 17 out of 17 AL residents potentially affected by deficiency determined on 3/7/2024 by HFA. What measures will be put into place or systemic changes made to ensure the deficient practice will not recur? By 03/13/2024, mandatory training sessions for all kitchen staff on proper food labeling, dating of opened items, and drying and storage procedures for kitchen equipment.</p> <p>How will the facility plan to monitor its performance to make sure solutions are sustained? Kitchen R273 audit established.</p> | | |

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| | <p>was partially used and the remaining food was exposed to the air, the remaining food should be relabeled as opened and used within 3 months.</p> <p>A current policy titled Sanitation and Infection Prevention/Control dated January 2023 provided by the DDS at 12:39 PM on 3/1/24 indicated all food contact surfaces including pots, and dishes should be air dried and not stacked when wet.</p> | | <p>Director of Dining Services (DDS), or designee, conducts weekly checks for six months to verify compliance with labeling, dating, and equipment drying/storage procedures. Weekly checks reported to HFA and QA committee. Should 100% compliance not be achieved during six months, QA committee will recommend additional compliance strategies.</p> <p>Corrective actions to address these deficiencies took place immediately following the surveyor's initial observations in our kitchen on 03/01/2024. All items in the freezer were correctly labeled and re-stored, all stored pots and pans were inspected, re-washed as required, air-dried, and stored inverted on the storage rack.</p> <p>="" li=""> ="" lial="" staff="" re-educated="" on="" use="" improperly="" labeled,="" equipment="" 3="" 13="" li=""> ="" li=""> ="" li=""> ="" li=""> ="" li=""> ="" li=""> ="" li=""> ="" li=""></p> | | |