

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

PRINTED: 08/02/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155334		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/28/2023	
NAME OF PROVIDER OR SUPPLIER WILDWOOD HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 7301 E 16TH ST INDIANAPOLIS, IN 46219			
(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
F 0000 Bldg. 00	<p>This visit was for the Investigations of Complaints IN00410283, IN00409802, IN00407519, IN00407303 and IN00404065.</p> <p>Complaint IN00410283 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00407519 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00409802 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00407303 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00404065- Federal/state deficiencies related to the allegations are cited at F804.</p> <p>Survey dates: June 27 and 28, 2023</p> <p>Facility number: 000227 Provider number: 155334 AIM number: 100267520</p> <p>Census Bed Type: SNF/NF: 143 Total: 143</p> <p>Census Payor Type: Medicare: 4 Medicaid: 118 Other: 21 Total: 143</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p>			F 0000	<p>On June 28, 2023 a complaint survey from ISDH completed a Complaint Survey at Wildwood Healthcare. Enclosed please find the stated list of the deficiency with the facility's plan of correction for this alleged deficiency. Please consider this letter and plan of correction to be the facility's credible allegation of compliance. This letter is our request for a desk review/ paper compliance to verify the facility has achieved substantial compliance with the applicable requirements as of the date set forth in the plan of correction as August 1, 2023</p> <p>Respectfully Ethan Peak, Executive Director</p>		

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

TITLE

(X6) DATE

Ethan

Peak

07/21/2023

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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F 0804 SS=B Bldg. 00	<p>Quality review completed on July 5, 2023</p> <p>483.60(d)(1)(2) Nutritive Value/Appear, Palatable/Prefer Temp §483.60(d) Food and drink Each resident receives and the facility provides-</p> <p>§483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;</p> <p>§483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. Based on observation, interview, and record review, the facility failed to provide palatable, attractive meals to 11 of 143 residents in the facility. (Residents H, J, L, M, N, P, Q, R, and 3 Anonymous Residents)</p> <p>Findings include:</p> <p>An interview was conducted with Resident H on 6/27/23 at 2:50 p.m. She indicated she didn't "mess with the food" from the kitchen, because it was "horrible," and served cold.</p> <p>An interview was conducted with Resident J on 6/27/23 at 3:10 p.m. He indicated the food was not thoroughly cooked. It was horrible, and he chose not to eat it. He stated, "I don't think it's too sanitary."</p> <p>An interview was conducted with Family Member 5 on 6/28/23 at 10:04 a.m. She indicated the food served to residents in the facility was not fit for an animal and the cups they used were dirty.</p>			F 0804	<p>1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? No residents sustained any harm from this deficient practice.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken.</p> <p>All residents have the potential to be affected. Dietary manager or designee will complete food preferences on residents.</p> <p>3. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur. All cups/clear containers were</p>		08/01/2023

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	<p>A sample tray of the 6/28/23 lunch meal was observed for taste on 6/28/23 at 1:12 p.m. It included chopped pork, spinach, instant mashed potatoes and gravy, and a roll. The pork was described as terrible, disgusting, and tasting rotten. The spinach was described as mushy. The potatoes were described as not good and watered down.</p> <p>An interview was conducted with Resident L on 6/28/23 at 1:00 p.m. She indicated she had the lunch meal today. The pork was dry and the potatoes were undercooked.</p> <p>An interview was conducted with Resident N on 6/28/23 at 1:21 p.m. He indicated he had the above lunch meal and found it bland with no taste and kind of cold.</p> <p>An interview was conducted with Resident Q on 6/28/23 at 1:17 p.m. He indicated the lunch meal today tasted "like trash."</p> <p>An interview was conducted with Resident R on 6/28/23 at 1:20 p.m. She indicated the lunch meal today was not good at all. She would rate it a 3 on a scale of 1 to 10, with 1 being the least good and 10 being the best food ever.</p> <p>An anonymous interview was conducted with a resident. They indicated they'd lived at the facility for 6 months, and the state needed to do something about the food served in the facility, because "it's something horrible." They had the lunch meal today, except the pork, because they didn't eat pork, so they asked for a substitute, but was told they didn't have anymore substitutes. During this anonymous interview, another resident was present, nodded his head in</p>				<p>placed into cleaning solution to clean off hard water stains. As well as new equipment ordered. Dietary manager will complete cleaning schedule education for all staff; and recipe education with cooks.</p> <p>The cups will be added onto monthly cleaning schedule and placed into cleaning solution monthly to clean off any hard water build up.</p> <p>4. How the corrective actions will be monitored to ensure the deficient practice will not recur, ie. What QA process/program will be put into place? Dietary manager or designee will complete: 10 resident interviews per month for food quality, 2 test trays per week to be completed for taste/quality.</p> <p>The cups will be added onto monthly cleaning schedule and placed into cleaning solution monthly to clean off any hard water build up.</p> <p>5. By what date the systematic changes will be completed? August 1, 2023</p>		

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	<p>agreement, and indicated the food was horrible.</p> <p>An anonymous interview was conducted with a resident. They indicated they did not want to comment on any dietary concerns, because they had to continue to live there.</p> <p>An interview was conducted with Resident M on 6/28/23 at 11:35 a.m. She indicated all of the cups from the kitchen had stains on them, were "all yucky," and the "food is nasty."</p> <p>An interview was conducted with Resident P on 6/28/23 at 11:35 a.m. She indicated the food was not good. Food was always discussed in resident council, because it was so bad. There were lots of kitchen concerns, and the head of the kitchen laughed during council when all of the kitchen and food concerns were discussed.</p> <p>An interview was conducted with Resident L on 6/28/23 at 11:36 a.m. She indicated the food was cold. The cups were stained. They needed new cups. The food portions were small, and the food committee didn't do any good.</p> <p>The Food Committee Meeting Minutes for March, April, and May, 2023 were provided by the ED (Executive Director) on 6/28/23 at 1:47 p.m. All 3 months indicated the food tasted good.</p> <p>A tour of the kitchen and interview was conducted with the DM (Dietary Manager) on 6/28/23 at 11:00 a.m., prior to service of the lunch meal.</p> <p>There were 3 beverage carts lined up along the wall. There were pitchers of lemonade and a coffee container on the top shelf of each cart and a tray of clear cups and colored coffee mugs on the</p>						

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	<p>second shelf of each cart. The clear cups had a significant amount of a white, filmy substance on them.</p> <p>The clean dish rack area had 2 trays of clear cups stored upside down with the same white, filmy substance on them. There was a clear pitcher on the top shelf with a significant amount of the white, filmy substance, and 3 adaptive cups on the bottom shelf with a significant amount of the white, filmy substance. One of the racks contained 8 stacks of clear food containers, all with the white filmy substance. The DM pointed to a brown tray on one of the racks that had the white, filmy substance on it and indicated even some of the trays had it on them. The DM indicated the substance was hard water spots/stains and they used a specific chemical on the items to get rid of the hard water spots/stains. They put the chemical in the 3 compartment sink with the items, then ran all the items through the dishwasher. They used the chemical whenever they noticed the items needed it, but it was not used as part of their regular cleaning schedule. It had been "about 3 months" since they'd used it. She stated, "It's about time now." The DM displayed a box of the chemical, located in the cleaning/chemical room of the kitchen. She stated, "It works really well," and would get the cups really clean.</p> <p>An interview was conducted the ED on 6/28/23 at 1:37 p.m. He indicated he saw the dishware in the kitchen with hard water stains, but the dishware was clean.</p> <p>The Warewashing policy was provided by the ED on 6/28/23 at 1:37 p.m. It read, "All dishware, serviceware, and utensils will be cleaned and sanitized after each use." It did not reference stained dishware.</p>						

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	This Federal tag relates to Complaint IN00404065. 3.1-21(a)(2)						