

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

PRINTED: 04/27/2020

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 03/03/2020	
NAME OF PROVIDER OR SUPPLIER  WORTHINGTON PLACE				STREET ADDRESS, CITY, STATE, ZIP CODE 10799 ALLIANCE DR CAMBY, IN 46113			
(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: March 2 and 3, 2020</p> <p>Facility Number: 003984</p> <p>Residential Census: 31</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review completed on March 04, 2020.</p>			R 0000	<p>Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.</p>		
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 dietary staff's facial hair was restrained, while preparing and plating the residents' noon meal, this had the potential to affect 31 of 31 residents residing in the facility who received food from the kitchen.</p> <p>Findings include:</p>			R 0273	<p><b>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <p>Assistant Chef was re-educated on use of facial hair restraint while working in the kitchen by the Executive Director on 03/03/2020.</p>		04/01/2020

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 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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	<p>On 3/2/20 from 10:05 a.m. to 10:25 a.m., during the initial kitchen tour, observed the Assistant Chef, in the kitchen, at the resident food preparation area slicing strawberries for the noon meal. Observed the Assistant Chef to have facial hair, including a moustache and chin hairs. The facial hair was observed to not be covered.</p> <p>During an observation, on 3/2/20 from 11:45 a.m. to 12:15 p.m., observed the Assistant Chef, in the kitchen, at the resident food preparation area preparing and plating salads; at the stove preparing spaghetti and broccoli; and at the steam table dipping cups of soup for the residents' noon meal. Observed the Assistant Chef to have facial hair, including a moustache and chin hairs. The facial hair was observed to not be covered.</p> <p>During an observation, on 3/2/20 from 12:50 p.m. to 1:00 p.m., observed the Assistant Chef, in the kitchen, at the resident food preparation area preparing and plating plates of strawberry short cake for the residents' noon meal. Observed the Assistant Chef to have facial hair, including a moustache and chin hairs. The facial hair was observed to not be covered.</p> <p>Interview, on 3/2/20 at 10:30 a.m., the Assistant Chef indicated all 31 residents residing in the facility received food items from the kitchen.</p> <p>Interview, on 3/2/20 at 11:50 a.m., the Assistant Chef indicated staff's facial hair was to be covered while in the kitchen.</p> <p>On 3/2/20 at 8:45 a.m., the Administrator provided a copy of the Infection Control and DNH Dress Code policy, dated 4/17/2017, and indicated it was the current policy in use by the facility. A review</p>				<p><b>2. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b> Current residents have the potential to be affected by the deficient practice.</p> <p><b>3. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;</b> The Executive Director, the Chef and the Assistant Chef were in serviced on the Enlivant policy on Infection Control and DNH Dress Code policy 03/20/2020 by our Registered Dietician through consultation and/or webinar. Current staff will be in serviced on the Enlivant policy on Infection Control and DNH Dress Code policy by 04/01/2020 by Executive Director.</p> <p><b>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b> The Dietary manager is responsible for sustained compliance. The Executive Director and/or designee will monitor for proper use of beard net while in the kitchen 5x / week for 4 weeks, then 3x / week for 4 weeks and 1x / weekly for 4 weeks.</p>		

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	<p>of the policy indicated, "...hair restraints ... must cover all hair; there may not be any hair on the outside of the restraint...DNH employees with facial hair must wear beard/mustache restraints...."</p> <p>On 3/3/20 at 9:55 a.m., a review of the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24, effective November 13, 2004, indicated, "...food employees shall wear ... beard restraints, ... that are designed and worn to effectively keep their hair from contacting...exposed food..."</p>				<p>Results of the audit will be discussed at monthly QI and the committee will determine if auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.</p> <p><b>5. By what date the systemic changes will be completed.</b> 04/01/2020</p>		