

| | | | |
|--|---|---|--|
| 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 06/27/2023 |
|--|---|---|--|

| | |
|--|---|
| NAME OF PROVIDER OR SUPPLIER SUGAR GROVE SENIOR LIVING COMMUNITY | STREET ADDRESS, CITY, STATE, ZIP COD 5865 SUGAR LN PLAINFIELD, IN 46168 |
|--|---|

| (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 |
|--------------------|---|---------------|---|----------------------|
|--------------------|---|---------------|---|----------------------|

| | | | | |
|------------------------|--|--------|--|--|
| R 0000 Bldg. 00 | <p>This visit was for the Investigation of Complaints IN00410938 and IN00411080.</p> <p>Complaint IN00410938 - State deficiencies related to the allegations are cited at R0273.</p> <p>Complaint IN00411080 - No deficiencies related to the allegations are cited.</p> <p>Survey date: June 26, and 27, 2023</p> <p>Facility number: 012394</p> <p>Residential Census: 114</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on July 6, 2023.</p> | R 0000 | <p>Serve Safe training will be provided to all current cooks & to new hires during orientation. A copy of the training content will be accessible for staff to review as needed.</p> <p>Evidence of completion will be maintained in employee files. This will be completed by 8/30/2023.</p> <p>Policies for Food Storage, Kitchen Sanitation, Hand Washing & Glove Usage, and Hair Restraints will be reviewed with kitchen staff during orientation. Copies of the policies will be kept in an accessible area for staff to review as needed. The Dietary manager or designee will monitor and audit one time a month to make sure education is completed. This will be completed by 8/30/2023.</p> <p>A schedule for cleaning will be developed by housekeeping & dietary to ensure that dining areas are cleaned & swept after each meal. This will be completed by the Dietary Manager or designee and reviewed as needed and during the orientation process. This will be completed by 8/30/2023.</p> <p>Internal components of the ice machine will be cleaned & sanitized per manufacturer recommendations by the Dietary Manager or designee. This will be completed by 8/30/2023.</p> <p>Director of Nursing or designee will</p> | |
|------------------------|--|--------|--|--|

| | | |
|---|--------------------|------------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| Jacqueline Mullins | Executive Director | 07/27/2023 |

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.

| | | | |
|--|---|---|---|
| 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 06/27/2023 |
|--|---|---|---|

| | |
|---|---|
| NAME OF PROVIDER OR SUPPLIER SUGAR GROVE SENIOR LIVING COMMUNITY | STREET ADDRESS, CITY, STATE, ZIP COD 5865 SUGAR LN PLAINFIELD, IN 46168 |
|---|---|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (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 0273 Bldg. 00 | 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, interview, and record review, the facility failed to ensure an organized and sanitary kitchen, food storage, and dining | R 0273 | use Diet Order Change tool to communicate with Dietary Manager regarding diets. This will be monitored by the Director of Nursing or Designee and will be audited monthly. This will be completed by 8/30/2023. A protocol for room trays will be developed to ensure residents receive their meals as ordered. This will be completed by the dietary manager or designee and will be completed by 8/30/2023. Refrigerator, freezer, dry storage, & dish machine temperatures will be monitored daily by dietary manager or designee two times a day. This will be completed on or by 8/30/2023. Monthly schedules for routine pest control, ice machine maintenance, deep cleaning of the kitchen & appliances, will be maintained by the Dietary Manager or designee and will be completed by 8/30/2023. Serve Safe training will be provided to all current cooks & to new hires during orientation. A copy of the | 08/30/2023 |

| | | | |
|--|---|---|---|
| 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 06/27/2023 |
|--|---|---|---|

| | |
|---|---|
| NAME OF PROVIDER OR SUPPLIER SUGAR GROVE SENIOR LIVING COMMUNITY | STREET ADDRESS, CITY, STATE, ZIP COD 5865 SUGAR LN PLAINFIELD, IN 46168 |
|---|---|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (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 |
|--------------------|--|---------------|---|----------------------|
| | <p>environment, and failed to ensure adequate hand washing for 2 of 2 days of observation. This deficiency had the potential to affect 114 of 114 residents residing at the facility.</p> <p>Findings include:</p> <p>On 6/27/23 at 10:00 a.m., a family member of Resident B indicated, they were not sure the residents were consistently getting their meals delivered to their rooms upon request, getting the correct diet as ordered, and when food was delivered at times it had dust on it from the construction.</p> <p>During a continuous observation of the current activity room/dining venue, the following was observed,</p> <p>a. On 6/26/23 at 10:31 a.m., observation of 3 dietary staff present and 7 residents eating. There were kitchen supplies haphazardly laid on the floor, stacked on couches, chairs, and tables along the perimeter of the right and left sides and back of the room to include, but not limited to, paper plates, plastic eating utensils, Styrofoam cups, Styrofoam to go containers, bundles of paper towel, cases of soda, opened bags and boxes of dry cereal, bread, hand lotion and alcohol based hand sanitizer sitting among supplies, and unopened bottles of juice. Dietary Aides 7 and 8 indicated they stored drinks to include soda, milk, and juices in the black unsecured refrigerator.</p> <p>b. A wood-looking utility cart was observed behind a makeshift serving table on the back wall near the exit doors to the courtyard. A toaster, 3 opened loaves of bread, 3 slices of bread laying on a paper towel, an uncovered metal pan with a barbeque brush and melted butter, a bag of bagels, were all observed on the top shelf, the entire surface was littered with copious amounts</p> | | <p>training content will be accessible for staff to review as needed.</p> <p>Evidence of completion will be maintained in employee files. This will be completed by 8/30/2023.</p> <p>Policies for Food Storage, Kitchen Sanitation, Hand Washing & Glove Usage, and Hair Restraints will be reviewed with kitchen staff during orientation. Copies of the policies will be kept in an accessible area for staff to review as needed. The Dietary manager or designee will monitor and audit one time a month to make sure education is completed. This will be completed by 8/30/2023.</p> <p>A schedule for cleaning will be developed by housekeeping & dietary to ensure that dining areas are cleaned & swept after each meal. This will be completed by the Dietary Manager or designee and reviewed as needed and during the orientation process. This will be completed by 8/30/2023.</p> <p>Internal components of the ice machine will be cleaned & sanitized per manufacturer recommendations by the Dietary Manager or designee. This will be completed by 8/30/2023.</p> <p>Director of Nursing or designee will use Diet Order Change tool to communicate with Dietary Manager regarding diets. This will be monitored by the Director of Nursing or Designee and will be audited monthly. This will be</p> | |

| | | | |
|--|---|---|---|
| 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 06/27/2023 |
|--|---|---|---|

| | |
|---|---|
| NAME OF PROVIDER OR SUPPLIER SUGAR GROVE SENIOR LIVING COMMUNITY | STREET ADDRESS, CITY, STATE, ZIP COD 5865 SUGAR LN PLAINFIELD, IN 46168 |
|---|---|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (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 |
|--------------------------|---|---------------------|---|----------------------------|
| | <p>of breadcrumbs. A microwave was observed on the 2nd shelf, and an opened package of muffins was sitting on the bottom shelf. A loaf of bread, 2 large sleeves of paper plates, and 3 plastic water pitchers were laying on the floor near the wood-looking utility cart.</p> <p>c. There was food debris on the carpeted floor underneath all tables where residents were sitting, under the tables where food and supplies were being stored, and in the walkways around the room.</p> <p>d. Meals were being served off two 4 feet by (x) 4 feet dining tables pushed together. There were 4 large metal chafing pans (steam table metal serving pans kept warm using indirect heat) with lids and metal chafing dish fuel holders underneath them.</p> <p>e. On 6/26/23 at 10:40 a.m., morning Cook 9 was observed to take the metal lids off the 4 metal chafing pans and place them on the floor, remove the inner metal serving pans containing breakfast food and place them into an enclosed transport cart. He then took the metal lids off the floor and put them back onto the 4 empty metal chafing pans on the tabletops.</p> <p>f. On 6/26/23 at 10:45 a.m., afternoon Cook 10 was observed to arrive with a heavy plastic utility cart containing 4 metal trays containing hot food covered in foil, and a large clear plastic container containing pudding covered with a plastic lid. She removed the metal lids of the 4 metal chafing pans and place them on a table, put the 4 pans of hot food containing pulled pork, green beans, baked beans, and potato soup into the chafing pans, and replaced the metal lids over the food that that had previously been observed being placed on the floor. Afternoon Cook 10, Dietary Aides 7 and 8, and Cook 10 began dishing up and serving resident's food that was covered by the contaminated lids.</p> | | <p>completed by 8/30/2023.</p> <p>A protocol for room trays will be developed to ensure residents receive their meals as ordered. This will be completed by the dietary manager or designee and will be completed by 8/30/2023. Refrigerator, freezer, dry storage, & dish machine temperatures will be monitored daily by dietary manager or designee two times a day. This will be completed on or by 8/30/2023.</p> <p>Monthly schedules for routine pest control, ice machine maintenance, deep cleaning of the kitchen & appliances, will be maintained by the Dietary Manager or designee and will be completed by 8/30/2023.</p> | |

| | | | |
|--|--|---|---|
| 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 06/27/2023 |
|--|--|---|---|

| | |
|---|---|
| NAME OF PROVIDER OR SUPPLIER SUGAR GROVE SENIOR LIVING COMMUNITY | STREET ADDRESS, CITY, STATE, ZIP COD 5865 SUGAR LN PLAINFIELD, IN 46168 |
|---|---|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (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 |
|--------------------|--|---------------|---|----------------------|
| | <p>g. The unsecured refrigerator contained 2 gallons of milk and a gallon of orange juice opened and not dated. 2 boxes and a bag of cereal were opened and undated laying on table along the wall on a dining table among kitchen supplies, and the 3 shelves and wheels of the plastic transport cart were observed to be heavily soiled with unidentified dark substances.</p> <p>h. Dietary Aide 8 was observed preparing and serving resident drinks, dishing up pudding, clearing and wiping off dining tables, and putting dessert into to-go containers. She was observed to frequently wipe her hands on her pants, was not wearing gloves or a hair net, and was not observed to wash or clean her hands.</p> <p>i. Resident H was observed to arrive at the dining area per motorized scooter. After entering the dining venue, he was observed to get a broom and long handled dustpan and sweep beneath and around a table before sitting down and ordering his food. The resident indicated, the residents were currently eating meals in this area, the main dining room renovations was supposed to have taken 2 weeks and they were now heading into week 5.</p> <p>On 6/26/23 at 10:30 a.m., observation of the kitchen with the Dietary Manager. Morning Cook 9 was observed placing strips of bacon onto a stack of metal cooking sheets lined with parchment paper, he had facial hair with length between 1/4 inch (in) to 1/2 in but was not wearing a beard restraint. The flooring throughout the kitchen, and dry storage room were observed heavily soiled, dingy, and littered with small, dried food particles, fresh food items, a saltshaker, and small pieces of paper debris. The entire parameter floor under all appliances, and sides of appliances were observed to be heavily soiled with grease. There were questionable rodent droppings among</p> | | | |

| | | | |
|--|---|---|---|
| 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 06/27/2023 |
|--|---|---|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER SUGAR GROVE SENIOR LIVING COMMUNITY | STREET ADDRESS, CITY, STATE, ZIP CODE 5865 SUGAR LN PLAINFIELD, IN 46168 |
|---|--|

| (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 |
|--------------------|---|---------------|---|----------------------|
| | <p>small pieces of white paper underneath the sinks in the dish washing area. The walk in refrigerator was observed to have opened food items not dated, and the metal floor was heavily soiled with dirt, grime, paper debris, and food items such as brussels sprouts and cheese. A cardboard box labeled as ham slices was observed to be completely saturated and soggy in an unknown wet substance stored on a top shelf directly above an open box of oranges and bags of lettuce. The Dietary Manager indicated she not sure why the box was wet or where the liquid had come from.</p> <p>The Dietary Manager indicated she had just recently taken her current position. Pest control had visited about 2 weeks prior to treat gnats in the kitchen. When she was overheard asking a dietary staff member to grab a broom and start sweeping under the appliances, the dietary aide asked where the brooms were kept. The Dietary Manager indicated it was the responsibility of each dietary person to clean their own area. She had started phase 1 of cleaning the kitchen the prior week. She was ultimately responsible for the management and cleanliness of the kitchen.</p> <p>On 6/26/23 at 3:51 p.m., residents were observed entering the current dining venue, taking seats at the dining tables, and servers were setting up and serving drinks. An observation of the uncovered metal pan with barbeque brush and melted butter still sitting on the top self of a wood-looking utility cart at the back of the room with an opened package of muffins on the bottom shelf.</p> <p>On 6/27/23 at 9:45 a.m., Dietary Aide 8 was observed scooping crushed ice from a clear container to serve drinks to residents in the dining area. She was using her bare hands and laying the</p> | | | |

| | | | |
|--|---|---|---|
| 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 06/27/2023 |
|--|---|---|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER SUGAR GROVE SENIOR LIVING COMMUNITY | STREET ADDRESS, CITY, STATE, ZIP CODE 5865 SUGAR LN PLAINFIELD, IN 46168 |
|---|--|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (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 |
|--------------------|--|---------------|---|----------------------|
| | <p>ice scoop back down into the ice between each resident drink. Dietary Aide 8 was also observed to frequently rub her hands on her pants, and at one point raised her left arm and scratch her bare arm pit with her right hand while speaking to a resident, and then resumed serving drinks. She was never observed to wash or cleanse her hands.</p> <p>A Consultant Dietician Report, dated 6/7/23, indicated a score of 76% (expected threshold 90%) with documented concerns for monitoring and recording refrigerator temperatures, all foods not being covered, labeled and dated with use-by dates, employees not thoroughly washing their hands and exposed forearms before starting work and as often as necessary, dry storage temperature not monitored and recorded, thermometers not calibrated on a routine basis, freezer temperatures not monitored and recorded, not all refrigerators had thermometers, and all refrigerators were not clean inside and out. Ice scoops or tongs were either not being used when serving ice, or the scoop was not being stored outside the ice maker in a clean, protected location. The slicer, mixer, and range/over, microwave, dishwasher, and juice machine were not clean. The floors, walls, and ceilings were not clean and in good repair. The dish-machine temperatures were not adequate for sanitizing. The mop was not stored properly, and garbage containers were not covered unless in use. Outdated food products were not discarded correctly, and the internal components of the ice machine were not cleaned and sanitized per manufacturer recommendations.</p> <p>Monthly Pest Control reports, dated January 2022 through June 2023, indicated services provided to include inspected/treated common areas, inspected/treated kitchen for pests,</p> | | | |

| | | | |
|--|---|---|---|
| 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 06/27/2023 |
|--|---|---|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER SUGAR GROVE SENIOR LIVING COMMUNITY | STREET ADDRESS, CITY, STATE, ZIP CODE 5865 SUGAR LN PLAINFIELD, IN 46168 |
|---|--|

| (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 |
|--------------------|---|---------------|---|----------------------|
| | <p>inspected/treated perimeter for pest activity, inspection/treatment of breakroom area, and inspected/treated guest rooms. Documentation indicated open actions from previous service, "debris under shelves, under soda/coffee station is mass buildup of food and debris. Recommendation: remove debris-customer this will lead to fruit fly issue and possibly worse. Needs cleaned ASAP [as soon as possible]", this observation and recommendation was on every monthly report provided to the facility by Pest Control.</p> <p>During an interview on 6/26/23 at 10:45 a.m., Dietary Aide 8 indicated the main dining room was being remodeled and should be almost done. Indicated all meals were carted back and forth from the kitchen on kitchen carts and served, they were doing the best they could do.</p> <p>During an interview on 6/26/23 at 11:16 a.m., the current dining venue was observed with the Housekeeping Supervisor. She indicated resident had been using this room for meals for 2 weeks while the main dining room was being remodeled. It was a shared responsibility of the dietary and housekeeping staff to clean the room.</p> <p>During an interview on 6/27/23 at 12:58 p.m., the Administrator (ADM) indicated, she had been aware of the condition of the kitchen, part 1 of their deep cleaning had started the prior week. The Dietary Manager had recently stepped into that position in this facility, but she had many years of dietary service experience. It was the responsibility of the Dietary Manager and ADM to manage the kitchen and supervise meal service in the dining area. Beard covers were required to cover facial hair, and morning Cook 9 should have been wearing one when prepping and handling</p> | | | |

| | | | |
|--|---|---|--|
| 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 06/27/2023 |
|--|---|---|--|

| | |
|--|---|
| NAME OF PROVIDER OR SUPPLIER SUGAR GROVE SENIOR LIVING COMMUNITY | STREET ADDRESS, CITY, STATE, ZIP COD 5865 SUGAR LN PLAINFIELD, IN 46168 |
|--|---|

| (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 |
|--------------------------|---|---------------------|--|----------------------------|
| | <p>food in the kitchen.</p> <p>On 6/27/23 at 2:17 p.m., the ADM provided the Kitchen Sanitation policy, undated, and indicated the policy was the one currently being used by the facility. The policy indicated, "The Food Services Manager will monitor food safety and sanitation of the dietary department on a daily basis ...4. The Food Service Manager will develop a cleaning schedule for the department and is responsible for its completion...."</p> <p>On 6/27/23 at 2:17 p.m., the ADM provided the Food Storage (Dry, Refrigerated, and Frozen) policy, undated, and indicated the policy was the one currently being used by the facility. The policy indicated, "Food shall be stored on shelves in a clean, dry area, free from contaminants. Food shall be stored at appropriate temperatures and using appropriate methods to ensure the highest level of food safety ...a. All food items will be labeled. The label must include the name of the food and the date by which it should be sold, consumed, or discharged ..."</p> <p>On 6/27/23 at 2:17 p.m., the ADM provided the Hand Washing & Glove Usage policy, undated, and indicated the policy was the one currently being used by the facility. The policy indicated, "...all employees will use proper hand washing procedures and glove usage in accordance with State and Federal Guidelines ...3. All employees will wash hands upon entering the kitchen from any other location, after all breaks [including bathroom and smoking breaks], and between all tasks. Handwashing should occur at a minimum of every hour. 4. Employees will wash hands before and after handling food, after touching any part of the uniform, face, or hair, and before and after working with an individual resident...."</p> | | | |

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

PRINTED: 08/10/2023
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 06/27/2023 | |
| NAME OF PROVIDER OR SUPPLIER SUGAR GROVE SENIOR LIVING COMMUNITY | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 5865 SUGAR LN PLAINFIELD, IN 46168 | | | |
| (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 | | |
| | <p>On 6/27/23 at 2:17 p.m., the ADM provided the Hair Restraints policy, undated, and indicated the policy was the one currently being used by the facility. The policy indicated, "...hair restraints shall be worn by all dining service staff when in food production, dishwashing areas or when serving food from the steam table ...2. Hair restraints, hats, and/or beard guards shall be used to prevent hair from contacting exposed food. Facial hair is discouraged. Any facial hair that is longer than the eyebrow shall require coverage with a beard guard in the production and dishwashing area...."</p> <p>This State tag relates to Complaint IN00410938.</p> | | | | | | |