STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	08/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
DEMAREE CROSSING ASSISTED LIVING AND MEMORY CARE	1255 DEMAREE ROAD GREENWOOD, IN 46143

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R 0000 Bldg. 00	This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00414999. Complaint IN00414999 - No deficiencies related to the allegations are cited. Survey dates: August 21 and 22, 2023 Facility number: 014079 Residential Census: 57 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed August 25, 2023.	R 0000	This Plan of Correction is submitted under regulations applicable to long term care providers. This Plan of Correction is not to be construed as an admission or agreement with the findings and conclusions in the Statement of Deficiencies. The preparation/ submission and/or execution of this Plan does not constitute agreement by the facility that the surveyor's findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies are correctly applied. Submission of this Plan is evidence of compliance.	
R 0217 Bldg. 00	410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows: (1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident. (2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Marlee Oleksy	Executive Director	09/14/2023

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	change. Either the facility or the resident may request a service plan review. (3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request. (4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services. (5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided. Based on record review and interview, the facility failed to ensure the service plans were signed and dated by the resident or the resident's representative for 6 of 6 residents reviewed for service plans. (Resident 76, Resident 82, Resident 84, Resident 89, Resident 95, Resident 99) Findings include: 1. On 8/21/23 at 1:20 p.m., Resident 76's clinical record was reviewed. The Semi-Annual Evaluation and Service Plan, dated 3/29/23, lacked a resident or responsible party signature. 2. On 8/21/23 at 11:00 a.m., Resident 82's clinical record was reviewed. The Semi-Annual Evaluation and Service Plan, dated 3/27/23, lacked a resident or responsible party signature. 3. On 8/21/23 at 11:30 a.m., Resident 84's clinical record was reviewed. The Semi-Annual Evaluation and Service Plan, dated 4/5/23, lacked a resident or responsible party signature. 4. On 8/21/23 at 11:45 a.m., Resident 89's clinical	R 0217	o Community's Health and Wellness Director, or their designee, will revisit the service plans of residents reviewed during this survey. Service plans will be reviewed and signed with the resident or responsible party, as appropriate. o Community's Health and Wellness Director, or their designee, will conduct an audit of current resident service plans for signature. Current resident service plans without signature will be reviewed and signed with the resident or responsible party, as appropriate. o Going forward, upon completion of evaluation and creation of a resident's service plan, the community's Health and Wellness Director, or their designee, will review with the resident or responsible party, and obtain signature/ date. A signed	10/02/2023

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	record was reviewed. The Semi-Annual Evaluation and Service Plan, dated 5/23/23, lacked a resident or responsible party signature. 5. On 8/21/23 at 12:00 p.m., Resident 95's clinical record was reviewed. The Semi-Annual Evaluation and Service Plan, dated 3/22/23, lacked a resident or responsible party signature. 6. On 8/21/23 at 12:30 p.m., Resident 99's clinical record was reviewed. The Initial Evaluation and Service Plan, dated 5/27/23, lacked a resident or responsible party signature. During an interview on 8/22/23 at 9:20 a.m., the ED (Executive Director) and the Director of Health and Wellness indicated the Semi-Annual Evaluations and Service Plans each lacked a resident or responsible party signature and each one should have been signed and dated by the resident or the responsible party. On 8/22/23 at 12:30 p.m., the ED provided a facility policy titled "Evaluation Schedule", dated 2/2/23, and indicated it was the policy currently being used by the facility. A review of the policy indicated that for all types of resident evaluations, including but not limited to the pre-admission evaluation, 6-month evaluation, and change of condition evaluations, " ...resident/responsible party (both, if required by state) and community must sign evaluation and service plan within 7 days of completion of evaluation. Signed copy of evaluation to be maintained in resident's chart."		and dated copy of the evaluation will be maintained in the resident's wellness file. The community's Executive Director, and or their designee, will complete random monthly audits for six residents each month over the course of three months to review signature/date within resident service plans. Any deviation from compliance will be addressed promptly. The community's Executive Director, or their designee, will complete random monthly audits for three months. Any deviation from compliance will be addressed promptly.	
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			

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	local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, interview, and record review, the facility failed to ensure foods were maintained and served in a sanitary and safe manner for 4 of 4 observations. Staff hair was not covered while in the kitchen food preparation area, refrigerated foods were not covered, labeled or dated, and perishable foods were not discarded when past the use by date. (Dietary Aide 2, Dietary Aide 4, Dietary Aide 5, Cook 3, Cook 6, Contractor 7, Contractor 8, and Dietary Manager) Findings include: 1. During the initial kitchen tour with the Dietary Manager (DM) on 8/21/23 from 9:15 a.m. to 9:40 a.m., the following was observed: - Dietary Aide 2 was observed standing next to the steamtable where the breakfast foods were being held and was observed walking throughout the kitchen area. Dietary Aide 2 was observed to have facial hair approximately half inch in length. The facial hair was observed to not be covered. - Cook 3 was observed at the steamtable where the breakfast foods were being held and was observed taking the ending food temperatures. Cook 3 had braids, approximately 3 inches in length, that were observed below his chef's cap. The braids were observed to not be covered. - The DM was observed walking near the steamtable where the breakfast foods were being held and walking throughout the kitchen area. The DM was observed to have facial hair, approximately one inch in length, above and below his lips. The facial hair was observed to	R 0273	§ Current community culinary team members will be trained to the Company's Personal Appearance Policy, inclusive of hair covering requirements. Training will be evidenced by completion of an Inservice Attendance Record, § New and future community culinary team members will be trained to the Company's Personal Appearance Policy in their pre-service orientation. § Community's Executive Chef, or their designee, will observe employees for compliance with the Company's Personal Appearance Policy on a daily basis. Employees exhibiting non-compliance with this policy will be addressed promptly. § The community's Executive Director, or their designee, will complete random monthly audits of for shifts per month for three months. Any deviation from compliance will be addressed promptly. o Covering, Dating, Labeling Element § Current community culinary and medication team members will be trained to the Company's Food Covering, Labeling, Dating, and Disposal Policy. by the Community's Executive Chef, or their designee. Training will be evidenced by completion of an	10/02/2023

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	not be covered. - Contractor 7 was observed walking throughout the kitchen area near the steamtable and in the dish washing room. Contractor 7 had hair approximately 2 inches in length and had facial hair approximately 3/4 inch in length. Contractor 7's hair was observed to not be covered. - Contractor 8 was observed walking throughout the kitchen area near the steamtable and in the dish washing room. Contractor 8 had hair approximately 1 inch in length and had facial hair approximately 3/4 inch in length observed above and below the lips. Contractor 8's hair was observed to not be covered. - In the reach in refrigerator unit the following was observed: A small bowl of pears was uncovered and unlabeled. Multiple cups of sour cream were unlabeled. A container of sliced lemons were unlabeled. A container of of tartar sauce with a use by date of 7/28/23. 2. During an observation with the DM on 8/21/23 at 9:50 a.m., the resident snack refrigerator, located in the bistro area next to the resident dining room, was observed. Inside the refrigerator, the following was observed: - one unopened Chobani, 5.3 ounce, yogurt container. A pre-printed "use by date - June 2023" was observed on the container. The container lacked a label to indicated who the yogurt belonged to. - two uncovered small plates of an unidentifiable brownish colored food item with a hard white substance on top of the food item on each plate. The food items lacked a label to identify what the		Inservice Attendance Record. Current community medication team members will be trained to the Company's food covering, labeling, dating, and disposal policy by the community's Health & Wellness Director, or their designee. § New and future community culinary and medication team members will be trained to the Company's Food Covering, Labeling, Dating, and Disposal Policy in their pre-service orientation. § Community's Executive Chef, or their designee, will complete an internal audit of food storage areas to ensure appropriate covering, labeling, and dating of food items. § Community's Health and Wellness Director, or their designee, will complete an internal check of medication carts to ensure appropriate covering, labeling, and dating of food items used for medication administration. § Community's Executive Chef, or their designee, will observe appropriate covering, dating, and labeling of food items within food storage areas on a weekly basis for three months. basis. Elements of non-compliance with this policy will be addressed promptly. § Community's Health and Wellness Director, or their	

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	item was, who it belonged to, and the use by date, and lacked a tight fitting cover. During an interview at that time, the DM indicated the food items were to be labeled to indicate what the item was, who it belonged to, and when the item should be either used or discarded. All food items were to be covered. 3. During a follow-up kitchen tour on 8/21/23 from 11:25 a.m. to 11:45 a.m. following was observed: - Dietary Aide 2 was observed next to the steamtable where the noon foods were being held and was observed walking throughout the kitchen area. Dietary Aide 2 was observed to have facial hair approximately half inch in length. The facial hair was observed to not be covered. - Cook 3 was observed at the steamtable where the noon foods were being held and was observed taking the starting food temperatures. Cook 3 had braids, approximately 3 inches in length, that were observed below his chef's cap. The braids were observed to not be covered. - The DM was observed walking near the steamtable where the noon foods were being held and walking throughout the kitchen area. The DM was observed to have facial hair, approximately one inch in length, above and below his lips. The facial hair was observed to not be covered. - Contractor 7 was observed walking throughout the kitchen area near the steamtable where the noon foods were being held and observed walking near the dish washing room. Contractor 7 had hair approximately 2 inches in length and had facial hair approximately 3/4 inch in length.		designee, will observe appropriate covering, dating, and labeling of food items used for medication administration on a weekly basis for three months. Elements of non-compliance with this policy will be addressed promptly. § The community's Executive Director, or their designee, will complete random monthly audits for three months. Any deviation from compliance will be addressed promptly.	

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	Contractor 7's hair was observed to not be covered. - Contractor 8 was observed walking throughout the kitchen area near the steamtable and walking near the dish washing room. Contractor 8 had hair approximately 1 inch in length and had facial hair approximately 3/4 inch in length observed above and below the lips. Contractor 8's hair was observed to not be covered. - Cook 6 was observed preparing the tomato and cucumber salad for the noon meal. Cook 6 was observed wearing a chef's hat. The hair across her forehead, in front of the ears, and below the chef's hat, approximately 2 inches in length, was observed to not be covered. - Dietary Aide 4 was observed walking throughout the kitchen area and standing next to the steamtable area. Dietary Aide 4 was observed to have braids approximately 15 inches in length. Dietary Aide 4's braids were observed to not be covered. - Dietary Aide 5 was observed walking throughout the kitchen area and standing near the steamtable area. Dietary Aide 5 was observed to have braids, approximately 6 inches in length, in front of the ears and near the top of the head. Dietary Aide 5's braids were observed to not be covered. During an interview at that time, the DM indicated staff's hair, including facial hair, "should" be covered with either a hat or a hair net. Contracted staff's hair "should" also be covered. The DM indicated the facility policy was that staff were to either wear a hair net or a chef's hat and the DM was unsure if "all" hair was required to be			

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	covered. During an interview at that time, Cook 6 indicated staff were to wear a hair net or a chef's hat. Cook 6 indicated it was "difficult" to keep all the hair covered while wearing a chef's hat. 4. During a followup kitchen observation on 8/21/23 from 1:15 p.m. to 1:20 p.m. the following was observed: - Dietary Aide 2 was standing next to the steamtable where the noon foods were being held and was observed walking throughout the kitchen area. Dietary Aide 2 was observed to have facial hair approximately half inch in length. The facial hair was observed to not be covered. - Cook 3 was at the steamtable where the noon foods were being held and was observed taking the ending food temperatures. Cook 3 had braids, approximately 3 inches in length, that were observed below his chef's cap. The braids were observed to not be covered. - The DM was observed walking near the steamtable where the noon foods were being held and walking throughout the kitchen area. The DM was observed to have facial hair, approximately one inch in length, above and below his lips. The facial hair was observed to not be covered. - Contractor 7 was observed walking throughout the kitchen area near the steamtable where the noon foods were being held and was walking near the dish washing room. Contractor 7 had hair approximately 2 inches in length and had facial hair approximately 3/4 inch in length. Contractor 7's hair was observed to not be covered.			

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	- Contractor 8 was observed walking throughout the kitchen area near the steamtable where the noon foods were held and was walking near the dish washing room. Contractor 8 had hair approximately 1 inch in length and had facial hair approximately 3/4 inch in length observed above and below the lips. Contractor 8's hair was observed to not be covered. - Cook 6 was observed near the steamtable where the noon meal was being held and observed walking throughout the kitchen area. Cook 6 was observed wearing a chef's hat. The hair across her forehead, in front of the ears, and below the chef's hat, approximately 2 inches in length, was observed to not be covered. - Dietary Aide 4 was observed near the steamtable where the noon meal was being held and walking throughout the kitchen area. Dietary Aide 4 was observed to have braids approximately 15 inches in length. Dietary Aide 4's braids were observed to not be covered. - Dietary Aide 5 was observed near the steamtable where the noon meal was being held and walking throughout the kitchen area. Dietary Aide 5 was observed to have braids, approximately 6 inches in length, in front of the ears and near the top of the head. Dietary Aide 5's braids were observed to not be covered. On 8/22/23 at 12:30 p.m., the Administrator provided a copy of the Experience Senior Living Culinary policy, dated 8/7/23, and indicated it was the current policy in use by the facility. A review of the policy indicated, "...food must be labeled with the following information: name of product, preparation date, discard date...proper labeling			

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	and dating on all perishable stock items...all hair must be restrained...all beards...any hair below the neck restrained according to state/county regulations for foodservice..." On 8/22/23 at 2:30 p.m., a review of the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24, effective November 13, 2004, indicated "... may not exceed a manufacturer's use by date...refrigerated, ready-to-eat, potentially hazardous food prepared and held in a retail food establishment for more than twenty-four (24) hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises...discarded...food shall be protected from contamination by storing the food as follows:...(5). In packages, covered containers, or wrappings...wrap food tightly to prevent cross contamination...food employees shall wear hair restraints, such as hats, hair coverings or nets...that are designed and worn to effectively keep their hair from contacting...exposed food..."			