

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

PRINTED: 02/10/2023
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 01/20/2023	
NAME OF PROVIDER OR SUPPLIER RIVER CROSSING ASSISTED LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP COD 2400 MARKET ST CHARLESTOWN, IN 47111			
(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 the Investigation of Complaints IN00397407 and IN00399081.</p> <p>Complaint IN00397407- Substantiated. State deficiency related to the allegations cited at R0274.</p> <p>Complaint IN00399081 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: January 19 and 20, 2023</p> <p>Facility number: 012007</p> <p>Residential Census: 81</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on January 23, 2023.</p>			R 0000			
R 0274 Bldg. 00	<p>410 IAC 16.2-5-5.1(g)(1-3) Food and Nutritional Services - Noncompliance (g) There shall be an organized food service department directed by a supervisor competent in food service management and knowledgeable in sanitation standards, food handling, food preparation, and meal service. (1) The supervisor must be one (1) of the following: (A) A dietitian. (B) A graduate or student enrolled in and within one (1) year from completing a division approved, minimum ninety (90) hour classroom instruction course that provides classroom instruction in food service</p>						

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

TITLE

(X6) DATE

Rich Pedersen

Executive Director

02/03/2023

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 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>supervision who has a minimum of one (1) year of experience in some aspect of institutional food service management.</p> <p>(C) A graduate of a dietetic technician program approved by the American Dietetic Association.</p> <p>(D) A graduate of an accredited college or university or within one (1) year of graduating from an accredited college or university with a degree in foods and nutrition or food administration with a minimum of one (1) year of experience in some aspect of food service management.</p> <p>(E) An individual with training and experience in food service supervision and management.</p> <p>(2) If the supervisor is not a dietitian, a dietitian shall provide consultant services on the premises at peak periods of operation on a regularly scheduled basis.</p> <p>(3) Food service staff shall be on duty to ensure proper food preparation, serving, and sanitation.</p> <p>Based on interview and record review, the facility failed to ensure the Dietary Manager had the required certification related to Sanitation for 1 of 1 staff reviewed for food services.</p> <p>Findings include:</p> <p>On 1/20/23 at 9:22 a.m., the Executive Director provided a copy of the Food Services Director (FSD) Job Specific Orientation Program which indicated a date of hire of 6/7/21 for the Dietary Manager. The orientation was completed on 11/13/21.</p> <p>During an interview on 1/20/23 at 11:13 a.m., the Dietary Manager indicated she was not certified in sanitation but would be completing the training.</p>			R 0274	<ol style="list-style-type: none"> 1. Dietary Manager enrolled in Serve Safe Manager course. 2. All residents are potentially at risk of same alleged deficient practice. 3. ED to audit progress with course completion weekly until complete. 4. Dietary Director in serviced on the requirements of food sanitation certification on 2/2/2023 and will maintain Serve Safe Certification. 5. ED will audit Serve Safe Certification for completeness Monthly to ensure documentation is safely filed in Dietary Directors personnel file. ED/Designee and 		02/28/2023

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	<p>On 1/20/23 at 11:14 a.m., the Executive Director provided a current, undated, copy of the document titled "Organizational Plan and Roles of Key Staff". It included, but was not limited to, "Dining Service Manager's credentials will be determined by State regulations. The Dining Services Manager credentials may include a Sanitation Certification...."</p> <p>On 1/20/23 at 11:14 a.m., the Executive Director provided a current copy of the document tiled "Sanitation Certification" dated 07/07. It included, but was not limited to, "Policy...The Food Service Manager shall be certified in sanitation...At least one individual in the Food Service Department will be certified for sanitation during the hours of operation for the department...Certification will be kept current and renewed as directed...."</p> <p>This State tag relates to Complaint IN00397407.</p>				<p>DON/Designee will review audits with QA Committee monthly x3 months for identified issues. QA Committee will determine if audits necessitate extension past 3 months and will continue to review audit results monthly for duration of the extended timeframe as applicable.</p>		