

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

PRINTED: 09/25/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/22/2024	
NAME OF PROVIDER OR SUPPLIER BRECKENRIDGE COMMONS				STREET ADDRESS, CITY, STATE, ZIP COD 2009 NORTH HOSPITAL BLVD SULLIVAN, IN 47882			
(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	This visit was for a State Residential Licensure Survey. Survey dates: February 21 and 22, 2024 Facility number: 013401 Residential Census: 18 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on February 28, 2024.			R 0000			
R 0273 Bldg. 00	410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency Based on observation, interview, and record review, the facility failed to ensure proper handwashing during 1 of 1 kitchen observation. Finding includes: During the initial kitchen observation, on 2/21/24 at 10:25 a.m., the Dietary Manager turned the faucet off with her bare hands during handwashing. During an interview, on 2/21/24 at 10:27 a.m., the Dietary Manager indicated she should have used a paper towel as a barrier to turn off the faucet. She knew better than to turn the faucet off with her bare hand. On 2/21/24 at 11:10 a.m., the Administrator			R 0273	The submission of this plan of correction does not constitute an admission or an agreement of the truth of the facts or correction set forth on the statement of deficiencies. The Plan of Correction is prepared and submitted in accordance with requirements under state law. Please accept this plan of correction as our credible allegation of compliance. The Dietary Manager acknowledged failure to use a paper towel as a barrier to turn off the faucet following handwashing. The Dietary Manager has received education regarding correct		02/23/2024

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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	provided a document, dated 2023, titled, "Handwashing/Hand Hygiene," and indicated it was the policy currently being used by the facility. The policy indicated, "...Policy: ...Hand hygiene shall be maintained as per CDC (Centers for Disease Control and Prevention) guidance addressing handwashing...Handwashing Procedure: ...8. Turn off faucet with paper towel and discard paper towel. Remember, the handle is considered contaminated....'				procedure with return demonstration. As all could be affected, the following measures have been taken. In an effort to ensure ongoing compliance with safe food handling standards, and in an effort of precaution relative to all situations which require handwashing, all staff have been re-educated as to handwashing procedure with return demonstration performed following training. As a means of quality assurance, the Administrator shall perform random handwashing competency observations in the dietary department weekly for four weeks, and then monthly thereafter for a minimum of six months. Should concerns be observed, corrective action shall be taken. Frequency of observations shall be reviewed/revised as warranted on the basis of compliance.		