

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

PRINTED: 03/09/2023

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 02/08/2023	
NAME OF PROVIDER OR SUPPLIER GLASSWATER CREEK OF LAFAYETTE, LLC				STREET ADDRESS, CITY, STATE, ZIP COD 208 BECK LANE LAFAYETTE, IN 47909			
(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 Complaint IN00401170.</p> <p>Complaint IN00401170 - Substantiated. State Residential Finding related to the allegations is cited at R0272 and R0273.</p> <p>Survey date: February 8, 2023</p> <p>Facility number: 014148</p> <p>Residential Census: 132</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review was completed on February 13, 2023.</p>		R 0000				
R 0272 Bldg. 00	<p>410 IAC 16.2-5-5.1(e) Food and Nutritional Services - Deficiency (e) All food shall be served at a safe and appropriate temperature.</p> <p>Based on interview and record review, the facility failed to ensure food temperatures were checked prior to serving the meals in December 2022, January 2023, and February 2023. This deficient practice had the potential to affect 132 of 132 residents.</p> <p>Finding includes:</p> <p>During a record review of the serving log temperatures for the facility meals, on 2/8/2023 at 3:48 p.m., the following dates were missing:</p> <p>a. There were no records found for December 2022.</p>		R 0272	<p>R 272</p> <p>1. 132/132 Residents were not affected by this deficient practice.</p> <p>2. All residents have the potential to be affected by the alleged deficient practice. An audit of available temperature logs shows that all residents who consume meals in the dining room for meals are potentially at risk.</p> <p>3. Inservice with all dietary staff was completed on 2.23.2023 on education of temperature logs, the temperatures for each kind of</p>		02/25/2023	

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

TITLE

(X6) DATE

Lisa Harrison

RDO

02/26/2023

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>b. There were no records found for January 2023.</p> <p>c. There were no records found for February 2nd dinner, February 3rd lunch and dinner, or February 5, 6, 7 or 8th 2023.</p> <p>During an interview, on 2/8/2023 at 2:48 p.m., Dietary Aide 3 indicated the temperatures should be taken and recorded for each meal item prior to serving the meals. She did take the temperatures of the food prior to serving the meal.</p> <p>During an interview, on 2/8/2023 at 4:01 p.m., Cook 2 indicated the temperatures should be taken and recorded for each meal item prior to serving the meals. He did take the temperatures of the food prior to serving the meal but did not always document his readings. He unaware no records were found for December 2022, January 2023, and February 2023.</p> <p>During an interview, on 2/8/2023 at 4:45 p.m., the Administrator In Training (AIT) indicated the temperature records should have been completed prior to serving the meals. She could not locate the records for the dates listed above.</p> <p>During an interview, on 2/8/2023 at 5:05 p.m., the Acting Dietary Manager indicated the temperature records should have been completed prior to serving the meals. He could not locate the records for the dates listed above. He had completed a record audit of the January 2023 temperature serving logs on January 31, 2023, but he could not find any of the logs today 2/8/2023.</p> <p>A facility policy, titled "Cooking Potentially Hazardous Foods," not dated and received from the AIT on 2/8/2023 at 4:47 p.m., indicated "...Raw animal foods, such as eggs, fish, poultry, meat, and foods containing these raw animal foods,</p>		<p>food hot/cold and why temperatures are important.</p> <p>4. Culinary Director and/or designee to audit temperature logs for food service daily for 14 days, weekly for 4 weeks, biweekly for 4 weeks and monthly thereafter. When there is a problem the QA committee will be notified and will make recommendations for ongoing audits or the need for further education of staff.</p> <p>5. Date of Compliance 2.25.2023</p>				

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R 0273 Bldg. 00	<p>shall be cooked to heat all parts of the food to the following temperatures and times...."</p> <p>This State deficiency relates to Complaint IN00401170.</p> <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. Based on interview and record review, the facility failed to ensure the ice machine located in the kitchen was cleaned and ice cubes were edible for the residents. This deficient practice had the potential to affect 132 of 132 residents.</p> <p>Findings include:</p> <p>During an interview, on 2/8/2023 at 2:40 p.m., Dietary Aide 4 indicated, on 2/2/2023, he notified the supervisor, at 6:00 a.m., the ice machine in the kitchen had a substance which he thought was mold on top of the ice chips. He was instructed to not use the ice chips and unplug the machine. He did not know when the ice machine was last serviced or cleaned. No residents were served the ice chips on 2/2/2023. No ice chips from the ice machine had been served to the residents since 2/2/2023.</p> <p>During an interview, on 2/8/2023 at 2:48 p.m., Dietary Aide 3 indicated, on 2/2/2023, she was aware of a substance on the ice chips. She was advised by the supervisor not to serve anyone the ice chips. The ice machine was to be unplugged and drained. She did not know when the ice machine had been last cleaned or serviced.</p>		R 0273	<p>R273</p> <p>1. 132/132 Residents were not affected by this deficient practice 2. All residents have the potential to be affected by the alleged deficient practice. An audit of available cleaning logs shows that all residents who consume ice are potentially at risk. 3. Inservice with all dietary staff was completed on 2.23.2023 on education of cleaning logs, the times the ice machine are to be cleaned, and why cleaning equipment is important. Dietary staff educated to report any problems with equipment and to put a "do not use" notice on equipment for the safety of residents and staff. 4. A service for maintenance on the ice machine was scheduled through TELS system and was completed with service tech on 2.15.2023, the machine was deemed to be working appropriately and safe to use.</p>		02/25/2023	

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	<p>During an interview, on 2/8/2023 at 3:10 p.m., the Acting Dietary Manager indicated the ice machine was cleaned on 2/2/2023 and there was no mold on the ice. There was an unknown substance on the ice. He did not know when the ice machine had been last serviced or cleaned.</p> <p>The log for the monthly dietary cleaning, for January 2023, did not show a date for the ice machine cleaning. The log for December was not located.</p> <p>During an interview, on 2/8/2023 at 4:30 p.m., the Administrator In Training indicated the ice machine had been last serviced on April 4, 2022. The ice machine should have been serviced, in October 2022, and the ice machine should have been cleaned per dietary cleaning log schedule. There was no facility policy regarding cleaning times for equipment in the kitchen.</p> <p>This State deficiency relates to complaint IN00401170.</p>				<p>5. Culinary Director and/or designee to audit cleaning logs for ice machine weekly for 4 weeks, biweekly for 4 weeks and monthly thereafter. When there is a problem the QA committee will be notified and will make recommendations for ongoing audits or the need for further education of staff.</p> <p>6. Date of compliance 2.25.2023</p>		