PRINTED: 05/16/2022 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING <u>00</u>		COMPLETED		
			B. WING			04/14/2022	
				CTDEET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF PROVIDER OR SUPPLIER							
VERMILLION PLACE			449 MAIN ST ANDERSON, IN 46016				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION			PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ΤF	COMPLETION
TAG			TAG		DEFICIENCY)	. =	DATE
R 0000							
Bldg. 00							
2.49.00	This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaints IN00373881 and		R 00	000	Preparation and/or execution o	of	
			10000		this Plan of		
	IN372780 complete	-			Correction in general or any		
	11.5,2,50 completed on 5,5/21.				corrective action set forth herein,		
				particular, does not constitute			
		(PSR) to the Investigation of	I I		an admission or agreement by		
	•	295 completed on 2/1/22.		Vermillion Place of the facts			
		•			alleged or the conclusions set		
	This visit was comp	oletd in conjunction a Post			forth in the statement of		
	Survey Revisit (PSI	R) to the Residential COVID-19			deficiencies The Plan of		
	Quality Assurance V	Walk Through completed on			Correction and the specific		
	12/15/21.				corrective actions are prepared	d	
					and/or executed solely becaus	e	
	Complaint IN00373	3881 - Not corrected.			of provisions of state laws.		
	Complaint IN00372	2780 - Not corrected.			Vermillion Place desires this P	lan	
					of Correction to be considered	the	
	Survey date: April	April 13 and 14, 2022 facility's Allegation of Compliance. Compliance is					
	Facility number: 01	11970			effective May 6, 2022. This building respectfully requests consideration for paper compliance from this Plan of		
	Residential Census:	25					
		and the state of t			Correction.		
		ntial Findings are cited in					
	accordance with 41	U IAC 10.2-3.					
	Quality review com	apleted on April 22, 2022.					
R 0273	410 IAC 16.2-5-5.	1(f)					
		nal Services - Deficiency					
Bldg. 00		ation and serving areas					
2.59.00		n residents ' units) are					
	, -	ordance with state and					
		id safe food handling					
	standards, includir	-					
		on, interview, and record	R 02	273	1. All residents have the poten	tial	05/06/2022
		ailed to ensure the dishwasher	102	213	to be affected by the alleged	uai	03/00/2022
					le 20 anotica by the anoged		

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

TITLE

(X6) DATE

Any defiency statement 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.

State Form Event ID: JHLT12 Facility ID: 011970 If continuation sheet Page 1 of 3

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

PRINTED: 05/16/2022 FORM APPROVED OMB NO. 0938-039

	AND PLAN OF CORRECTION X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		A. BU	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/14/2022	
NAME OF PROVIDER OR SUPPLIER					ADDRESS, CITY, STATE, ZIP COD		
VERMILLION PLACE			449 MAIN ST ANDERSON, IN 46016				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	DROVIDEDIC DI AN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION			TAG	DEFICIENCY)		DATE
		a sanitizing temperature of 180			deficient practice. The dishwa		
	"	(F) or more for 3 of 3		will be repaired to ensure the rinse		rinse	
	dishwasher operations observed (4/13-9:37 a.m.,			cycle reaches 180 degrees			
	4/14-9:25 a.m., 4/14- 10:16 a.m.). This deficient			Fahrenheit. We assume the			
	practice had the potential to impact 25 of 25			dishwasher will be repaired by			
	residents who reside in the facility.			May 6, 2022. If there is a problem			
					getting parts to repair the mad		
	Findings include:				it may take longer. The Dietary		
					Manager has been instructed,		
	During a 4/13/22, 9:37 a.m. kitchen sanitation tour				verbally, by the Administrator,		
	the "Dishwasher Temperature Log" was posted				fill out, or have a staff member		
	on the wall next to the dishwasher was blank and				out, the "Dishwasher Tempera		
	had no entries for the month of April 2022. After				Log", three times a day. This r	-	
	more than 3 attempts to reach temperature the				be done by either the tempera	ture	
	dishwasher could not reach a rinse temperature of				reading from the external		
	180 degrees Fahrenheit or greater. The highest				thermometer or by temperatur	е	
	rinse temperature reached at this time was 169				test strips. 2. All residents have the poter	tial	
	degrees F. During an interview on 4/13/22 at 9:39 a.m., the Dietary Manager indicated rinse				to be affected by the alleged	ıuaı	
		d be 150 degrees F or higher			deficient practice. The dishwa	shor	
	_	ares should be 180 degrees F or		will be repaired to ensure the rinse			
	_	_		cycle reaches 180 degrees			
	higher. He indicated the "Dishwasher Temperature Log" had not been completed			Fahrenheit. The Dietary Manager			
	because he was waiting for the temperature test				has been instructed, verbally,	90.	
	strips he had ordered to come in. He also				by the Administrator, to fill ou	t. or	
	indicated there was an external thermometer read				have a staff member fill out, th		
	out, which monitored internal water temperatures,				"Dishwasher Temperature Log		
	mounted on the outside on the dishwasher. He				three times a day. This may b		
	indicated these temperatures could have been				done by either the temperature		
	recorded on the "Dishwasher Temperature Log."				reading from the external		
					thermometer or by temperatur	e	
	During an observation on 4/14/22 at 9:25 a.m., the				test strips.		
	rinse water temperature on the dishwasher could				3. The Dietary Manager, or the	eir	
	not reach a temperature of greater than 173			designee, will check the			
	degrees.				"Dishwasher Temperature Loo	-	
					the end of their shift, to ensure		
	During an observation on 4/14/22 at 10:16 a.m.,				has been completed for the da	-	
	with the Dietary Manager operating the				it has not been completed, the	;	
	dishwasher, the rinse water temperature was 173				Dietary Manager, or their		
	degrees F. During an interview at this time the				designee, will contact the pers	on	

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

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	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE C A. BUILDING B. WING	onstruction 00	(X3) DATE SU COMPLET 04/14/2	TED		
NAME OF PROVIDER OR SUPPLIER VERMILLION PLACE			STREET ADDRESS, CITY, STATE, ZIP COD 449 MAIN ST ANDERSON, IN 46016					
	SUMMARY (EACH DEFICIENT REGULATORY OF Dietary Manager in to get the rinse water temperature of great additionally indicated would be acceptable that sanitized during he did not realize the the dishwasher indicated a rinse temperature fully sanitize the dishad not informed an order to have a tech for the cause of the The 4/2022 "Dishw was provided by the at 10:16 a.m., indicated a. The instruction in problems to your subtraction in problems to	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION dicated he had not been able er temperature to reach a ter than 173 degrees F. He ed he believed the temperature e because there was a soap g the wash cycle. He indicated e instructions on the side of cated the machine must reach of 180 degrees F in order to shes. Lastly he indicated, he enyone in administration in nician inspect the dishwasher low rinse temperatures. asher Temperature Log", which e Dietary Manager on 4/14/22 atted the following: adicated, "Report any pervisor." 13 was blank for all three meals lacked any documented water e breakfast meals. which were recorded each had r temperatures of less than 180 3/22-rinse 173 degrees F, e 173 degrees F, and Lunch degrees F. on on 4/14/22 at 12:08 p.m., cturer's instructions mounted e dishwasher indicated rinse must reach 150 degrees F and tures must reach 180 degrees F	449 M	AIN ST	crion JULD BE PROPRIATE The form Inperature So when I es. They I to the I re Log" Is followed Is, or their I res, will I res,	(X5) COMPLETION DATE		
	_	ic plan of correction.						

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