PRINTED: 12/18/2023 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER			(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 08/30/2023	
	ROVIDER OR SUPPLIER DOR OF MARION,		2452 W	ADDRESS, CITY, STATE, ZIP COD / KEM RD N, IN 46952		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	(X5) COMPLETION DATE	
R 0000						
Bldg. 00	This visit was for a Survey. Survey dates: Augu	State Residential Licensure st 29 and 30, 2023	R 0000			
Facility number: 010682 Residential Census: 80						
		80				
	These State Resider accordance with 410	ntial Findings are cited in 0 IAC 16.2-5.				
	Quality review com	pleted September 6, 2023.				
R 0273	410 IAC 16.2-5-5. Food and Nutrition	1(f) nal Services - Deficiency				
Bldg. 00	(excluding areas in maintained in acco	ation and serving areas n residents ' units) are ordance with state and d safe food handling ng 410 IAC 7-24.				
	Based on observation, interview, and record review, the facility failed to ensure food was cooked adequately to destroy pathogens when unpasteurized eggs were utilized in the preparation of soft-cooked eggs for 17 of 80 residents who resided in the facility. (Residents 3, 6, 9, 13, 17, 22, 26, 27, 31, 33, 34, 35, 46, 67, 79, and 80)		R 0273	R-0273 Based on observation, intervie and record review, the facility failed to ensure food was cook adequately to destroy pathoge when unpasteurized eggs wer utilized in the preparation of soft-cooked eggs for 17 of 80 residents who resided in the	ked ens	
	Finding includes:			facility. (Residents 3, 6, 9, 13, 22, 26, 27, 31, 33, 34, 35, 46, 70, and 20)		
	a.m., raw, whole un the walk-in refrigeratime of the observat	pasteurized shell eggs were in ator. During an interview at the ion, the Dietary Manager he raw whole unpasteurized		79, and 80) 1. What corrective action(s) will be accomplished those residents found to have	I	

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

(X6) DATE

TITLE

Cassandra Dixon Executive Director 12/12/2023

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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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONS		ONSTRUCTION	(X3) DATE	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING		00	COMPLETED		
			B. WING			08/30/2023		
				CTREET	ADDRESS CITY STATE ZID COD			
NAME OF P	PROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP COD / KEM RD			
WYNDMOOR OF MARION, LLC								
VV T INDIVIO	OUR OF MARION,	LLG		IVIARIO	N, IN 46952			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA			COMPLETION	
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION			TAG	DEFICIENCY)		DATE	
	shell eggs for makin	ng fried eggs like sunny side			been affected by the deficient			
	up (the egg is fried	on one side and the yolk is		practice?				
	completely liquid), and over easy eggs (the egg is							
	flipped when cooke	ed and the yolk is still runny),			The unpasteurized eggs were immediately disposed of and			
	and sometimes for s	scrambled eggs.						
					pasteurized eggs were droppe	ed		
	-	on 8/29/23 at 1:11 p.m., the			shipped from our food supplie	r		
	Dietary Manager in	dicated the raw whole			next day. The 17 residents wh	10		
	-	eggs were the only shell eggs			were potentially affected by th	iis		
		idents did not like the			deficient practiced voice no			
	pasteurized liquid e	ggs; she prepared the shell			complaints of discomfort after			
	eggs for them. She ordered the raw whole				eating unpasteurized eggs.			
	unpasteurized shell	eggs since she started the						
	dietary manager pos	sition in March. She had not			2. How will the facilit	:y		
	changed the type of eggs ordered when she				identify other residents having	the		
	started in her position. She was uncertain how				potential to be affected by the			
	many residents consumed breakfast in the facility.				same deficient practice and w	hat		
	She thought it was nearly everyone.				corrective action will be taken	?		
	During an interview	on 8/29/23 at 1:23 p.m., the			Facility will ensure that Dietary	у		
	Administrator indic	ated the raw shell eggs should			Manager will only order			
	be pasteurized. The Dietary Manager wa				pasteurized eggs, so no other			
	relatively new to the job and was probably				residents will be affected by the			
	unaware of the need for pasteurized eggs when				deficient practice.			
	preparing soft-cooked eggs.							
					3. What measures w	/ill		
	During an interview on 8/29/23 at 1:39 p.m., the Administrator indicated she did not have a policy				be put in place or what systen	nic		
					changes the facility will make	to		
	about pasteurized eggs. All the residents received				ensure that the deficient pract	ice		
	breakfast from the facility kitchen. Some residents				does not recur?			
	prepared food in the	eir rooms, but they still						
	received the facility	's meals.			The Administrator contacted t	he		
					Food Supplier and asked to h	ave		
	During an interview on 8/29/23 at 1:46 p.m., Dietary Cook 3 indicated she had worked in the				unpasteurized eggs removed			
					our ordering formulary. This w			
	facility for around two years and knew what the				ensure that unpasteurized egg	•		
	residents liked and ate. Many of the residents				are not available for ordering	in the		
	liked their eggs cooked with runny yolks so they				future.			
		t in the yolks. Fourteen						
	residents routinely	liked and received their eggs			4. How the corrective	е		

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

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		A. BUILDING <u>00</u>		COMPLE	X3) DATE SURVEY COMPLETED 08/30/2023		
NAME OF PROVIDER OR SUPPLIER WYNDMOOR OF MARION, LLC			STREET ADDRESS, CITY, STATE, ZIP COD 2452 W KEM RD MARION, IN 46952				
(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 CORRECTI (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE DPRIATE	(X5) COMPLETION DATE	
	(Residents 9 and 79 their eggs cooked so unaware unpasteuri	ver easy and two residents routinely received and liked unny side up. She was zed soft-cooked eggs could uthogens such as Salmonella.		action(s) will be monitored ensure the deficient practic not recur, i.e., what quality assurance program will be place; and	ce will		
	Dietary Cook 3 indi were 15 residents w over easy eggs (Res 31, 33, 34, 35, 36, 4	on 8/29/23 at 2:27 p.m., icated she miscounted, there who routinely liked and received sidents 3, 6, 13, 17, 22, 26, 27, 16, 67, and 80). Some of the lly ate eggs instead of the		Dietary Manager will subm weekly ordering receipts to Administrator for 6 months verify that no unpasteurize were ordered.	. To		
	two pieces of bacon day.	n scheduled. Resident 31 ate n and two "juicy" eggs every ent facility five-week menu,		By what date to systemic changes will be completed. Dietary Manager ensured to unpasteurized eggs were			
	provided by the Ad a.m., indicated on v served for breakfast Saturday, on week t served for breakfast Thursday, on week served for breakfast on week four eggs of breakfast on Tuesda five eggs of choice	ministrator on 8/29/23 at 10:01 week one eggs of choice were ton Monday, Thursday, and two eggs of choice were ton Sunday, Tuesday, and three eggs of choice were ton Wednesday and Friday, of choice were served for ay and Friday, and on week were served for breakfast on of choice were served a total of		discarded immediately, and pasteurized eggs were drown shipped next day. All dietal were educated on important pasteurized eggs and the phealth risks to residents.	pped ry staff nce of		
	Agriculture (USDA from Farm to Table https://www.fsis.us/handling-and-prepable#6, retrieved on "To be safe, eggs promptly refrigerate is also possible for	nited States Department of a) website page "Shell Eggs ," da.gov/food-safety/safe-food- ration/eggs/shell-eggs-farm-ta 8/31/23 at 12:57 p.m., indicated a must be safely handled, ed, and thoroughly cookedIt eggs to become infected by dis (SE) fecal contamination					

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

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TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	through the pores of	f the shells after they're laid.					
	SE can also be inside an uncracked whole egg						
	everyone is advised against eating raw or						
	undercooked egg yolks and whitesInfants,						
	young children, older adults, pregnant women,						
	and people with wea	akened immune systems are					
	particularly vulnera	ble to SE infections. A chronic					
	illness weakens the	immune system, making the					
	person vulnerable to	o foodborne illnesses"					
	_						

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