PRINTED: 06/05/2023 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION UNDERSTANDED X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155305		A. BU	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY  COMPLETED  05/05/2023		
NAME OF PROVIDER OR SUPPLIER  SKILLED CARING CENTER OF MEMORIAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP COD  800 W NINTH ST  JASPER, IN 47546				
(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
F 0000 Bldg. 00	This visit was for a Recertification and State Licensure Survey.  Survey dates: May 3, 4 and 5, 2023  Facility number: 000202  Provider number: 150115  AIM number: 100284870  Census Bed Type: SNF/NF: 11 Total: 11  Census Payor Type: Medicare: 10 Other: 1 Total: 11  This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.  Quality review completed on May 9, 2023.		F 00	F 0000  Credible Allegation of Compliance and Correction: Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law. For the purposes of any allegation that the facility is not in substantial compliance with Federal requirements of participation or State findings, this response and plan of correction constitutes the facility's allegation of compliance in accordance with the State		this on sion of the e se it of e at the or and the	
F 0812 SS=D Bldg. 00	483.60(i)(1)(2) Food Procurement,Sto §483.60(i) Food s The facility must §483.60(i)(1) - Pr approved or cons federal, state or le (i) This may inclu directly from loca applicable State s regulations.	re/Prepare/Serve-Sanitary safety requirements rocure food from sources sidered satisfactory by ocal authorities. de food items obtained			Operations Manual.		

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

(X6) DATE

TITLE

Cheryl Welp **Executive Director** 05/26/2023

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.

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: JZE111 Facility ID: 000202 If continuation sheet Page 1 of 5

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) M	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BU	A. BUILDING <u>00</u> COI		COMPL	ETED	
		155305	B. W			05/05/	05/05/2023	
		<u> </u>		CTDEET	ADDRESS, CITY, STATE, ZIP COD	<u> </u>		
NAME OF I	PROVIDER OR SUPPLIEF	₹						
SKILLED CARING CENTER OF MEMORIAL HOSPITAL				800 W NINTH ST JASPER, IN 47546				
OITILLL	OAKING CENTER	COL MEMORIAE HOOF HAE		JAOI L	1, 114 47 540			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX		ICY MUST BE PRECEDED BY FULL	BE PRECEDED BY FULL PREFIX		CROSS-REFERENCED TO THE APPROPRIATE		COMPLETION	
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION			TAG	DEFICIENCY)		DATE	
		ng produce grown in facility						
	1 -	to compliance with						
		owing and food-handling						
	practices.							
	(iii) This provision does not preclude residents							
	_	oods not procured by the						
	facility.							
	8483 60(i)(2) - Sta	ore, prepare, distribute and						
	• ,,,,	ordance with professional						
		·						
	standards for food service safety.  Based on observation and interview, the facility		F 0	R12	what corrective action(s) will be accomplished for those residents found to have been		05/17/2023	
	failed to ensure food was stored appropriately for		1 0	512			03/1//2023	
	1 of 1 kitchen observations. Food was not labeled							
	correctly and expired food was not disposed of				affected by the deficient			
	from the refrigerator and the freezer. Facial hair				practice;			
	was not covered in kitchen area. (Kitchen)				he findings from the survey or	า		
	Findings include:  On 5/3/23 at 9:24 A.M., the following was observed in the kitchen:			May 9, 2023 were corrected				
					follows as it relates to F812,			
					proper food labeling or date marking per policy at Memorial Hospital and Health Care Center.			
	Refrigerator:				-All food items which were not			
	an open bag of vegetables with an opened date of				properly marked were discard			
	4/25(no year)				and/or dated following the sur	-		
		ed green peppers unlabeled			-All caregivers were educated			
		edded carrots unlabeled			appropriate covering of utensi			
	an open bag of dice				food labeling and date marking	g on		
		ed greens unlabeled			Wednesday, May 17, 2023.			
	_	of diced potatoes with "pot" e wrote on covering			In-service training was provide			
	_	C			all in attendance. (Refer to Ex	nibit		
	opened date	of tuna salad without an			A) In addition, immediately upon			
	_	ner of cottage cheese with use			* *			
	by date of 3/2/23	iner or comage cheese with use			findings: -Vegetables with date of 4/25/	23		
		laying on the floor next to a			discarded.	_0		
		bly leaking onto the floor from			- Open bags of green peppers			
	milk cartons in a m	•			shredded carrots, diced celery			
	an open bottle of lemon juice without an open				mixed greens were labeled	,		
	date				according to policy.			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

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Facility ID: 000202

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) M	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING <u>00</u>		00	COMPLETED	
		155305	B. WING		05/05/	05/05/2023	
<u> </u>				STREET	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIE	R			NINTH ST		
SKILLED CARING CENTER OF MEMORIAL HOSPITAL					R, IN 47546		
	· C, II III O OLIVI LIV	CO. MEMORIAL HOOF HAL		0, (OI LI	1, 11, 11, 010		
(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		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	-	of cherries with open date of			- Diced potatoes, tuna salad,		
	7/20(no year)	1.			cottage cheese, cherries, app	le	
		pple juice without an open date			juice, fresh fruit, sweet pickle	sauce,	
		tainer of fresh fruit without an			relish, lime juice, soy sauce,		
	open date	of cantaloupe without an		Canadian bacon, cantaloupe, Hot		HOL	
		manufacturer's use by date of			dog buns were discarded.	ioo	
	5/1/23	manuracturer's use by date or			-Date placed on the mayonna for thirty days from the open d		
		of light mayonnaise with open			-Debris on floor corrected	ial <del>C</del> .	
	_	y and no manufacturer use by			immediately.		
	date visible	y and no mandiacturer use by			-The visibly soiled area due to	. a	
		of sweet pickle relish with			milk spill was properly cleaned		
		23 and a use by date of 3/7/23			Environmental Services.	аБу	
	_	me juice without an open date		-Lemon Juice corrected and dated.			
	an open bottle of soy sauce with opened date of				- were discarded from the walk-in		
	1/31(no year)				cooler.		
	1/2 of a large deli stick of Canadian bacon with an				- Facial hair covering correcte	d on	
	open date of 4/30(no year)				site.		
	Freezer:				-Facial hair coverings are prov	vided	
	1 bag of hot dog bu	ıns unlabeled			and caregivers educated on p		
	a container of sherb				attire. Facial hair coverings wi	-	
	Dry storage:			located next to hair nets for			
	1 uncovered bulk b	ox of forks on the bottom cart			reinforcement of safety code.		
	shelf				(Refer to Exhibit B)		
	1 uncovered bulk box of spoons on the bottom				· how other residents havin	ıg	
	cart shelf				the potential to be affected b	-	
	1 uncovered bulk box of knives on the bottom cart				the same deficient practice v	vill	
	shelf				be identified and what		
					corrective action(s) will be		
	On 5/4/23 at 11:21 A.M., Kitchen Staff 10 was			taken;			
	observed with an uncovered beard while plating			Reinforcement of current Food and			
	food.			Nutrition Infection Control policy in			
	0.5/4/02 +11.25 A.M. 4. 6.11				regards to date marking, corre		
	On 5/4/23 at 11:35 A.M., the following was observed in the kitchen:				labeling and completion of the		
					entire labeling process review		
	Refrigerator:	of diand matatage			and educated staff on 5/10/20		
	_	n of diced potatoes with "pot"			(Refer to Exhibit C) by Directo	or of	
	and an illegible date wrote on covering				Hospitality/ Food & Nutrition	-11	
	an unopened container of cottage cheese with use				Manager in Staff Huddle as w	ell as	
by date of 3/2/23		1		Department Meeting held on			

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 05/05/2023 155305 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 800 W NINTH ST SKILLED CARING CENTER OF MEMORIAL HOSPITAL JASPER, IN 47546 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE a wet, white towel laying on the floor under the 5/17/2023 (Refer to Exhibit A) milk crates containing milk cartons · what measures will be put Freezer: into place and what systemic 1 bag of hot dog buns unlabeled changes will be made to a full box containing bread items with 2 packages ensure that the deficient of hot dog buns on top with a manufacturer's use practice does not recur; by date of 3/23/23 Director of Hospitality or Food and a container of sherbet on the floor Nutrition Manager will address the Dry storage: following: 1 uncovered bulk box of forks on the bottom cart -All caregivers are educated in new hire orientation regarding 1 uncovered bulk box of spoons on the bottom Food and Nutrition policies. (Refer to Exhibit D) 1 uncovered bulk box of knives on the bottom cart -Reinforcement of current Food shelf and Nutrition policy in regards to date marking, correct labeling and During an interview on 5/3/23 at 9:24 A.M., the completion of the entire labeling Kitchen Manager indicated opened food items process reviewed. (Refer to Exhibit should have a label on them with a use by date. -Performance audits continue to During an interview on 5/3/23 at 9:30 A.M., the be completed daily, weekly and Kitchen Manager indicated that if a food was in monthly. it's original container, they would use the -The audits include monitoring and manufacturer's use by date and would not put a observation of food storage, label with an opened date on the food container. inventory process, date marking, expiration During an interview on 5/4/23 at 11:53 A.M., dates, sanitation and temperature Kitchen Staff 5 indicated she was not sure about recording. (Exhibit F) utensils needing to be covered in the storage **Date of Correction completed:** 5/17/23 room. During an interview on 5/5/23 at 9:27 A.M., the Kitchen Manager indicated all hair should be in a hair net and facial hair should be covered when staff was in the kitchen area and staff should be monitoring the food items in the kitchen and disposing of expired items daily. At that time she indicated that there was a lot of new staff in the kitchen. She also indicated that usually weekly,

monthly, and as needed, staff would perform

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

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SELVERIS TO A MEDICINE & MEDICINE SERVICES								
STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING 00			COMPLETED		
		155305	B. WING		05/05	/2023		
			<del></del>	<u> </u>				
NAME OF P	ROVIDER OR SUPPLIER	•		Γ ADDRESS, CITY, STATE, ZIP COD				
TWINE OF T	NO VIDER OR SOLVEILL		800 V	/ NINTH ST				
SKILLED CARING CENTER OF MEMORIAL HOSPITAL			JASPER, IN 47546					
(X4) ID	CHMMADV	STATEMENT OF DEFICIENCIE	ID			(X5)		
PREFIX	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B		` ′		
			PREFIX	CROSS-REFERENCED TO THE APPROPI		COMPLETION		
TAG		LISC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE			
		food items were covered,						
	labeled, and stacked	l correctly on shelves to thaw.						
	She would expect o	pen food to be covered and						
	labeled with what the	ne item was, what date it was						
	opened, when to use	e it by, and the initials of who						
	opened it.	•						
	opened it.							
	A current Food and Nutrition Infection Control							
	policy, revised 5/20							
	*	5/23 at 10:20 A.M., indicated "						
		ls are stored properly, covered,						
	· ·	ccordingly Foods shall be						
	labeled with the following information: item, date,							
	use by date, and initials. Food shall be discarded							
	after seven days of	refrigeration certain foods						
	such as milk and/or	cream based food will be						
	discarded within three days "							
·								
	3.1-21(i)(2)							
	3.1-21(i)(2) 3.1-21(i)(3)							
	3.1-21(1)(3)							
			1	I		1		

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