

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

PRINTED: 05/10/2022
FORM APPROVED
OMB NO. 0938-0391

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 04/13/2022	
NAME OF PROVIDER OR SUPPLIER PORTAGE MANOR HEALTH CARE FACILITY				STREET ADDRESS, CITY, STATE, ZIP CODE 3016 PORTAGE AVE SOUTH BEND, IN 46628			
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00373137, IN00377425 and IN00377456.</p> <p>Complaint IN00373197 - Substantiated. State Residential Findings related to the allegations are cited at R0273.</p> <p>Complaint IN00377425 - Substantiated. State Residential Findings related to the allegations are cited at R0273.</p> <p>Complaint IN00377456 - Substantiated. State Residential Findings related to the allegations are cited at R0088.</p> <p>Survey date: April 12 & 13, 2022</p> <p>Facility number: 001143</p> <p>Residential Census: 114</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed 4/19/22.</p>		R 0000				
R 0088 Bldg. 00	<p>410 IAC 16.2-5-1.3(c)(1-2)(d)(1-2) Administration and Management - Noncompliance</p> <p>c) The licensee shall:</p> <p>(1) appoint an administrator with either a: (A) comprehensive care facility administrator license as required by IC 25-19-1-5(c); or (B) residential care facility administrator license as required by IC 25-19-1-5(d); and (2) delegate to that administrator the authority to organize and implement the</p>						

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 that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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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	<p>day-to-day operations of the facility.</p> <p>(d) The licensee shall notify the director:</p> <p>(1) within three (3) working days of a vacancy in the administrator's position; and</p> <p>(2) of the name and license number of the replacement administrator</p> <p>Based on observation, record review and interview, the facility failed to ensure the current administrator and the previous interim administrator were licensed. The deficient practice potentially affected all 114 residential residents.</p> <p>Finding includes:</p> <p>During the initial entrance conference, conducted on 04/12/2022, between 10:30 A.M. and 11:00 A.M., the Director of Nursing Services (DON), Employee 2 and Employee 3 indicated the facility Administrator, Employee 1 had taken the day off. A copy of Employee 1's license was requested.</p> <p>Review of the copy of the license provided for Employee 1, on 04/12/2022 at 11:50 P.M., indicated Employee 1 had a current Registered Nursing license. During an interview with Employee 1 and Employee 3, conducted on 04/12/2022 at 2:00 P.M., they indicated Employee 3 had been appointed as the "Interim" administrator prior to Employee 1's employment, initiated on February 14, 2022. When Employee 3 was queried as to how long he had been the interim administrator, he indicated since September 11, 2021 when the previous licensed administrator had left. Employee 3 confirmed he did not have an Administrator's license but had been actively "working" on obtaining his license. Employee 1 indicated the "board" was aware she was not a licensed</p>	R 0088	<p>This Plan of Correction is Portage Manor's credible allegation of compliance. It is the intention of Portage Manor to be in complete compliance with all Federal and State guidelines. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the state deficiencies. The plan of correction is prepared and/or executed because provisions of federal and state law require it.</p> <p>R 088 - Administration and Management - Noncompliance</p> <p>1 - What corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>The licensee shall appoint an administrator with either an HFA or RCA license and delegate the authority to</p> <p>organize and implement the day-to-day operations of the facility.</p>		05/10/2022		

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	<p>administrator when they appointed her to the position of Administrator. She indicated the president of the board, now the county attorney, had spoken with someone at the Indiana State Department of Health (IDOH) and he was advised by the unnamed person at IDOH to "get the process started ASAP." Documentation regarding the conversation was requested on 04/12/2022 but no documentation was provided with any specific information.</p> <p>During an interview with Employee 1, conducted on 04/13/2022 at 10:00 A.M., she indicated the facility did not have a policy regarding the need for the Administrator to be licensed by the State.</p> <p>This state residential finding relates to complaint IN00377456.</p>			<p>The licensee shall notify the director within three working days of a vacancy in the administrator's position; and provide the name and license number of the replacement administrator.</p> <p>2 - How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</p> <p>No further residents would be affected due to the action taken in number 1.</p> <p>3 - What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:</p> <p>The licensee will ensure a licensed administrator is hired and retained on staff or will notify the director with three working days of a vacancy in the administrator's position and the name and number of the replacement administrator.</p> <p>4 - How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</p>			

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R 0273 Bldg. 00	<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 observation, record review and interview, the facility failed to ensure the kitchen, dry storage area and resident microwave were maintained in clean and sanitized manner.</p> <p>Finding includes:</p> <p>During a tour of the facility kitchen, conducted on 04/12/2022 between 10:47 A.M. through 11:15 A.M., the following was observed:</p> <p>The inside bottom of the stand up freezer in the kitchen was noted to be dirty with a red substance with a brown substance stuck to it.</p> <p>The dry storage area was noted to have multiple rooms with windows. Dead bugs and dust was noted in the window sills and on top of the dry</p>		R 0273	<p>The licensee will liaison with the Director of Human Resources to be notified immediately or any separation of service of the Portage Manor Administrator and St. Joseph County.</p> <p>5 - By what date the systemic changes will be completed:</p> <p>May 10, 2022</p> <p>R 273 - Food and Nutritional Services - Deficiency</p> <p>1 - What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>The findings of the inspection on 4/12/2022 have been added to a new weekly, bi-weekly and monthly cleaning schedule.</p> <p>New pans and pots have been ordered.</p> <p>I, the Food Service Director, or my designee will monitor the</p>		05/10/2022	

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	<p>storage food items/boxes closest to the windows. In addition, paper and dust debris were noted on the floors of the dry storage rooms underneath the wooden pallets. A big plastic rolling bin, containing oatmeal was noted to have dead bugs on top of it.</p> <p>The top shelf of a wall cabinet, located in the kitchen, adjacent to the steam table, utilized to store insulated lunch bags and lunch boxes for residents, had cobwebs and visible dust in the corners.</p> <p>The walls and ceilings above the steam table, wooden wall cabinet and stand up freezers was noted to have visible dust and cobwebs.</p> <p>Three rolling plastic bins, utilized to store flour, bread and sugar were noted to be visibly dirty on the outside with splattered food and dried crumbs.</p> <p>A metal shelving unit, utilized to store clean cooking pans, was noted to have multiple visible areas of rust.</p> <p>Two large sheet cake type pans, one large shallow steam table pan, one large stock pot and one cupcake pan were noted to have been put away as clean with visible black debris and/or dried food splatters.</p> <p>The shelves of a metal cabinet with sliding doors, utilized to store cooking pans, was noted to have a build up of dust and crumbs.</p> <p>The metal surface behind the stove top burners and griddle was noted to have a build up of a black and dark yellow greasy substance.</p>		<p>cleaning schedules closely to make sure we are keeping up and obeying state regulations.</p> <p>I, the Food Service Director, have scheduled a meeting to educate my staff on proper cleaning rules.</p> <p>2. - How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</p> <p>I, the Food Service Director or my designee will monitor a schedule to maintain regulatory practices.</p> <p>3. - What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:</p> <p>I, the Food Service Director or my designee will follow new or updated schedules for a six-month minimum period to determine compliance.</p> <p>4. - How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>I, Food Services Director or my designee will monitor the corrective practice for a minimum of a six-month period.</p>				

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	<p>The inside of the convection oven had a very heavy build up of a dark yellowish/brown substance.</p> <p>There was a build up of dust noted on the outside of the kitchen exhaust hood.</p> <p>The deep fryer was noted to have a build up of a greasy substance and there was a large build up of greasy substance on the outside of the convection oven that was next to the deep fryer.</p> <p>A resident microwave, located in the dining room adjacent to the kitchen, was very discolored and had a large build up of splattered food on the sides and top and a black fuzzy substance in some spots on the microwave inside top.</p> <p>A policy regarding kitchen sanitation was requested on 04/13/2022 at 9:00 A.M. A blank cleaning schedule by job description was provided by the FSS on 04/13/2022 at 10:00 A.M. Review of the daily cleaning schedule, obtained from the Food Service Supervisor on 04/13/2022 at 10:00 A.M., indicated the stove top, convection ovens, refrigerators, microwave, drawers, and deep fryer were to be wiped out and cleaned daily and freezers were to be cleaned every other day. There was no cleaning schedule specific to the dry storage areas of the kitchen.</p> <p>During an interview with the Food Service Supervisor, on 04/12/2022 during the tour of the kitchen, she indicated some residents had "jobs" and occasionally utilized the insulated lunch boxes. She also verified the microwave to utilize for residents was in the adjacent resident dining room.</p> <p>This state residential finding relates to</p>		<p>5. - By what date the systemic changes will be completed:</p> <p>May 10, 2022</p>				

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