STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155171	A. BUILDING 00 B. WING	12/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
FRANKLIN MEADOWS	1285 W JEFFERSON ST FRANKLIN, IN 46131

(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: November 28, 29, 30, December 1 and 2, 2022 Facility number: 000087 Provider number: 155171 AIM number: 100289890 Census Bed Type: SNF/NF: 77 Total: 77 Census Payor Type: Medicare: 5 Medicaid: 62 Other: 10 Total: 77 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed December 6, 2022.	F 0000	Please find enclosed the Plan of Correction to the annual survey, Survey Event ID M8MJ11, that was conducted on December 2, 2022, resulting in an F-580 Citation, an F-758 citation, and an F-812 citation. This letter is to inform you that the plan of correction attached is to serve as Franklin Meadow's credible allegation of compliance. We allege compliance on 12/30/2023. Submission of this plan of correction does not constitute an admission by Franklin Meadows or its management company that the allegations contained in the survey report are a true and accurate portrayal of nursing care and other services in this facility. Nor does this provision constitute an agreement or admission of the survey allegations. We cordially ask for a desk review of these alleged deficient practices.	
F 0580 SS=D Bldg. 00	483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Decline/Room, etc.) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part,			

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	and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). Based on observation, interview, and record review, the facility failed to ensure the physician was notified when there was a change in condition for 1 of 2 residents reviewed for oxygen therapy. (Resident 71) Findings include: On 11/28/22 at 1:19 p.m., observed Resident 71 in her room resting on her bed. Resident 71 was observed to not be utilizing any oxygen therapy (a medical treatment known as supplemental oxygen which could attain or maintain healthy oxygen levels). Next to Resident 71's bed side table, an oxygen concentrator machine (a machine that takes in air from the room and filters out the nitrogen which provides a higher amount of oxygen needed for oxygen therapy) was observed. The oxygen concentrator was observed to not be turned on. On 11/29/22 at 11:23 a.m., observed Resident 71 in her room resting on her bed. Resident 71 was observed to not be utilizing any oxygen therapy. Next to Resident 71's bed side table, an oxygen concentrator machine was observed. The oxygen concentrator was observed to not be turned on. On 11/30/22 at 2:10 p.m., Resident 71 was observed walking in the hall with the Physical Therapist and did not exhibit any respiratory distress. Resident 71 was observed to not be utilizing any oxygen therapy. On 11/30/22 at 2:20 p.m., observed Resident 71 in her room resting on her bed. Resident 71 was	F 0580	I. Facility met with Physician and received order to discontinue oxygen order for resident #71 as it is no longer needed. Resident notified of discontinuation and medical record and care sheet updated to reflect changes. II. All residents have the potential to be affected by the alleged deficient practice. Other residents have been reviewed by DNS/designee for oxygen therapy to determine there has not been a significant change that would involved notification to physician and resident. Any issues identified were corrected. III. Education will be provided to clinical staff regarding notification of changes regarding oxygen therapy that must occur to ensure the physician, resident, and/or responsible party are notified. DNS/Designee will round each shift to ensure oxygen therapy is being provided per physician order IV. The DON/Designee will audit, see attachment A for audit tool, 5 random residents clinical record per week to ensure there has not been a significant change or event that requires physician/resident notification. Any issues identified will be corrected. This auditing will occur	12/30/2022

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	observed to not be utilizing any oxygen therapy and did not exhibit any respiratory distress. Next to Resident 71's bed side table, an oxygen concentrator was observed. The oxygen concentrator was observed to not be turned on. On 11/30/22 at 3:00 p.m., Resident 71's clinical record was reviewed. The diagnoses included, but were not limited to, acute respiratory failure with hypoxia (low blood oxygen levels) and a history of COVID 19. Physician orders included, but were not limited to: Continuous oxygen at 3 liters per nasal cannula, start date of 10/28/22 with no end date indicated. Change oxygen tubing and humidity, clean concentrator and filter weekly, start date of 10/28/22 with no end date indicated. Oxygen saturation (the amount of oxygen circulating in your blood), start date of 10/28/22 with no end date indicated. Resident 71's care plan, initiated on 10/28/22 and current through 2/13/23, indicated, "Resident is at risk for impaired gas exchange related to acute respiratory failure with hypoxia, COVID 19, oxygen dependent ...oxygen 3L per NC [3 liters per nasal cannula]." The Admission MDS (Minimum Data Set) Assessment, dated 11/2/22, indicated Resident 71 was moderately cognitive impaired and was receiving oxygen therapy. The current CNA (Certified Nursing Assistant) assignment / task sheet (specific care instructions for Resident 71) indicated "Oxygen 3L per NC."		for 5 residents per week for 4 weeks; then, monthly thereafter totaling 12 months of monitoring.	

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	On 12/1/22 at 11:45 a.m., the Director of Nursing Services (DNS) provided a copy of the November 2022 Vitals Report. A review of the document indicated 44 of 60 shifts (12-hour shifts per day) where no oxygen therapy was administered to Resident 71 as directed by the physician's order for continuous oxygen at 3 liters per NC. The document indicated the oxygen saturation levels ranged between 95%-99% during that same time frame. During an interview on 11/30/22 at 2:25 p.m., Resident 71 indicated she had not used any oxygen for "several weeks and was not sure why they [staff] still had the box [concentrator] in her room." During an interview on 11/30/22 at 2:30 p.m., Licensed Practical Nurse 3 indicated Resident 71 was admitted to the facility with a physician's order for continuous oxygen. Since early November, Resident 71's oxygen saturation levels have been stable and she had not needed any oxygen therapy. During an interview on 12/1/22 at 11:10 a.m., the Director of Nursing Services (DNS) indicated Resident 71 was admitted to the facility on continuous oxygen due to COVID-19. Resident 71 recovered from COVID-19 and the oxygen saturation levels had been stable since early November. The physician should have been updated regarding Resident 71's change in condition and to clarify the need for continuous oxygen therapy. During an interview on 12/1/22 at 1:30 p.m., the DNS indicated the facility lacked a physician's notification for a change in resident condition policy.			

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	3.1-5(a)(3)			
F 0758 SS=D Bldg. 00	483.45(c)(3)(e)(1)-(5) Free from Unnec Psychotropic Meds/PRN Use §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as			

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	provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. Based on interview and record review, the facility failed to ensure that as needed anti-anxiety medication had a stop date for 1 of 6 residents reviewed for unnecessary medications. (Resident 26) Finding includes: On 11/28/22 at 11:18 A.M., Resident 26's clinical record was reviewed. A Significant Change MDS (Minimum Data Set) assessment, dated 9/30/22, indicated Resident 26 had moderate cognitive impairment and a diagnosis of unspecified anxiety disorder. The Physician's Orders included, but were not limited to. Xanax (an anti-anxiety medication) 0.25 mg (milligrams), once daily as needed for anxiety, started on 9/26/22. The order lacked a stop date for the medication. A Pharmacy Consultation Report, dated 9/26/22, included, but was not limited to, a recommendation that Resident 26 had a PRN (as needed) order for Xanax without at stop date. The report stated: "If the medication cannot be	F 0758	I. PRN Xanax for Resident #26 was discontinued on 12/02/2022 after facility collaborated with physician. Resident was then notified of medication change. II. All residents that utilize PRN psychotropic medication have the potential to be affected by this alleged practice. All residents with PRN psychotropic medications were reviewed to ensure a stop date was placed 14 days from initial order. Any issues identified were immediately corrected. III. Education will be provided to clinical staff regarding residents who utilize PRN psychotropic meds must always have a stop date present with order. Education will also be provided on the importance for the facility to help reduce the use of psychotropic medications if appropriate for the resident. IDT will review all new orders for	12/30/2022

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	discontinued at this time, current regulations require that the prescriber document the indication for use, the intended duration of therapy, and the rationale for the extended time period." At the bottom of the report, the physician had checked the box which stated, "I decline the recommendation(s) above and do not wish to implement any changes due to the reasons below" and "keep until psych eval" was written in with the physician's signature. A Pharmacy Consultation Report, dated 10/26/22, included, but was not limited to, a repeated recommendation from 9/26/22: Resident 26 had a PRN order for Xanax without a stop date. The report stated: "If the medication cannot be discontinued at this time, current regulations require that the prescriber document the indication for use, the intended duration of therapy, and the rationale for the extended time period." At the bottom of the report, where the physician would accept or decline the recommendation, the report was blank. During an interview on 12/2/22 at 12:30 P.M., the DON (Director of Nursing) indicated that Resident 26's Xanax PRN order, dated 9/26/22, lacked an end date for the medication. On 12/2/22 at 11:45 A.M., the DON provided a copy of the Psychotropic Management policy, dated October 2022, and indicated it was the current policy in use by the facility. A review of the policy indicated that, "PRN orders for other psychotropic drugs [besides antipsychotic medications] are limited to 14 days unless it is deemed appropriate to use longer by the physician or prescribing practitioner. The prescriber must document their rationale in the medical record including the duration ..."		PRN antianxiety medication to ensure a stop date is provided IV. The DON/Designee will audit, see attachment B for audit tool, 5 residents on psychotropic medications per week to ensure there was a stop date placed 14 days from initial order and if the medication was extended there is appropriate physician documentation. Any issues identified will be corrected. This auditing will occur for 5 residents per week for 4 weeks; then, monthly thereafter totaling 12 months of monitoring.	

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	3.1-48(a)(2)			
F 0812 SS=E Bldg. 00	483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. Based on observation, interview, and record review, the facility failed to ensure food was served in a sanitary manner for 4 of 4 kitchen observations. The handwashing sink was not accessible or functional, food was not covered, food was not dated, the dishwashing machine temperature gauge was broken, staff hair was not covered, fans were dirty, boxes were thrown on the ground out the back door, scoops were stored in bulk food containers.	F 0812	I. All identified deficient practices in the kitchen were corrected. The hand washing sinks were cleaned are accessible and in working order, hand washing soap dispensers are filled and in working order, paper towel dispensers were filled, staff toilet was cleaned and repaired. Identified food – condiment cups, tomato soup, coleslaw, pears, cherry crip were discarded. Staff	12/30/2022

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	Findings include: 1. On 11/28/22 from 9:55 a.m. to 10:40 a.m., during the initial kitchen tour with the DM (Dietary Manager) the following was observed: a. The sink/hand washing station, located just inside the kitchen area and next to the dish machine was observed. The sink contained a drainpipe, an unidentifiable spray can, and a hand soap dispenser. The sink was observed to not be connected to a drainpipe. No working hand soap dispenser was observed near the sink area. b. The sink/hand washing station, located across the kitchen near the rear exit door, next to the three-compartment sink area and near the food preparation area, was observed. In front of the sink area, multiple filled and emptied boxes of various supplies were observed and prevented staff from reaching the sink area, hand soap dispenser, paper towel dispenser, or trash can. The soap dispenser was observed to be empty, and the paper towel dispenser was not in working order. c. The only other sink/hand washing station was in the kitchen's staff restroom, located just inside the kitchen area near the dish machine area. Inside the poorly lit restroom, the following was observed: - multiple gallon jugs of various cleansers were within two feet from the front of the sink area; - a sink was located approximately four feet from the restroom door; the sink area and the faucet handles had multiple dark colored stains and an unknown dark substance adhered to the unit; - the paper towel dispenser was not in working order and no paper towels were available for use; - the hand soap dispenser was located on the wall		are wearing hair nets and facial hair is covered. Fans were cleaned, boxes on ground were discarded, scoops are stored properly. Food with improperly stored scoops were discarded. The dish washer temperature thermostat was replaced by an outside vendor and is working appropriately. The fans were cleaned. II. All residents have the potential to be affected by this alleged practice. All handwashing sinks in the kitchen were cleaned and repaired as necessary, dish washing machine was repaired, all food in all refrigerators were inspected to ensure proper covering and labeling, all fans were cleaned, all boxes were removed from back door, all containers were inspected to ensure no scoops were stored in food bins by the dietary manager/designee. III. An in-depth education will be provided to dietary staff on kitchen/environmental safety, kitchen sanitation, acceptable temperature ranges, and retail food establishment sanitation requirements by Johnson County Dietary manager/designee will observe during each meal for the proper functioning of the dish machine, accessibility of sinks, food is stored and labeled properly, fans are cleaned, scoops are not stored in food containers,	

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	next to the paper towel dispenser; - the trash can was next to the sink and was approximately four feet from the restroom door; - approximately four feet from the sink area (and six feet from the restroom door) was the toilet area; the toilet seat lid and the toilet water tank lid were observed on the floor next to the toilet. At the back of the toilet bowl, an unknown black substance was observed; and - no trash can was available near the restroom door. During an interview at that time, the DM indicated the kitchen sink/hand washing station (located next to the dish machine) had been broken for "awhile" and the hand washing stations should be accessible and equipped with supplies for staff to use. d. Outside of the kitchen's rear exit door, approximately 20 boxes that had not been collapsed were observed on the ground. An unidentified staff member was observed opening the rear kitchen door, without exiting the kitchen, the staff person tossed an empty box onto the pile of boxes. No staff members were visible in the area at that time. During an interview at that time, the DM indicated staff were break-down the cardboard boxes and place them into the dumpster container. e. The walk-in refrigerator unit was observed and was located approximately 15 feet outside of and detached from the facility (kitchen area). The following food items were observed on a shelf in the refrigerator unit: - one tray that contained 5 small condiment cups of an unknown food item were observed to not be covered or labeled with a date or name of food		and staff hair is properly covered and boxes are properly discarded. IV. The ED/Designee will utilize dietary QA tools, see attachment C for audit tool, to ensure kitchen is maintaining compliance. Any issues identified will be immediately corrected. This auditing will occur for 5 times per week for 4 weeks; then, monthly thereafter totaling 12 months of monitoring.	

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	items; - one partially opened 46-ounce can of Campbell tomato juice was observed. The can was approximately half full of tomato juice and about ¼ of the metal lid was still attached to the can. The food item lacked a tight-fitting lid and a label indicating when the item was opened. The following food items were observed on the food cart within the walk-in refrigerator and lacked a cover and a label to indicate the food type and date for when it was placed into the refrigerator: - one tray with approximately 70 small condiment cups of ketchup; - one tray with 35 small cups of slaw; - two trays each with 30 small cups of pears; and - 1 tray with 20 small cups of cherry crisp. During an interview at that time, the DM indicated the foods were to be kept covered and labeled. The food carts are used to transport the foods from inside the facility kitchen to the walk-in refrigerator unit (a detached unit from the facility) and then transported back inside to the kitchen as needed. f. In the dry food storage area, located near the kitchen's rear exit door, the following was observed: - An unlabeled large plastic bulk container was approximately 1/3 filled with a white powdery substance and contained a metal scoop inside the container which was partially covered by the food item. The container was observed to not be closed or labeled. - An unlabeled large plastic bulk container was approximately ½ filled with a white substance. The contained was observed to not be closed or labeled. - A 16-ounce bag of small marshmallows was			

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	observed on a shelf. The bag was ½ full of marshmallows and the bag was observed to not be closed. During an interview at that time, the DM indicated the food containers were to be kept closed and no scoops were to be left in the bulk containers. g. The dish machine area was observed. The temperature gauge's glass covering was observed to be broken as half of the glass was missing from the gauge unit. The temperature gauge registered 80 degrees Fahrenheit. Hot steam was observed coming from the dish machine during the wash and rinse cycles. The DM was observed using the laser thermometer to check the temperature which read 120 degrees Fahrenheit. During an interview at that time, the DM indicated he was unsure how long the dish machine temperature gauge had been broken. The November 2022 Low Temperature Dish Machine Temperature/Sanitizer Log was observed hanging on the wall near the dish machine. A review of the log indicated daily for each meal, staff were to initialize and record the wash temperature, rinse temperature, and sanitizer results. The document lacked any data beyond the noon meal on November 16, 2022. During an interview at that time, the DM indicated staff were to complete the dish machine temperature log daily for each meal service. 2. On 11/28/22 from 12:10 p.m. to 12:30 p.m., during a follow-up kitchen visit, the following was observed: a. The sink/hand washing station, located just			

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	155171	A. BUILDING 00 B. WING	12/02/2022

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	inside the kitchen area and next to the dish machine was observed. The sink contained a drainpipe, an unidentifiable spray can, and a hand soap dispenser. The sink was observed to not be connected to a drainpipe. b. The DM was observed walking through out the kitchen area where the noon meal was being prepared. The DM was observed to have facial hair, approximately ½ inch in length, between the facial mask and his ears. The facial hair was observed to not be covered. c. Dietary Aide 4 was observed walking through out the kitchen where the noon meal was being prepared. Dietary Aide 4 was observed delivering clean plates, bowls, and utensils to the steam table where the noon meal was being plated. Dietary Aide 4 was observed wearing a baseball cap. Below the cap and in front of the ears, Dietary Aide 4's hair, approximately 1 inch in length, was observed to not be covered. d. Cook 5 was observed walking through out the kitchen area where the noon meal was being prepared and was observed taking the noon meal starting temperatures. Cook 5 was observed wearing a baseball cap. Below and in front of the ears Cook 5's hair, approximately 2 inches in length, was observed to not be covered. During an interview, at that time, the DM indicated all staff hair was to be covered while in the kitchen. 3. On 11/28/22 from 12:40 p.m. to 12:50 p.m., during a following up kitchen visit, the following was observed: a. The sink/hand washing station, located just			

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	inside the kitchen area and next to the dish machine was observed. The sink contained a drainpipe, an unidentifiable spray can, and a hand soap dispenser. The sink was observed to not be connected to a drainpipe. b. A 24-inch oscillating fan was observed attached to the wall, approximately 18 inches from the ceiling and located near the dish machine, stove, and food preparation table area. The fan's blade cover, blades, and electrical cord were observed to be covered with dust and black colored grime-like particles. c. A 24-inch oscillating fan was observed attached to the wall, approximately 18 inches from the ceiling and located near the three-compartment sink area, food preparation table area, the kitchen's rear exit door and dry storage room. The fan's blade cover, blades, and electrical cord were observed to be covered with dust and black colored grime-like particles. d. A 24-inch box fan was observed on the floor at the doorway near the dry storage room and was facing the kitchen's food preparation table area. The fan's blade cover, blades, and electrical cord were observed to be covered with dust and black colored grime-like particles. During an interview at that time, the DM indicated the fans were "dirty" and were to be cleaned monthly. e. On 11/29/22 at 1:43 p.m., the walk-in refrigerator unit was observed and was located approximately 15 feet outside of and detached from the facility (kitchen area). Inside the walk-in refrigerator on the food cart, 9 small condiment cups filled with mayonnaise were observed. The food items			

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	lacked a cover and a label to indicate the food type and date for when it was placed into the refrigerator. 4. On 11/29/22 at 1:50 p.m., during a follow up kitchen observation, the following was observed: a. The sink/hand washing station, located just inside the kitchen area and next to the dish machine was observed. The sink contained a drainpipe, an unidentifiable spray can, and a hand soap dispenser. The sink was observed to not be connected to a drainpipe. b. A 24-inch oscillating fan was observed attached to the wall, approximately 18 inches from the ceiling and located near the dish machine, stove, and food preparation table area. The fan's blade cover, blades, and electrical cord were observed to be covered with dust and black colored grime-like particles. c. A 24-inch oscillating fan was observed attached to the wall, approximately 18 inches from the ceiling and located near the three-compartment sink area, food preparation table area, the kitchen's rear exit door and dry storage room. The fan's blade cover, blades, and electrical cord were observed to be covered with dust and black colored grime-like particles. During an interview on 11/29/22 at 1:55 p.m., the DM indicated the kitchen staff were assigned specific cleaning duties based on their job assignments. The DM was responsible for the "heavy cleaning, such as cleaning the fans." During an interview on 12/1/22 at 1:21 p.m., the DM indicated the sink/hand washing station, located near the dish machine, "fell" off the wall			

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	along with the soap dispense "a while back." The replacement sink had not been completely installed yet. The sink was not available to be used. The DM indicated he had not had time to complete the deep cleaning in the kitchen. On 11/28/22 at 11:20 a.m., the DM provided a copy of the November 2022 Low Temp Dish Machine Temperature/Sanitizer Log. A review of the log indicated daily for each meal, staff were to initialize and record the wash temperature, rinse temperature, and sanitizer results. The document lacked any data beyond the noon meal on November 16, 2022. On 11/29/22 at 2:30 p.m., the Administrator provided an undated copy of the Kitchen Cleaning Schedule and indicated it was the "November 2022" cleaning schedule in use by the facility. A review of the document indicated staff were to document (by using their initials) when each task was completed. The document lacked any staff initials or any checks to indicate the task had been completed. The document indicated, "... [dietary] Aides...Cooks...hand washing sink...garbage disposal...take trash out..." On 11/30/22 at 8:30 a.m., the DNS (Director of Nursing Services) provided a copy of the Recording Dish Machine Temperatures/Sanitizer policy, dated November 2022, and indicated it was the current policy in use by the facility. A review of the policy indicated, "...dishwashing staff will monitor and record dish machine temperatures and /or sanitizer concentration to assure proper sanitizing of dishes...staff will be trained to record dish machine temperatures for wash and rinse cycles and the sanitizer concentration...temps will be monitored and recorded before running dishes for each meal period...temperatures should be			

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	observed routinely anytime dish machine is in operation to ensure temperature adequacy...the Culinary Manager will spot check these logs to ensure the temperatures/sanitizer concentrations are appropriate...dishwashing staff will be trained to report any problems with the dish machine temperature and/or sanitizer concentration to the Culinary Manager as soon as they occur...Culinary Manager will promptly assess any dish machine problems and take corrective action to assure appropriate cleaning and sanitizing of dishes..." On 11/30/22 at 8:30 a.m., the DNS provided a copy of the Food Storage policy, dated October 2017, and indicated it was the current policy in use by the facility. A review of the policy indicated, "...the dietary supply store room is the center of control by maintaining the quality of products ...containers with tight-fitting covers must be used for storing...sugar...bulk foods...all containers must be accurately labeled and dated ...scoops are not stored in the food containers...refrigerated, ready-to-eat...foods...shall be clearly marked with the date the original container is opened and the date by which the food shall be consumed or discarded...items include mayonnaise...ketchup...label these items when opened and use or dispose...all foods should be covered or wrapped tightly, labeled and dated..." On 11/30/22 at 8:30 a.m., the DNS provided a copy of the Cleaning and Sanitizing policy, dated October 2017, and indicated it was the current policy in use by the facility. A review of the policy indicated, "...cleanliness and sanitation of the kitchen is of utmost importance to ensure safe food handling and meal service...the Food Service Manager shall post a cleaning schedule in the kitchen and assign cleaning responsibilities to			

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	assure timely cleaning of all areas and equipment...the areas...walls, ceilings and light fixtures shall be kept free of...dirt and dust...food storage areas shall be kept well organized..." On 11/30/22 at 8:30 a.m., the DNS provided a copy of the Food Handling policy, dated November 2015, and indicated it was current policy in use by the facility. A review of the policy indicated, "...all food preparation and serving areas shall be maintained in accordance with state and local sanitation standards, food handling, food preparation, and meal service...everyone entering the kitchen shall wear hair nets..." On 12/1/22 at 2:55 p.m., a review of the retail Food Establishment Sanitation Requirements Title 10 IAC 7-24, effective November 13, 2004, indicated: "...refrigerated, ready to eat, potentially hazardous food prepared...shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises...discarded...covered containers, or wrappings...wrap food tightly to prevent cross contamination...working containers holding food or food ingredients that are removed from their original packages for use in the retail food establishment, such as...flour...sugars...shall be identified with the common name of the food...handles above the top of the food within containers or equipment that can be closed, such as...sugar...food employees shall wear hair restraints ...hair coverings or nets, beard restraints ...that are designed and worn to wear effectively keep their hair from contacting...exposed food...receptacles and waste handling units for refuse, recyclables and returnables shall be kept covered with tight-fitting lids or doors if kept outside...accumulation of debris...are minimized...effective cleaning is facilitated around...the unit..."			

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