

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155188	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/30/2022
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NAME OF PROVIDER OR SUPPLIER GREENFIELD HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 200 GREEN MEADOWS DR GREENFIELD, IN 46140
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00376467.</p> <p>Complaint IN00376467 - Substantiated. Federal/State deficiencies related to the allegations are cited at F812 and F925.</p> <p>Survey date: March 30, 2022</p> <p>Facility number: 000099 Provider number: 155188 AIM number: 100291140</p> <p>Census Bed Type: SNF/NF: 125 Total: 125</p> <p>Census Payor Type: Medicare: 14 Medicaid: 96 Other: 15 Total: 125</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on April 5, 2022</p>	F 0000	Greenfield healthcare center is requesting paper compliance.	
F 0812 SS=F Bldg. 00	<p>483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by</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 other safeguards 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 disclosed 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>federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(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.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>Based on observation, interview and record review, the facility failed to ensure proper food storage related to expired foods in the main kitchen and maintain overall cleanliness in the kitchen. This had the potential to affect all 125 residents that reside in the facility.</p> <p>Findings include:</p> <p>An observation of the kitchen was conducted with the Dietary Manager (DM), on 3/30/22 at 12:00 p.m. The DM indicated food deliveries come on Tuesdays and Saturdays. The storage refrigerator had 25 small cartons of chocolate milk with a use by date of 3/29/22. The DM removed the container of the chocolate milk cartons and obtained another container that contained 25 chocolate milk cartons. They also had a use by date of 3/29/22. There was a container of cranberry juice with a use by date of 3/15/22 and a plate labeled "deli" with 3 cheeses, wrapped, and a use by date of 3/14/22. One of the cheeses was</p>	F 0812	<p>F 812</p> <p>Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: All residents have the potential to be affected by this alleged deficient practice.</p> <p>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: All residents have the potential to be affected by this alleged deficient practice.</p> <p>Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: Health Care Services Group or designee</p>	04/25/2022

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	<p>observed to be unwrapped and utilized for lunch service.</p> <p>The main refrigerator was observed with 25 containers of chocolate milk with a use by date of 3/29/22 and a container of bacon with a use by date of 3/28/22. There was a box labeled bacon that was stacked on top of a bag of coleslaw, a box of shredded cheese, and a box of broccoli. These items were stacked and located in the middle of the refrigerator, on the floor.</p> <p>In the hallway, located just outside of the main refrigerator and freezer, there were 2 trash bins with lids present. There was trash located on top of the lids that contained empty boxes and empty cans. One box was labeled ground beef and had a brown/dark red discoloration to the box. There were also 2 cigarette butts on the floor of that hallway.</p> <p>The dry storage room was observed with numerous boxes from a food delivery the day prior, 3/29/22. The boxes were stacked and located in the middle of the room on the floor. There were numerous cans of soda, can of mixed fruit, and debris on the floor underneath the shelving of the dry storage. There was a brown and white substance on the floor where the container labeled brown sugar and flour were located above.</p> <p>An interview with DM, on 3/30/22 at 12:30 p.m., indicated the kitchen was short staffed. The cleaning tasks do not always get completed. They haven't gotten around to putting away the food delivery from the day prior, 3/29/22, and any outdated food should be discarded.</p> <p>A policy titled "Food Storage: Cold Foods", revised 4/2018, was provided by the Director of</p>		<p>will re-educate the dietary staff on the following policies: Food Storage: Cold foods, Food Storage: Dry Goods, and Environment. Healthcare Services Group, Inc-Dining Services Policy and Procedure Manual</p> <p>How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The following audits / observations will be conducted by the Dietary Manager or designee 2 times per week times 8 weeks, then monthly times 4 months to ensure compliance:</p> <ol style="list-style-type: none"> 1). Observe to ensure all items are properly labeled and dated. 2). Observe dry storage area, refrigerator, and freezer to ensure all items are off the floor and organized and stock is put up timely. 3). Observe kitchen for cleanliness and ensure dietary aides are performing their routine cleaning schedule. <p>The results of the audit observations will be reported, reviewed and trended for compliance thru the facility Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.</p>	

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F 0925 SS=F Bldg. 00	<p>Nursing (DON) on 3/30/22 at 5:22 p.m. The policy indicated the following, "...1. All food items will be stored 6 inches above the floor...5. All foods will be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination...."</p> <p>A policy titled "Food Storage: Dry Goods", revised 9/2017, was provided by the DON on 3/30/22 at 5:22 p.m. The policy indicated the following, "...1. All items will be stored on shelves at least 6 inches above the floor...4. The Dining Services Director or designee regularly inspects the dry storage area to ensure it is well lit, well ventilated and not subject to sewage or wastewater back flow or contamination by condensation, leakage, rodents or vermin...."</p> <p>A policy titled "Environment", revised 9/2017, was provided by the DON on 3/30/22 at 5:22 p.m. The policy indicated the following, "...1. The Dining Services Director will ensure that the kitchen is maintained in a clean and sanitary manner, including floors, walls, ceilings, lighting, and ventilation...4. The Dining Services Director will ensure that a routine cleaning schedule is in place for all cooking equipment, food storage areas, and surfaces...6. All trash will be contained in covered, leak-proof containers that prevent cross contamination...."</p> <p>This Federal tag relates to Complaint IN00376467.</p> <p>3.1-21(i)(2) 3.1-21(i)(3)</p> <p>483.90(i)(4) Maintains Effective Pest Control Program §483.90(i)(4) Maintain an effective pest control program so that the facility is free of</p>			

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	<p>pests and rodents.</p> <p>Based on observation, interview and record review, the facility failed to ensure an effective pest control program related to mitigation efforts to minimize the potential for pests and flying insects. This had the potential to affect all 125 residents that reside in the facility.</p> <p>Findings include:</p> <p>An observation was conducted of the kitchen on 3/30/22 at 12:00 p.m. There were 2 basketball sized puddles of water pooling next to the oven but no signs of pests. The dishwashing room noted the following:</p> <ul style="list-style-type: none"> - A pooling of water located by the 3-compartment sink with a black and white film of a substance located on the floor underneath the 3-compartment sink. - A pooling of water located underneath the dishwasher along with a gray substance with sediment located underneath as well. - A dead insect was located underneath the dishwasher. - A soiled linen cart that was overfilled with various amounts of soiled linen to where the lid was off and unable to be closed. <p>An interview conducted with Dietary Staff 2, on 3/30/22 at 12:20 p.m., indicated there was a previous concern with cockroaches but he hasn't seen any for a "couple of months". Dietary Staff 2 proceeded to wash his hands and he bumped into the soiled linen cart. When the soiled linen cart moved there were approximately 7 flying insects that flew out and around the soiled linen cart.</p> <p>An interview conducted with the Dietary Manager</p>	F 0925	<p>F-925</p> <p>Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: All residents have the potential to be affected by this alleged deficient practice.</p> <p>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: All residents have the potential to be affected by this alleged deficient practice.</p> <p>Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: Dining service director or designee will re-educate the dietary staff and Maintenance Director on the following policy: Pest Control on 3/30/22. Kitchen was deep cleaned and power washed on 3/30/22. All soiled linens were removed immediately. High Rock Pest Control performed indoor and outdoor sweep to identify any high risk areas. Any areas of concern were immediately addressed. Maintenance Director re-educated on pest control logs.</p> <p>How the corrective measures will be monitored to ensure the alleged deficient practice does</p>	04/25/2022
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	<p>(DM), on 3/30/22 at 12:30 p.m., indicated the kitchen was short staffed. The cleaning tasks do not always get completed. DM identified the dead insect as a cockroach. During the interview with DM, there was an insect crawling up the wall by the sink located in the dishwashing room. DM identified the live insect as a cockroach. There have been concerns with the drain not functioning for the dishwasher and causing water to pool underneath the dishwasher. This had been going on for the last week, or so. The pipe underneath the 3-compartment sink will leak overnight and she was unsure why. It's been like that for "a while".</p> <p>An interview with the Maintenance Director, on 3/30/22 at 2:05 p.m., indicated he believed the drain to the dishwasher was fixed a week or so ago and wasn't made aware of any further concerns from the kitchen staff until 3/30/22. The DM told him there appears to still be leaks in the kitchen. The MD has seen pests previously that consisted of ants and one cockroach. The cockroach was located by vending area in close proximity to the kitchen.</p> <p>An interview with Pest Control Employee 4, on 3/30/22 at 2:58 p.m., indicated any water sources need to be fixed because cockroaches need water frequently to live. That would include any drips or leaks to avoid any pooling of water.</p> <p>A work order for pest control, dated 10/8/21, indicated "Roach flushed the laundry room. Will need a follow up".</p> <p>A work order for pest control, dated 11/1/21, indicated "kitchen and laundry say roaches are getting better".</p>		<p>not recur: The following audits / observations will be conducted by the Dietary Manager or designee daily for 1 month, then 2 times per week for 1 month, then weekly for 2 months to ensure compliance:</p> <p>1.) Observe kitchen for cleanliness and ensure dietary aides are performing their routine cleaning schedule.</p> <p>2.) Observe kitchen for any repairs needed and ensure appropriate personnel are notified timely with any concerns.</p> <p>3.) Review Pest Control Logs and kitchen to ensure no pests are observed. Maintenance Director will ensure High Rock Pest Control is notified if pests are identified to ensure immediate action is taken.</p> <p>The results of the audit observations will be reported, reviewed and trended for compliance thru the facility Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.</p>		

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

PRINTED: 04/20/2022

FORM APPROVED

OMB NO. 0938-039

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	<p>A work order for pest control, dated 12/1/21, indicated "2 Roaches found in the [name of unit] pantry under fridge and one in the cabinets".</p> <p>A work order for pest control, dated 3/23/22, indicated the laundry, employee lounge, and the dining/vending area was treated for roaches.</p> <p>A policy titled "Pest Control", revised 9/2017, was provided by the Director of Nursing on 3/30/22 at 5:22 p.m. The policy indicated the following, "...2. All food preparation, service, and storage areas will be monitored regularly for any signs of pest/vermin. The center staff will be notified immediately of any concerns...."</p> <p>This Federal tag relates to Complaint IN00376467.</p> <p>3.1-19(f)(4)</p>			