

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 01/22/2020	
NAME OF PROVIDER OR SUPPLIER RITTENHOUSE VILLAGE AT PORTAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 6235 STERLING CREEK RD PORTAGE, IN 46368			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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	
R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: January 22, 2020</p> <p>Facility number: 012396</p> <p>Residential Census: 92</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on 1/23/20.</p>		R 0000	<p>The following is the Plan of Correction for the Rittenhouse Village at Portage in regards to the Statement of Deficiencies dated January 22, 2020. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.</p>			
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.</p> <p>Based on observation and interview, the facility failed to store and prepare food under sanitary conditions related to grease and food build up on</p>		R 0273	<p>1. What corrective actions will be accomplished for those residents found to have been</p>		02/22/2020	

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>the griddle, deep fryer, and the sides of the stove, grease and burned food inside the convection oven and on the doors, food crumbs and debris under the steam table and on the dry food storage floor, the walk in cooler, and the freezer floor, as well as staff not wearing hair covering in the kitchen for 1 of 1 kitchens. (The Main Kitchen)</p> <p>Findings include:</p> <p>1. During the Brief Kitchen Tour with the Culinary Director on 1/22/20 at 9:40 a.m., the following was observed:</p> <p>a. There was a heavy accumulation of grease and burned food inside the top convection oven and on the inside of both doors. The outside of the oven was also dirty with food crumbs.</p> <p>b. The stove top grates were dirty and the outside of both ovens were sticky to touch. The back splash on the stove had a heavy accumulation of dried grease.</p> <p>c. The sides of the griddle, deep fryer, and stove were greasy with food spillage.</p> <p>d. There was a heavy accumulation of grease and dried food on the deep fryer, top of the griddle, and on the back splash of both.</p> <p>e. There was an accumulation of food crumbs under the steam table on the shelves.</p> <p>f. There was an accumulation of food crumbs and dirt on the freezer floor, the walk in cooler floor, and the dry food storage room floor.</p> <p>Interview with the Culinary Director at that time, indicated all of the above was in need of</p>		<p>affected by deficient practice?</p> <p>1a – The convection oven was cleaned on 01/29/2020 including inside, both doors and outside.</p> <p>1b – Stove was cleaned on 01/27/2020</p> <p>1c – Sides of deep fryer, griddle and stove were cleaned on 01/31/2020</p> <p>1d – Griddle and deep fryer sides and backsplash were cleaned on 01/31/2020</p> <p>1e – Steam table shelves were cleaned on 01/22/2020</p> <p>1f – Freezer floor, walk in cooler, and dry storage were cleaned on 01/23/2020</p> <p>2 – Dietary Aide 1 and 2 were counseled on the hair net policy on 01/23/2020</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> <ul style="list-style-type: none"> All residents have the potential to be affected <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 occur</p> <ul style="list-style-type: none"> Culinary Director will review/revise cleaning schedules to include all areas of concern. Culinary Director will re-educated all Food service employees on Sanitation policy 				

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

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	<p>cleaning.</p> <p>2. On 1/22/20 at 11:10 a.m., Dietary Aide 1 was observed going in and out of the kitchen without a hair restraint. At that time, prepared food was already on the steam table, as staff were prepping meal trays for the residents.</p> <p>Interview with Dietary Aide 1 at that time, indicated she thought she could enter the kitchen up to a certain point without wearing a hair restraint.</p> <p>At 11:15 a.m., Dietary Aide 2 entered the kitchen with no hair restraint.</p> <p>Interview with the Dietary Aide 2 at that time, indicated she just came back from break and did not have one on.</p> <p>Interview with the Culinary Director on 1/22/20 at 11:17 a.m., indicated all the staff should have a hair restraint on when they enter the kitchen door.</p>		<p>and procedures and cleaning lists on February 6, 2020.</p> <ul style="list-style-type: none"> All Staff will be re-educated on the Hairnet Policy on February 7, 2020. <p>4. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put in place</p> <ul style="list-style-type: none"> Culinary Director or designee will perform environmental rounds in the Food Service department daily x 30 days. If 100% compliance, rounds will be reduced to weekly x 4 then monthly. Executive Director or designee will do rounds weekly x 4 then monthly Culinary Director will audit cleaning schedule check off sheets daily x 30 days and if 100% compliance will be reduced to weekly x 4. Audit tools will be reviewed for compliance at the weekly managers meeting. 				