

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155303 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | (X3) DATE SURVEY COMPLETED 01/16/2024 |
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| NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY SHAKAMAK RETIREMENT COMM | | | STREET ADDRESS, CITY, STATE, ZIP COD 800 E OHIO ST JASONVILLE, IN 47438 | |
| (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) |
| F 0000 Bldg. 00 | <p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: January 9, 10, 11, 12 and 16, 2024</p> <p>Facility number: 000200 Provider number: 155303 AIM number: 100367980</p> <p>Census Bed Type: SNF/NF: 37 Total: 37</p> <p>Census Payor Type: Medicare: 1 Medicaid: 28 Other: 8 Total: 37</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed January 23, 2024.</p> | | F 0000 | <p><i>February 1, 2024</i></p> <p><i>To : Long Term Care Director Attention Brenda Buroker Indiana State Department of Health 2 North Meridian Street, Indianapolis, IN 46204</i></p> <p><i>Re: Good Samaritan Society Shakamak Retirement Comm CCN/Provider Number: 155303</i></p> <p><i>AIM Number: 100367980 Facility ID: 000200</i></p> <p><i>This letter comes to you as a request for paper compliance to the facility's Recertification and State Licensure Survey dated January 9th through January 16th 2024.</i></p> <p><i>The facility received 3 deficiencies which were low scope and severity in nature</i></p> <p><i>The facility feels it has corrected the deficiencies and submits to the department the following proof of corrections.</i></p> <p><i>Please see the uploaded</i></p> |

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

TITLE

(X6) DATE

Deborah E Davis

HFA

02/01/2024

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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| F 0623 SS=D Bldg. 00 | <p>483.15(c)(3)-(6)(8)</p> <p>Notice Requirements Before Transfer/Discharge</p> <p>§483.15(c)(3) Notice before transfer.</p> <p>Before a facility transfers or discharges a resident, the facility must-</p> <ul style="list-style-type: none"> (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. <p>§483.15(c)(4) Timing of the notice.</p> <ul style="list-style-type: none"> (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- <ul style="list-style-type: none"> (A) The safety of individuals in the facility would be endangered under paragraph (c)(1) (i)(C) of this section; | | | <p><i>corrections.</i></p> <p><i>Sincerely,</i></p> <p><i>Deborah E Davis, Health Facility Administrator 812-665-2226</i></p> |

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| | <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <ul style="list-style-type: none"> (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, | | | |

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| | <p>codified at 42 U.S.C. 15001 et seq.); and</p> <p>(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure</p> <p>In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).</p> <p>Based on interview and record review, the facility failed to ensure the written notification required for a transfer and discharge was given to the resident and the resident representative for 1 of 1 resident reviewed for hospitalization. (Resident 25)</p> <p>Findings include:</p> <p>On 1/11/24 at 10:00 a.m., Resident 25's clinical record was reviewed. The diagnosis included, but</p> | F 0623 | <p>Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of 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</p> | 02/02/2024 |

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| | <p>was not limited to malignant neoplasm (abnormal growth of cells) of the brain.</p> <p>Resident 25's progress notes indicated the resident was sent to the hospital on 11/16/23 and 11/23/23. The clinical record lacked documentation of written notification of the Transfer and Discharge forms being provided to the resident and the resident representative.</p> <p>During an interview on 1/12/24 at 11:52 a.m., the Director of Nursing indicated the Notice of Transfer or Discharge forms were not sent to the resident representative in writing and they had not kept a copy of the forms that would have went with the resident to the hospital.</p> <p>On 1/16/24 at 1:07 p.m., the Clinical Care Coordinator provided the facility policy, "Admission, Transfer and Discharge Team-Rehab/Skilled," with a revised date of 7/26/23, and indicated this was the policy currently being used by the facility. A review of the policy did not indicate sending a notice of Transfer and Discharge form with the resident and resident representative when the resident was transferred to the hospital.</p> <p>3.1-12(a)(6)(A)(i) 3.1-12(a)(6)(A)(ii)</p> | | | <p>purposes of any allegation that the facility is not substantial compliance with Federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with 7305 of the State Operations Manual</p> <p>F 623 Notice Requirements Before Transfer/Discharge</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident # 25 no longer resides in the facility.</p> <p>As of 1-17-24 the facility will ensure that a residents' responsible will be notified by phone that a written notice of the Transfer/Discharge paperwork is being mailed to them and if any questions about the notification of Transfer/Discharge form arise that the facility is available to answer any questions.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>Residents who are transferred from the facility have the potential to be affected.</p> <p>Residents who were transferred from the facility 30 days prior to 1/16/24 have been</p> |

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| | | | | <p>audited and the written Transfer/Discharge paperwork mailed to their responsible party, any questions that arise will be from the responsible parties will be discussed and the acknowledgement of the residents' responsible party understanding is received.</p> <p>What Systemic Changes will be put into place?</p> <p>The Interdisciplinary Team (IDT), Quality Assurance Committee and Licensed Nursing Staff were re-educated regarding the facility's new procedure for the Notice of Transfer/Discharge process, this was completed from 1/17/2024 through 1.25.2024. Members of the IDT and Quality Assurance Committee are Administrator, Director of Nursing, Clinical Care Leader, MDS Coordinator, Social Service Designee, Health Information Manager, Dietary Manager, Plant Operations Manager and the Medical Director.</p> <p>Residents that are transferred from the facility will be reviewed in the Clinical morning meeting by the IDT to ensure the responsible party has received written notice of transfer, if written notification has not been given the Director of Nursing will promptly mail the written Notification of Transfer/Discharge and call/leave message for the responsible party that they will be receiving this</p> |

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| F 0625 SS=D Bldg. 00 | 483.15(d)(1)(2) Notice of Bed Hold Policy Before/Upon Trnsfr §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing | | | <p>notification in the mail. How will the Systemic Changes be monitored?</p> <p>The Director of Nursing or her Designee will be responsible for auditing that the written Notification of Transfer/Discharge paperwork has been issued to the residents' responsible party and that such actions are recorded in the medical record of the resident.</p> <p>These audits will be completed 5 times a week for 3 weeks and then weekly for 3 months. Results of these audits will be discussed in the facility's monthly Quality Assurance meeting and will be deemed in compliance when corrective actions reach 100 % , if the threshold of 100% has not been reached, the Administrator will re-evaluate and revise the existing POC action plan.</p> <p>Date of Compliance: 02-02-2024</p> |

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| | <p>facility;</p> <p>(ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;</p> <p>(iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and</p> <p>(iv) The information specified in paragraph (e) (1) of this section.</p> <p>§483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. Based on interview and record review, the facility failed to ensure the notification of the bed-hold policy required for a resident who transferred to the hospital was provided in writing to the resident or the resident representative for 1 of 1 resident reviewed for hospitalization. (Resident 25)</p> <p>Findings include:</p> <p>On 1/11/24 at 10:00 a.m., Resident 25's clinical record was reviewed. The diagnosis included, but was not limited to, malignant neoplasm (abnormal growth of cells) of the brain.</p> <p>Resident 25's progress notes indicated the resident was sent to the hospital on 11/16/23 and 11/23/23. The clinical record lacked documentation of the written notification that specified the facility's bed-hold policy had been provided to the resident or the resident representative.</p> | F 0625 | <p>Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of 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 substantial compliance with Federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with 7305 of the State Operations Manual</p> <p>F 625 Notice of Bed Hold Policy Requirements Before</p> | 02/02/2024 |

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| | <p>During an interview on 1/12/24 at 11:52 a.m., the Director of Nursing indicated the bed-hold policy forms were not sent to the resident representative in writing and they had not kept a copy of the forms that would have went with the resident to the hospital.</p> <p>On 1/16/24 at 12:39 p.m., the Clinical Care Coordinator provided the facility policy, "Bed-Hold-Rehab/Skilled," with a revised date of 12/18/22, and indicated this was the policy currently being used by the facility. A review of the policy indicated, "... POLICY: At the time of ... transfer ... the location will provide written information to the resident or resident representative that specifies: 1. The duration of the state bed-hold policy ... 2. The reserve bed payment policy in the state plan ... 3. The location's policies regarding bed-hold periods permitting a resident to return ..."</p> <p>3.1-12(a)(25) 3.1-12(a)(26)</p> | | | <p>Transfer/Discharge</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident # 25 no longer resides in the facility.</p> <p>As of 1-17-24 the facility will ensure that a residents' responsible will receive the Bed Hold Policy in written form by mail when being transferred/discharged from the facility</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>Residents who are transferred from the facility have the potential to be affected.</p> <p>Residents who were transferred from the facility 30 days prior to 1/16/24 have been audited and the written Bed Hold Policy paperwork mailed to their responsible party, any questions that arise will be from the responsible parties will be discussed and the acknowledgement of the residents' responsible party understanding is received.</p> <p>What Systemic Changes will be put into place?</p> <p>The Interdisciplinary Team (IDT), Quality Assurance Committee and Licensed Nursing Staff were re-educated regarding</p> |

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| | | | | <p>the facility's procedure for ensuring that the facility's Bed Hold Policy be given to the resident or residents' responsible party, this was completed from 1/17/2024 through 1.25.2024. Members of the IDT and Quality Assurance Committee are Administrator, Director of Nursing, Clinical Care Leader, MDS Coordinator, Social Service Designee, Health Information Manager, Dietary Manager, Plant Operations Manager and the Medical Director.</p> <p>Residents that are transferred from the facility will be reviewed in the Clinical morning meeting by the IDT to ensure the responsible party has received the Bed Hold Policy, if notification has not been given the Director of Nursing will promptly mail a copy of the written Bed Hold Policy and call/leave message for the responsible party that they will be receiving this notification in the mail.</p> <p>How will the Systemic Changes be monitored?</p> <p>The Director of Nursing or her Designee will be responsible for auditing that a copy of the written Bed Hold policy paperwork has been issued to the residents' responsible party and that such actions are recorded in the medical record of the resident.</p> <p>These audits will be completed 5 times a week for 3 weeks and then weekly for 3</p> |

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| F 0812 SS=E 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 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. Based on observation, interview, and record review, the facility failed to ensure food was stored and prepared in a sanitary manner for 3 of 3</p> | | F 0812 | <p>months. Results of these audits will be discussed in the facility's monthly Quality Assurance meeting and will be deemed in compliance when corrective actions reach 100 % , if the threshold of 100% has not been reached, the Administrator will re-evaluate and revise the existing POC action plan.</p> <p>Date of Compliance: 02-02-2024</p> <p>Preparation and execution of this response and plan of correction does not constitute an admission</p> |

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| | <p>observations of the kitchen. Pre-prepared beverages and foods were uncovered, unlabeled, and undated and staff hair was not covered by a hair covering. (Dietary Manager, Dietary Manager In Training, Dietary Aide 1)</p> <p>Findings include:</p> <p>1. On 1/9/24 from 9:55 a.m. to 10:42 a.m., during the initial kitchen tour with the DM (Dietary Manager) the following was observed:</p> <ul style="list-style-type: none"> - The standing glass refrigerator in the facility kitchen was observed to contain 3 trays of uncovered, unlabeled, and undated individually pre-poured cups of a white, brown, orange, and red liquid and additionally one tray of individual bowls of red gelatin with white topping. - The walk-in refrigerator unit at the end of the serving station was observed to have 2 trays of uncovered, unlabeled, and undated individual pre-poured cups of white, brown, orange, and red liquid, as well as red gelatin with white topping. - The main dining hall had one unlabeled and undated pitcher of pink liquid on a self-service drink counter. - The Dietary Manager In Training (DM-IT) was observed walking through out the kitchen area while the noon meal was being prepared. The DM-IT was observed to have hair, approximately 1 inch in length, at the nape of the neck, and around the front of face that was not covered by hair covering. - The DM was observed walking through out the kitchen while the noon meal was being prepared. The DM was observed to have hair, approximately | | | <p>or agreement by the provider of the truth of 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 substantial compliance with Federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with 7305 of the State Operations Manual</p> <p>F 812 Food Procurement Store/Prepare/Serve-Sanitary</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Food Safety will be maintained by ensuring food is stored, prepared in a sanitary manner.</p> <p>Ensure beverages and foods are individually covered, labeled, and dated.</p> <p>Hair nets will be properly worn to encase hair in its entirety, to include any facial hair.</p> <p>The Dietary Manager in training has been enrolled in a Safe Serve class which is being held the first week of February, other dietary staff will be enrolled</p> |

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| | <p>1 inch in length, at the nape of the neck. The hair was observed to not be covered by hair covering.</p> <p>- Dietary Aide (DA) 1 was observed walking through out the kitchen while the noon meal was being prepared. DA 1 was observed delivering clean plates, bowls, and utensils to the steam table in anticipation of the noon meal. DA 1 was observed to have hair, approximately 1 inch in length, at the nape of the neck, and around front of face to not be covered by hair covering.</p> <p>- Cook 2 was observed taking the noon meal starting temperatures. Cook 2 was observed to have approximately ½ inch in length of facial hair not covered by facial hair covering.</p> <p>2. On 1/10/24 from 11:10 a.m. to 11:50 a.m., during a follow-up visit to the kitchen, the following was observed:</p> <p>- The standing glass refrigerator in the facility kitchen was observed to contain one tray of premade cups of white and red liquid and half of a tray of yellow pudding with white topping. The items were observed to be uncovered, unlabeled, and undated.</p> <p>- The walk-in refrigerator contained one deep metal baking dish with standing liquid at the bottom, 4 empty cups laying on the side at the bottom of baking dish, and 12 uncovered beverages upright containing white, brown, and red liquid.</p> <p>- DA 1 was observed walking around the kitchen area where the noon meal was being prepared. DA 1 was observed to be bringing dirty dishes to the dishwasher area. DA 1 was observed to have hair, approximately 1 inch in length, at the nape of the</p> | | | <p>in next 2 classes that are being scheduled.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>Residents who are being served food/beverages from the facility kitchen have the potential to be affected.</p> <p>Beverages and foods are being observed during random times of the day for proper storage, use of lid coverings, dating and labeling of items. New cups and lids were ordered and received on 1.18.24</p> <p>Hairnet usage is being observed, new circumference fitting hairnets were received on 1.17.24, these hairnets are gathered around the nape of the neck area and heavy duty which are a better fit for longer hair. Beard hairnets are available and being used properly.</p> <p>Dietary staff were re-educated on 1.17.24 and 1.30.24 on the proper guidelines to ensure food-beverages are being stored, labeled, and dated in a sanitary manner.</p> <p>What Systemic Changes will be put into place?</p> <p>Dietary Manager or her</p> |

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| | <p>neck, and around front of face that was not covered by hair covering.</p> <p>- The DM was observed walking throughout the kitchen while the noon meal was being prepared. The DM was observed to have hair, approximately 1 inch in length, at the nape of the neck that was not covered by a hair covering.</p> <p>3. On 1/11/24 from 11:10 a.m. to 11:50 a.m., during a follow-up visit to kitchen, the following was observed:</p> <ul style="list-style-type: none"> - The standing glass refrigerator in the facility kitchen was observed to contain one tray of premade cups of white liquid that was uncovered, unlabeled and undated. - The walk-in refrigerator contained one tray of premade cups of white, and brown liquid with aluminum foil covering one fourth of the tray, the remainder of the tray was uncovered with aluminum foil creased and folded over. - The DM-IT was observed walking throughout the kitchen area while the noon meal was being prepared. The DM-IT was observed to have hair, approximately 1 inch in length, at the nape of the neck that was not covered by hair covering. <p>During an interview with the DM on 1/9/24 at 10:20 a.m., she indicated that foods and drinks were to be kept covered, dated, and labeled and all staff hair was to be completely covered while in the kitchen.</p> <p>During an interview with DA 1 on 1/9/24 at 10:30 a.m., she indicated that any remaining foods or drinks, or premade food or drinks should be covered, labeled, and dated.</p> | | | <p>Designee will complete a daily checklist to include labeling, dating and proper storage of food/beverages, proper use of hair net coverings.</p> <p>Dietary Manager will immediately report any non-compliance, identified employee will go through one-on-one education with the Administrator and any further issues of reported compliance will result in the start of the disciplinary process, to include termination if deemed necessary.</p> <p>Administrator held mandatory meeting with dietary staff on 1-30-24, to review findings of the audit process, their progress thus far and any suggestions/questions staff wanting to bring forth. Immediate resolutions being put into place. How will Systemic Changes be monitored?</p> <p>The Dietary Manager or her Designee will be responsible for the completion of the sanitation review of the kitchen at random times during and after meal service, any issues will be brought forth to the Administrator for correction</p> <p>These audits will be completed 5 times a week for 3 weeks and then weekly for 3 months. Results of the sanitation audits will be discussed in the facility's monthly Quality Assurance meeting and will be</p> |

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| | <p>During an interview on 1/11/24 at 10:15 a.m., she indicated the cups of liquid, bowls of dessert should have been covered, labeled, and dated to ensure freshness and to identify the beverages and dessert. She further indicated that all hair must be covered with a hair covering.</p> <p>On 1/16/24 at 11:25 a.m., the Clinical Coordinator provided the "Food-Supply Storage-Food and Nutrition Services" policy revised 5/11/23, and indicated it was the policy currently being used by the facility. A review of the policy indicated, "... refrigerated items shall be covered, labeled indicating product name, and dated [month/day/year] product was received or prepared ... all pre-dished items must be covered, labeled, and dated. ..."</p> <p>On 1/16/24 at 11:25 a.m., the Clinical Coordinator provided the facility policy, "Food and Nutrition Employee hygiene and dress code - Food and Nutrition Services" policy with a revised date of 6/13/23, and indicated it was the policy currently used 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 ..."</p> <p>On 1/16/23 at 1:55 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 ... food</p> | | | <p>deemed in compliance when corrective actions reach 100 % , if the threshold of 100% has not been reached, the Administrator will re-evaluate and revise the existing POC action plan.</p> <p>Date of Compliance: 02-02-2024</p> |

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| | employees shall wear hair restraints ... hair coverings or nets, beard restraints ... that are designed and worn to effectively keep their hair from contacting ... exposed food ..." 3.1-21(i)(2) 3.1-21(i)(3) | | | | |