

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

PRINTED: 07/13/2023

FORM APPROVED

OMB NO. 0938-039

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 <b>06/27/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MCKINNEY PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3901 HIGH STREET RD LOGANSPOORT, IN 46947</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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: June 26 and 27, 2023</p> <p>Facility number: 004441</p> <p>Residential Census: 39</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review was completed on June 30, 2023.</p>	R 0000		
R 0274  Bldg. 00	<p>410 IAC 16.2-5-5.1(g)(1-3) Food and Nutritional Services - Noncompliance</p> <p>(g) There shall be an organized food service department directed by a supervisor competent in food service management and knowledgeable in sanitation standards, food handling, food preparation, and meal service.</p> <p>(1) The supervisor must be one (1) of the following:</p> <p>(A) A dietitian.</p> <p>(B) A graduate or student enrolled in and within one (1) year from completing a division approved, minimum ninety (90) hour classroom instruction course that provides classroom instruction in food service supervision who has a minimum of one (1) year of experience in some aspect of institutional food service management.</p> <p>(C) A graduate of a dietetic technician program approved by the American Dietetic Association.</p> <p>(D) A graduate of an accredited college or</p>			

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

TITLE

(X6) DATE

Jodie Marker

Regional Director of Care

07/10/2023

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>university or within one (1) year of graduating from an accredited college or university with a degree in foods and nutrition or food administration with a minimum of one (1) year of experience in some aspect of food service management.</p> <p>(E) An individual with training and experience in food service supervision and management.</p> <p>(2) If the supervisor is not a dietitian, a dietitian shall provide consultant services on the premises at peak periods of operation on a regularly scheduled basis.</p> <p>(3) Food service staff shall be on duty to ensure proper food preparation, serving, and sanitation.</p> <p>Based on observation, interview and record review, the facility failed to ensure the kitchen staff knew how to prepare pureed foods according to recipes for 1 of 1 resident who received a pureed diet. (Resident 8)</p> <p>Finding includes:</p> <p>During an observation of the kitchen, on 6/26/23 at 4:31 p.m., Cook 2 was observed to put one scoop of beef pot pie into a kitchen blender. She had a container of warm water and was getting ready to pour the warm water on top of the beef pot pie in the blender. Cook 2 indicated she did not follow a recipe and she was shown to prepare the pureed food by adding water to it. There were no recipes for pureed foods in the kitchen. The Care Services Manager was present and indicated she would see if she could find a recipe.</p> <p>A recipe, titled "Pureed Chili/Stew," not dated and received from the Care Services Manager, on 6/26/23 at 5:20 p.m., indicated for one serving to include one cup of chili or stew and one tablespoon of nectar thick water. Puree the chili or</p>	R 0274	<p><b>R 274 Food and Nutritional Services – Noncompliance</b></p> <p><b>1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice:="" span=""&gt;</b> /p&gt;="" b=""&gt;</p> <p><b>Cook 2 was re-educated on 7/10/2023 by the Care Services Manager (CSM) to ensure pureed foods are prepared according to recipes.</b></p> <p><b>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:</b></p> <p>An observational audit of kitchen was completed on 7/10/2023 by the CSM to ensure pureed foods are prepared according to recipes.</p>	07/27/2023
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	<p>stew in the blender until smooth in texture. Add nectar thick water. Process briefly until mixed.</p> <p>During an interview, on 6/26/23 at 5:21 p.m., the Care Services Manager indicated the facility did not have nectar thick water and did not have any type of thickening agent to use for pureed foods. The recipe for pureed chili/stew was the closet recipe she could find for the beef pot pie puree.</p> <p>The record for Resident 8 was reviewed on 6/27/23 at 3:11 p.m. Diagnoses included, but were not limited to, Parkinson's disease, esophageal spasms, and chronic kidney disease.</p> <p>A physician's order, dated 3/19/21, indicated a mechanical soft, pureed diet and thin liquids.</p> <p>The resident had the following weights: a. January 2023, the weight was 138 pounds. b. March 2023, the weight was 136 pounds. c. April 2023, the weight was 128 pounds. d. June 2023, the weight was 127 pounds.</p> <p>During an interview, on 6/27/23 at 3:45 p.m., the Executive Director indicated the facility did not have a policy for pureed foods. The resident was able to choose between a mechanical soft diet and pureed diet due to his esophageal spasms.</p>		<p>No concerns identified.</p> <p><b>3 What measure will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:</b> Current kitchen staff will be re-educated by 7/27/2023 by the Executive Director (ED) ensure pureed foods are prepared according to recipes.</p> <p><b>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:</b> Effective 7/27/2023, the ED or designee will complete observational audits of the kitchen to ensure pureed foods are prepared according to recipes. The observational audits and will occur weekly for four weeks, biweekly for four weeks, then monthly for one month. Audits will be reviewed at monthly QI meeting. The QI Committee will determine if continued interviews are necessary based on 3 consecutive months of compliance. Monitoring will be on-going.</p> <p><b>5 By what date the systemic changes will be completed</b> Completion date: 7/27/2023</p>	