

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

PRINTED: 02/19/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155070		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/29/2024	
NAME OF PROVIDER OR SUPPLIER GREEN VALLEY CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 3118 GREEN VALLEY RD NEW ALBANY, IN 47150			
(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 the Investigation of Complaint IN00425590. Complaint IN00425590 - Federal/State deficiency related to the allegations is cited at F804. Survey dates: January 27 and 29, 2024 Facility number: 000028 Provider number: 155070 AIM number: 100275370 Census Bed Type: SNF/NF: 115 Total: 115 Census Payor Type: Medicare: 9 Medicaid: 75 Other: 31 Total: 115 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on January 30, 2024.			F 0000			
F 0804 SS=D Bldg. 00	483.60(d)(1)(2) Nutritive Value/Appear, Palatable/Prefer Temp §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;						

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

TITLE

(X6) DATE

Greg Dattilo

Executive Director

02/09/2024

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 disclosable 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>§483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation and interview, the facility failed to ensure food served was maintained at an appropriate temperature for 1 of 1 Hall tray carts observed for food temperatures. (300 Hall Cart)</p> <p>Findings include:</p> <p>On 1/29/24 at 12:58 p.m., during an observation of the lunch meal pass on the 300 Hall with the Dietary Manager, the following food temperatures were observed:</p> <ul style="list-style-type: none"> - Beef Stew - 110 degrees - Fried tomatoes - 110 degrees - Biscuit - 100 degrees <p>During an interview on 1/29/24 at 2:00 p.m., Resident E indicated that a lot of times, the food served was barely warm.</p> <p>During an interview on 1/29/24 at 2:20 p.m., Resident F indicated that 40 % (percent) of the time, the food was just not warm. Breakfast was the worst because no one wants to eat cold eggs.</p> <p>On 1/29/24 at 2:30 p.m., Resident H indicated she liked her food hot, but when they brought it to her, it had minimal warmth.</p> <p>On 1/29/24 at 2:38 p.m., Resident G indicated she liked her food served hot. The food was not even warm by the time she received it in her room.</p> <p>On 1/29/24 at 3:04 p.m., the Executive Director provided a current copy of the document titled "Food Temperature Control" dated 10/4/19. It</p>			F 0804	<p>This plan of correction is to serve as Green Valley Care Centers credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Green Valley Care Center or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility, nor does this submission constitute an agreement or admission of the survey allegations.</p> <p>Green Valley Care Center would like to request paper compliance via a desk review.</p> <p>F 804</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The facility was not provided with resident information.</p> <p>How other residents have the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?</p> <p>ED and Dietary Manager reviewed the process of how trays are served out to the residents. The order of carts going out the halls</p>		02/26/2024

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	<p>included, but was not limited to, "Policy...Food temperatures are maintained during mealtimes to ensure residents receive safe food served at acceptable temperatures...Guidelines...Hot foods are held at a minimum of 135F or per state requirements...."</p> <p>This Citation relates to Complaint IN00425590</p> <p>3.1-21(a)(2)</p>				<p>has changed. Also reviewed with the Director of Food and Nutrition Services. The facility has purchased a Dinex Induction Charger, new Thermal Pellet Dome Covers, and new Bases for the Pellets.</p> <p>Dietary Staff will be trained on how to load food Carts.</p> <p>Staff will be trained on how to remove trays in the order that they were loaded in the Food Carts and served out to the residents.</p> <p>Facility Staff will be Educated/informed on the new order that Carts will be sent out to the Halls.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur? It is the responsibility of the dietary department to serve food at a palatable temperature. The Executive Director/Designee will complete random Test Tray audits to ensure that each resident receives Food and Drink that is palatable, attractive, and at a safe and appetizing temperature. Audits to occur daily 5 x's a week for 6 weeks, then twice weekly x's 4 weeks, then monthly x's 4 months for a total of 6 months of</p>		

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			<p>monitoring, RD will continue to do food tray audits. Re-Education, frequency and/or duration of monitoring will be increased if areas of non-compliance are identified through the auditing the process. Reviews of the auditing will be reviewed in the monthly process every month for a total of 6months of monitoring.</p> <p>How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for three months and then quarterly thereafter for a total of 6 months. Re-education, frequency and/or duration of reviews will be increased as needed if any areas of noncompliance are identified during the auditing process until compliance has been reached. The Administrator is responsible to attain and maintain compliance.</p> <p>Date of Compliance: 2/26/24</p>		