

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

PRINTED: 01/23/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155627		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/04/2023	
NAME OF PROVIDER OR SUPPLIER  WATERS OF WABASH SENIOR NURSING FACILITY WEST, THI				STREET ADDRESS, CITY, STATE, ZIP COD 1720 ALBER ST WABASH, IN 46992			
(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	<p>This visit was for the Investigation of Complaint IN00398423.</p> <p>Complaint IN00398423 - Substantiated. Federal/state deficiencies related to the allegations are cited at F812.</p> <p>Survey date: January 4, 2023</p> <p>Facility number: 000578 Provider number: 155627 AIM number: 100267810</p> <p>Census Bed Type: SNF/NF: 18 Total: 18</p> <p>Census Payor Type: Medicare: 1 Medicaid: 14 Other: 3 Total: 18</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed January 5, 2023</p>			F 0000			
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 federal, state or local authorities.</p>						

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

TITLE

(X6) DATE

Isaac Lenon

Administrator

01/19/2023

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 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 30 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>(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 the facility kitchen was maintained in a hygienic and sanitary manner. 18 of 18 residents ate food prepared in the facility kitchen.</p> <p>Findings include:</p> <p>During a tour of the facility kitchen, on 1/5/23 at 8:43 a.m., accompanied by the Dietary Manager, the following was observed:</p> <p>The gas stove had dark grime and debris containing oatmeal and egg shells, on and around the burners. Beneath the burners, on a piece of foil, there was a thick amount of yellowed greasy debris containing discarded egg shells, a shriveled bread roll, macaroni noodles, two breaded meat nuggets, and oatmeal. The shelf above the cooktop, holding two open and uncovered packages of pastries, was covered with greasy and sticky grime. The stove knobs and oven door handles were covered with a sticky, greasy grime substance.</p>			F 0812	<p><b>F-Tag 812: Kitchen Sanitation</b></p> <p>We respectfully request paper compliance due to low scope and severity of the tag.</p> <p>Preparation or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by Federal and State law. The plan of correction is submitted in order to respond to the allegation of noncompliance cited during the Complaint on January 4, 2023. Please accept this plan of correction as the provider's credible allegation of compliance.</p> <p>17 of 18 residents were at risk to be affected. One resident was</p>		01/19/2023

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	<p>During an interview, at the time of the observation, the Dietary Manager indicated the staff was to clean the stove weekly.</p> <p>The storage shelves next to the stove contained muffin tins, skillets, and mixing bowls on pieces of parchment. The muffin tins had black debris and crumbs on them. The parchment papers had dark debris, crumbs, and areas of a sticky red/pink substance on them.</p> <p>The toaster on the prep table was covered with a sticky, yellowed grime.</p> <p>The microwave oven had a thick, white substance running down the inside of the door. The top of the inner part of the oven had debris on it.</p> <p>The stacked crates of drinking glasses beneath the prep table had crumbs, debris, and grime on them and on the wheeled base holding the crates. A wheeled cart with shelves next to the crates had debris and crumbs on the shelves.</p> <p>The kitchen floor had scattered debris on it. The floor underneath the appliances had a moderate amount of debris and food-stuff on it. The corners of the floor had a collection of debris and food-stuff debris. The floor beneath the dishwasher area had a moderate amount of debris and food-stuff debris.</p> <p>The ceiling vent above the steam table was covered with a thick, gray grime.</p> <p>The refrigerator next to the steam table contained a tray with an assortment of cups of thinned, mushy, and transparent appearing cole slaw, pudding, and cooked fruits. The cups were</p>				<p>NPO at the time the survey occurred. No residents were directly affected by this deficiency. The gas stove, the area beneath the burners, the shelf above the cooktop, the stove knobs and oven door handles, the clear drink pitchers, the pitchers containing ketchup and tomato soup, the bottom of the refrigerator, the storage shelves next to the stove, the muffin tin, the toaster, the microwave, the stacked crates of drinking glasses beneath the prep table, the wheeled cart with shelves next to the crates, the kitchen floor, the floor underneath the appliances, the corners of the floor, the floor beneath the dishwasher area, the ceiling vent above the steam table were cleaned on January 4th, 2023. The parchment paper and all outdated food and drink items were discarded on January 4th, 2023. The refrigerator leak that contributed to the lime buildup was repaired January 5th, 2023. Dietary staff have been inserviced and reeducated by facility Administrator regarding kitchen sanitation and food storage. This was completed 1/16/2023 (Attachment A). Dietary Staff will continue to clean and complete the dietary sanitation checklist on a daily basis. The Administrator, or Designee, will be responsible to complete the</p>		

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	<p>partially covered with an undated piece of plastic wrap. Clear drink pitchers containing lemonade, fruit punch, iced tea, and milk had a streaked, white film covering the bottoms of the inside of the pitchers. A bag of cole slaw dressing was open, dated 12/8/22, and laying on the shelf. A pitcher labeled as containing ketchup had a thick, dried clog of ketchup on the spout. A pitcher labeled as containing tomato soup, dated 12/27/22, had separated contents. The bottom of the refrigerator had a creamy yellow liquid with black debris covering it.</p> <p>During an interview, at the time of the observation, the Dietary Manager indicated the white substance on the pitchers was lime build-up from the facility's water. The food should be dated when stored. She thought the refrigerator had a leak of some kind. The kitchen staff used a cleaning schedule. She indicated all 18 residents residing in the facility after food prepared in the kitchen.</p> <p>Review of facility December 2022 and January 2023 "Cleaning Schedule" documents, provided by the Dietary Manager on 1/4/23 at 9:19 a.m., indicated the following had been completed daily: "...Wipe down stove and shelf above...Wipe down any carts used....Wipe down toaster...Sweep &amp; Mop any spills...Clean &amp; Sanitize microwave...."</p> <p>Review of a facility December 2022 "Special Weekly Cleaning" document, provided by the Dietary Manager on 1/4/23 at 9:19 a.m., indicated the floor had last been deep cleaned, with items pulled out and cleaned underneath, on 12/17/22. The oven and range top had been cleaned last on 12/18/22.</p>			<p>QA tool titled "POC Audit Tool for Survey 1-2023" (Attachment B) weekly for 4 weeks, then Monthly thereafter until 100% Compliance is maintained for 3 consecutive months. The QA tool will be reviewed monthly at the facility QAPI Meeting. Any identified issues will be immediately corrected. Audit Tools and Action plans will be reviewed/revised as needed during the monthly facility QAPI meeting to ensure ongoing compliance.</p> <p>Date of completion: 1-19-2023</p>			

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	<p>Review of a current facility policy titled "Cleaning Rotation," dated 2017 and provided by the DON on 1/4/23 at 9:55 a.m., indicated the following: "...Items cleaned daily: Stove top...Kitchen and dining room floors...Toaster...Microwave oven...Items cleaned weekly:...Shelves...."</p> <p>This Federal Tag relates to Complaint IN00398423.</p> <p>3.1-21(i)(3)</p>						