PRINTED: 07/13/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 06/11/2021	
STREET ADDRESS, CITY, STATE, ZIP CODE 1601 N MORRISON RD MUNCIE, IN 47304						
(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PRI	EFIX (EACH C CROSS-RE	CORRECTIVE ACTION SHOULD BE EFERENCED TO THE APPROPRI	N SHOULD BE COMP HE APPROPRIATE	
REGUENTORTOR	LESC IDENTIFICATION OF CHARACTER CO.					DITTE
Survey. Survey dates: June Facility number: 01 Residential Census: This State Resident accordance with 41	10, 11, 2021 0886 54 ial Finding is cited in 0 IAC 16.2-5.	R 0000	Correction evidence to comp regulato continue our residual compliar compliar compliar compliar evidence evidenc	on is complete as ed by the facilities dealy with Indiana's by requirements and eleproviding quality cardents. This Plan of on serves as our on of substantial noce. To assure regulance the facility has talled	to e to atory	
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. Based on observation, interview and record review, the facility failed to ensure the kitchen area was kept clean for 2 of 2 kitchens observed. Findings include: During an initial kitchen tour on 6/10/21 at 10:20 a.m., the following concerns were observed in the main building's kitchen: a.) The surface of the stove had black on brown residue around the burners. The Dietary Assistant 2 attempted to wipe the burners and knobs with a white cloth. She indicated the substance could not be removed. The Dietary Manager (DM) indicated the stove needed deep cleaned with a		R 0273	Food an Deficien All resid affected The Diet staffing agency: As of 6/2 associat agency. A new Degan e	A new Dietary Service manager began employment on 6/2/21. It is the policy of Elmcroft to		07/16/2021
	This visit was for a Survey. Survey dates: June Facility number: 01 Residential Census: This State Resident accordance with 41 Quality reveiw communities of the All food preparate (excluding areas i maintained in accolocal sanitation an standards, including Based on observation review, the facility area was kept clean Findings include: During an initial kit 10:20 a.m., the folloobserved in the main a.) The surface of the residue around the 12 attempted to wipe white cloth. She incont be removed. The	ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) This visit was for a State Residential Licensure Survey. Survey dates: June 10, 11, 2021 Facility number: 010886 Residential Census: 54 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. 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Findings include: R 0273 A 10 IAC 16.2-5-5.1(f) Food and Nutrition of substantial compliance the facility has ta the following measures: R 0273 A 10 IAC 16.2-5-5.1(f) Food and Nutrition Services - Deficiency All residents could potentially affected by this deficiency. The Dietary Department has staffing challenges and utilize agency. A new Dietary Service manages agency. A new Dietary Service manage began employment on 6/2/21 till till till till till till till til	ROYJDER OR SUPPLIER ROYJDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) This visit was for a State Residential Licensure Survey. REGULATORY OR LSC IDENTIFYING INFORMATION) This visit was for a State Residential Licensure Survey. Residential Census: 54 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. 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This Plan of Correction is complete as evidenced by the facilities desire to comply with Indiana's regulatory requirements and to continue providing quality care to our residents. This Plan of Correction is complete as evidenced by the facilities desire to comply with Indiana's regulatory requirements and to continue providing quality care to our residents. This Plan of Correction is complete as evidenced by the facilities desire to comply with Indiana's regulatory requirements and to continue providing quality care to our residents. This Plan of Correction is complete as evidenced by the facilities desire to compliance. To assure regulatory compliance. To assure regulatory compliance. To assure regulatory compliance. To assure regulatory compliance the facility has taken

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

TITLE

(X6) DATE

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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.

State Form Event ID: YHC311 Facility ID: 010886 If continuation sheet Page 1 of 3

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	CORRECTION IDENTIFICATION NUMBER: A. BUILDING 00		00	COMPLETED		
			B. W	B. WING		06/11/2021	
NAME OF I	PROVIDER OR SUPPLIEF	2		1	ADDRESS, CITY, STATE, ZIP CODE		
					MORRISON RD		
ELMCRO	OFT OF MUNCIE			MUNCI	E, IN 47304		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID			(X5)
PREFIX				PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR			COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		DATE
	degreaser.	·			areas in accordance with state		
	degreaser.			and serve safe food hand			
	h) The stove fronts	, handles, and knobs had		standards for two of two kitchens:		ens.	
	sticky residue.	, nanares, and knoss nad			Starraging for the of the falleners.		
	Sticky residue.				During the survey, the following	na	
	c.) The center island food preparation table had a			concerns were resolved on		9	
		ed that had sticky residue, and		6/10/21 or 6/11/21:			
		ween the knifes being stored					
	in the holder.	ween the kinnes being stored		Emergency water was placed on skids			
	in the notice.				2. The wall behind the		
					and		
	d.) The deep fryer had heavy, thick food residue				emergency food was cleaned and sanitized.		
	surrounding the entire inside rim, the control knob was covered with grease buildup.			3. The cob web was cleaned			
	Kilob was covered v	with grease buildup.		4. The fryer was emptied,		eu	
					cleaned and sanitized.		
	e.) A missing drawer front on the cabinet.				5. The cabinet front was		
	f.) A large pitcher of a brown liquid substance in				installed.		
	the refrigerator without a name or date to				The following measures have been		
	identify the substance.			put into place for substantial			
	100000000000000000000000000000000000000				compliance:		
	g.) A box of foam hinged containers was sitting				1. The new Dietary Service		
	on the floor of the dry storage area. A white			Director was oriented to position,			
	powdered substance was observed on a box of			policies and		·	
	reusable menu holders.				procedures regarding but		
				not limited to cleaning			
	During initial kitchen tour on 6/10/21 at 11:23				schedules/sanitation,		
	a.m., the following sanitation and food			thermometers and labeling		ing	
	distribution concerns were observed in the			of food & beverages on 6/25/21		•	
		re building's kitchen: with the					
		8		Regional Dietary Services			
	a.) The surface of the stove had black on brown			Manager.			
	residue around the burners.			2. Dietary associates were			
					instructed one on one with		
	b.) The stove fronts, handles, and knobs had		documentation on				
	sticky residue.			sanitation/cleaning			
	,				schedules beginning 6/28/21.		
c.) The emergency food closet had brown			3. A mandatory in-service				
substance splattered on the wall behind the food			with all dietary associates will be				
rack, and 28 cases of emergency water stored in				held on 7/1/21			
	boxes on the floor. The ceiling corners had large				to educate and instruct	on	
	JOACS OII IIIC 11001.	The coming corners had large			to consider and matruct	O11	

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

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	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 06/11/2021		
			<u> </u>		00,11,2021	
NAME OF P	ROVIDER OR SUPPLIER	t		ADDRESS, CITY, STATE, ZIP CODE		
				I MORRISON RD		
ELMCRC	FT OF MUNCIE		MUNC	IE, IN 47304		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	DROVIDED'S DI AN OF CODDECTION	(X5)	
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DA		
	brown cobwebs.			sanitation/cleaning schedules		
				labeling and		
	During the meal preparation on 6/10/21 at 12:45			proper use of		
	p.m., Cook 3 used a	thermometer to test the		thermometers.		
	pureed green beans, laid the thermometer with			4. On 6/17/21, Smart Care)	
	food partials on the preparation table, then used			Equipment Solutions complete	ed	
		ter without cleaning the		Preventative		
		rticiples off, and tested the		Maintenance on two of	two	
	pureed steak. Cook 3 indicated she did not			stoves.		
	realize she had reused the contaminated			5. The Dietary Service		
	thermometer; she indicated the thermometer			Manager or Designee will observe		
	should be cleaned between uses.			and spot check		
				associates for thermom	eter	
	During an interview on 6/10/21 at 10:32 a.m., the			use and labeling. Will offer		
	Dietary Manager indicated she was employed			documented		
	two (2) week ago, and indicated she had no			instruction as needed fo	or	
	excuse for the sanitary concerns observed.			compliance.		
				To maintain compliance the		
	During an interview on 6/10/21 at 11:50 a.m., the			Dietary Services		
	Dietary Manager indicated she did not have a			Manager/Designee will audit		
	cleaning schedule, no completed cleaning logs			cleaning schedules	.l	
	On 6/10/21 at 11:50 a.m., the Dietary Manager			Monday-Friday times four wee		
				then one time weekly thereafter	er	
				for compliance. The Dietary Service		
				_	on	
	provided the "Food Storage, Handling and Labeling procedure", dated, January 2018,			Director/Designee will sign off on		
	included but not limited to:		cleaning schedules ongoing for compliance.			
	meraded but not fill			The Dietary Service		
	"Food storage Ar	rea:		Director/Designee will review		
	a.) storage areas are cleaned and organized		cleaning and sanitation audits			
	daily			monthly during Quality Assurance		
	d.) All food and supplies are stored off the floor			Meeting.		
on easily cleaned surfaces"			The Registered Dietician			
			Consultant will complete sanit	ation		
				and labeling audits per contra		

State Form Event ID: YHC311 Facility ID: 010886 If continuation sheet Page 3 of 3