

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 06/11/2021
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NAME OF PROVIDER OR SUPPLIER  ELMCROFT OF MUNCIE	STREET ADDRESS, CITY, STATE, ZIP CODE 1601 N MORRISON RD MUNCIE, IN 47304
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R 0000  Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: June 10, 11, 2021</p> <p>Facility number: 010886</p> <p>Residential Census: 54</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality reveiw completed on June 17, 2021.</p>	R 0000	<p>The filing of 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 serves as our allegation of substantial compliance. To assure regulatory compliance the facility has taken the following measures:</p>	
R 0273  Bldg. 00	<p>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.</p> <p>Based on observation, interview and record review, the facility failed to ensure the kitchen area was kept clean for 2 of 2 kitchens observed.</p> <p>Findings include:</p> <p>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:</p> <p>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</p>	R 0273	<p>410 IAC 16.2-5-5.1(f) Food and Nutrition Services - Deficiency</p> <p>All residents could potentially be affected by this deficiency. The Dietary Department has had staffing challenges and utilized agency staff. As of 6/22/21, Elmcroft has hired associates and not utilizing agency.</p> <p>A new Dietary Service manager began employment on 6/2/21.</p> <p>It is the policy of Elmcroft to maintain food prep and serving</p>	07/16/2021

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

TITLE

(X6) DATE

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 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.

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	<p>degreaser.</p> <p>b.) The stove fronts, handles, and knobs had sticky residue.</p> <p>c.) The center island food preparation table had a knife holder attached that had sticky residue, and food partials in between the knives being stored in the holder.</p> <p>d.) The deep fryer had heavy, thick food residue surrounding the entire inside rim, the control knob was covered with grease buildup.</p> <p>e.) A missing drawer front on the cabinet.</p> <p>f.) A large pitcher of a brown liquid substance in the refrigerator without a name or date to identify the substance.</p> <p>g.) A box of foam hinged containers was sitting on the floor of the dry storage area. A white powdered substance was observed on a box of reusable menu holders.</p> <p>During initial kitchen tour on 6/10/21 at 11:23 a.m., the following sanitation and food distribution concerns were observed in the memory care building's kitchen:</p> <p>a.) The surface of the stove had black on brown residue around the burners.</p> <p>b.) The stove fronts, handles, and knobs had sticky residue.</p> <p>c.) The emergency food closet had brown substance splattered on the wall behind the food rack, and 28 cases of emergency water stored in boxes on the floor. The ceiling corners had large</p>		<p>areas in accordance with state and serve safe food handling standards for two of two kitchens:</p> <p>During the survey, the following concerns were resolved on 6/10/21 or 6/11/21:</p> <ol style="list-style-type: none"> <li>1. Emergency water was placed on skids</li> <li>2. The wall behind the emergency food was cleaned and sanitized.</li> <li>3. The cob web was cleaned</li> <li>4. The fryer was emptied, cleaned and sanitized.</li> <li>5. The cabinet front was installed.</li> </ol> <p>The following measures have been put into place for substantial compliance:</p> <ol style="list-style-type: none"> <li>1. The new Dietary Service Director was oriented to position, policies and procedures regarding but not limited to cleaning schedules/sanitation, thermometers and labeling of food &amp; beverages on 6/25/21 with the Regional Dietary Services Manager.</li> <li>2. Dietary associates were instructed one on one with documentation on sanitation/cleaning schedules beginning 6/28/21.</li> <li>3. A mandatory in-service with all dietary associates will be held on 7/1/21 to educate and instruct on</li> </ol>				

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	<p>brown cobwebs.</p> <p>During the meal preparation on 6/10/21 at 12:45 p.m., Cook 3 used a thermometer to test the pureed green beans, laid the thermometer with food partials on the preparation table, then used the same thermometer without cleaning the green bean food participles off, and tested the pureed steak. Cook 3 indicated she did not realize she had reused the contaminated thermometer; she indicated the thermometer should be cleaned between uses.</p> <p>During an interview on 6/10/21 at 10:32 a.m., the Dietary Manager indicated she was employed two (2) week ago, and indicated she had no excuse for the sanitary concerns observed.</p> <p>During an interview on 6/10/21 at 11:50 a.m., the Dietary Manager indicated she did not have a cleaning schedule, no completed cleaning logs indicating cleaning had been completed.</p> <p>On 6/10/21 at 11:50 a.m., the Dietary Manager provided the "Food Storage, Handling and Labeling procedure", dated, January 2018, included but not limited to:</p> <p>"...Food storage Area: a.) storage areas are cleaned and organized daily... d.) All food and supplies are stored off the floor on easily cleaned surfaces..."</p>		<p>sanitation/cleaning schedules, labeling and proper use of thermometers.</p> <p>4. On 6/17/21, Smart Care Equipment Solutions completed Preventative Maintenance on two of two stoves.</p> <p>5. The Dietary Service Manager or Designee will observe and spot check associates for thermometer use and labeling. Will offer documented instruction as needed for compliance.</p> <p>To maintain compliance the Dietary Services Manager/Designee will audit cleaning schedules Monday-Friday times four weeks then one time weekly thereafter for compliance.</p> <p>The Dietary Service Director/Designee will sign off on cleaning schedules ongoing for compliance.</p> <p>The Dietary Service Director/Designee will review cleaning and sanitation audits monthly during Quality Assurance Meeting.</p> <p>The Registered Dietician Consultant will complete sanitation and labeling audits per contract.</p>				