

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

PRINTED: 05/13/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155724		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/26/2024	
NAME OF PROVIDER OR SUPPLIER WOODBIDGE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 602 WOODBIDGE AVE LOGANSFORT, IN 46947			
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey and investigation of Complaint IN00429159. This visit included a Residential State Licensure survey.</p> <p>Complaint IN00429159: No deficiencies related to the allegations are cited.</p> <p>Survey dates: April 22, 23, 24, 25, and 26, 2024.</p> <p>Facility number: 003691 Provider number: 155724 AIM number: 200456230</p> <p>Census Bed Type: SNF: 21 SNF/NF: 31 Total: 52</p> <p>Census Payor Type: Medicare: 12 Medicaid: 30 Other: 10 Total: 52</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed April 29, 2024</p>			F 0000	<p>The submission of the Plan of Correction does not indicate an admission by Woodbridge Health Campus that the findings and allegations contained herein are accurate, a true representation of the quality of care provided, or the living environment provided to the residents of Woodbridge Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility is committed to compliance with its regulatory and legal standards as well as quality of care, and alleges that it is in substantial compliance with all state and federal requirements governing the management of this facility. Woodbridge Health Campus submits that the effective date for substantial compliance is 5/9/24.</p> <p>This Plan of Correction is submitted in accordance with this provider's legal and regulatory requirements, and not as an admission of any wrongdoing. The facility respectfully requests from the Department of Health a desk review of this submission for substantial compliance, which is expressly alleged as part of this submission. As part of this submission, and through a</p>		

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

TITLE

(X6) DATE

Alma Nieves

Executive Director

05/09/2024

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 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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F 0812 SS=E 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. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (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. (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. Based on observation and interview, the facility failed to ensure food was handled to maintain food safety related to discarding and thawing. 52 of 52 residents residing in the facility ate food prepared in the kitchen.</p> <p>Findings include:</p> <p>During an Observation of the kitchen on 4/22/24 at 9:10 AM with Dietary Staff 3, on the bottom of</p>			F 0812	<p>separate submission, this facility is seeking Informal Dispute Resolution with respect to the findings under R273.</p> <p>Deficiency Tag: F-812 Food Procurement, Store/Prepare/Serve-Sanitary (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. 273</p>		05/09/2024

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	<p>the large rack located in the walk in cooler, there was two containers with of poultry stacked on top of each other. The top one was a mid-size container with a label: prep on 4/19/24 at 12:54 PM and use by 4/21/24 end of day. The bottom one was a large size container with a label: prep pan 4/19/24 at 12:54 PM and use by 4/21/24 end of day.</p> <p>At 9:12 AM right above the two large containers of poultry in a large silver sheet pan, was a package turkey. underneath the package turkey there was a reddish, brown liquid. The turkey nor the pan was dated to indicate when the thurkey had been thawed</p> <p>At 9:15 AM, on the shelf there was a large clear bag with 2 pizza doughs inside. The prepared date indicated 4/12/24 and use by 4/19/24.</p> <p>At 9:17 AM, on the shelf there was a small jar of base-ham with a prepared date of 3/18/24 and use by date of 4/17/24.</p> <p>An observation of the walk-in freezer at 9:19 AM there was a bag of french fries with a prepared date 3/17/24 and use by 4/16/24.</p> <p>In an interview at 9:30 AM Dietary Staff 3 and Dietary Staff 4 indicated they were going to use the chicken in the two containers with a use by date of 4/21/24. They were aware the current date was 4/22/24 but were prepared to use the chicken. Dietary Staff 3 indicated the kitchen served both the Health Care and Residential from the kitchen.</p> <p>In an interview at 11:17 AM, the Dietary Manager indicated the labels were misprinted. The manager indicated staff were "a bunch of young kids" and they put the wrong label on the chicken. The</p>				<p>Deficiency's Cited Below: Based on observation, interview and record review, on 4/22/24 @ 9:12 A.M. the facility failed to store food properly. This had the potential to affect all residents who were served their meal from the kitchen.</p> <p>Findings include – On the bottom of the large rack, located in the walk-in cooler, there was two containers of poultry stacked on top of each other. The top one was a mid-size container with a label: prep on 4/19/24 @ 12:54 PM and use by 4/21/24 end of day. At 9:12 AM right above the two large containers in a large silver sheet pan, was packaged turkey. Underneath the packaged turkey there was reddish brown liquid. The turkey nor the pan was dated to indicate when the turkey had been thawed.</p> <p>At 9:15 AM, on the shelf there was a large clear bag with 2 pizza doughs inside. The prepared date indicated 4/12/24 and use by 4/19/24. At 9:7 AM, on the shelf there was a small jar of base-ham with a prepared date of 3/18/24 and use by 4/17/24. An observation of the walk-in freezer at 9:19 AM there was a bag of French fries with a prepared date of 3/17/24 and use by 4/16/24. In an interview at 9:30 AM Dietary staff "3" and Dietary staff "4"</p>		

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	<p>other items, the staff should have discarded. The staff should have not thawed the turkey that way.</p> <p>A current facility policy, Food labeling and dating policy,dated 4/26/22, was provided by the Director of Nursing and Executive Director on, 4/25/24 at 11:00 AM. The policy indicated..." to provide knowledge and direction on how to properly label and date all food items and food products...."</p> <p>3.1-21(i)(1) and (3)</p>		<p>indicated they were going to use the chicken in the two containers with a use by date of 4/21/24. They were aware the current date was 4/22/24 but were prepared to use the chicken. Dietary staff "3" indicated the kitchen served both Health Care and Residential from the kitchen. In a interview with at 11:17 AM, the dietary manager indicated the labels were misprinted. The manager indicated staff were "a bunch of young kids" and they put the wrong label on the chicken. The other items, the staff should have discarded. The staff should not have thawed the turkey that way.</p> <p>A current facility policy, Food label and dating policy, dated 4/26/22, was provided by the Director of Nursing and Executive Director on, 4/25/24 at 11:00 AM. The policy indicated..."to provide knowledge and direction on how to properly label and date ll food items and food products..."</p> <p>POC: The Director of Food Service will hold a Formal In-Service with the entire Dietary Staff to ensure that the team knows and understands the importance of storing food safely and sanitary for the residents. Once these in-services are complete, all team members will sign a document stating the</p>		

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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey. This survey included a Recertification and State Licensure Survey and investigation of Nursing Home Complaint IN00429159.</p> <p>Survey dates: April 22, 23, 24, 25, and 26, 2024.</p> <p>Facility number: 003691</p> <p>Residential Census: 20</p>	R 0000	<p>training has taken place.</p> <p>The Director of Food Service and/or Designee will verify & document that the facility will store food as indicated on the on the campus in-service policy. The Director of Food Service and/or Designee will verify that the facility will store food properly and all labels and dates are complying 4 x per week for 4 weeks (2 of these audits will be by non-dietary supervision). Followed by 3 x per week for 4 weeks (1 of these audits will be by non-dietary supervisor). This will be followed by 2 audits per week for 3 weeks (1 by DFS and 1 by ED). Finally, an audit will occur 2 x per week for 1 week (1 by DFS and 1 by DSS). Please reference the campus audit sheets that will be used during this POC.</p> <p>The submission of the Plan of Correction does not indicate an admission by Woodbridge Health Campus that the findings and allegations contained herein are accurate, a true representation of the quality of care provided, or the living environment provided to the residents of Woodbridge Health Campus. The facility recognizes its obligation to provide legally and</p>		

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	<p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality reivew completed April 29, 2024</p>			<p>medically necessary care and services to its residents in an economic and efficient manner. The facility is committed to compliance with its regulatory and legal standards as well as quality of care, and alleges that it is in substantial compliance with all state and federal requirements governing the management of this facility. Woodbridge Health Campus submits that the effective date for substantial compliance is 5/9/24.</p> <p>This Plan of Correction is submitted in accordance with this provider's legal and regulatory requirements, and not as an admission of any wrongdoing. The facility respectfully requests from the Department of Health a desk review of this submission for substantial compliance, which is expressly alleged as part of this submission. As part of this submission, and through a separate submission, this facility is seeking Informal Dispute Resolution with respect to the findings under R273.</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. Based on observation and interview, the facility failed to ensurefood was handled to maintain food</p>		R 0273	<p>Deficiency Tag: R 273 Food and nutritional services- deficiency. (f)</p>		05/09/2024	

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	<p>safety related to discarding and thawing. 20 of 20 residents residing in the facility ate food prepared in the kitchen.</p> <p>Findings include:</p> <p>During an Observation of the kitchen on 4/22/24 at 9:10 AM with Dietary Staff 3, on the bottom of the large rack located in the walk in cooler, there was two containers with of poultry stacked on top of each other. The top one was a mid-size container with a label: prep on 4/19/24 at 12:54 PM and use by 4/21/24 end of day. The bottom one was a large size container with a label: prep pan 4/19/24 at 12:54 PM and use by 4/21/24 end of day.</p> <p>At 9:12 AM right above the two large containers of poultry in a large silver sheet pan, was a package turkey. underneath the package turkey there was a reddish, brown liquid. The turkey nor the pan was dated to indicate when the thurkey had been thawed</p> <p>At 9:15 AM, on the shelf there was a large clear bag with 2 pizza doughs inside. The prepared date indicated 4/12/24 and use by 4/19/24.</p> <p>At 9:17 AM, on the shelf there was a small jar of base-ham with a prepared date of 3/18/24 and use by date of 4/17/24.</p> <p>An observation of the walk-in freezer at 9:19 AM there was a bag of french fries with a prepared date 3/17/24 and use by 4/16/24.</p> <p>In an interview at 9:30 AM Dietary Staff 3 and Dietary Staff 4 indicated they were going to use the chicken in the two containers with a use by date of 4/21/24. They were aware the current date</p>				<p>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. 273</p> <p>Deficiency's Cited Below: Based on observation, interview and record review, on 4/22/24 @ 9:12 A.M. the facility failed to store food properly. This had the potential to affect all residents who were served their meal from the kitchen.</p> <p>Findings include – On the bottom of the large rack, located in the walk-in cooler, there was two containers of poultry stacked on top of each other. The top one was a mid-size container with a label: prep on 4/19/24 @ 12:54 PM and use by 4/21/24 end of day. At 9:12 AM right above the two large containers in a large silver sheet pan, was packaged turkey. Underneath the packaged turkey there was reddish brown liquid. The turkey nor the pan was dated to indicate when the turkey had been thawed.</p> <p>At 9:15 AM, on the shelf there was a large clear bag with 2 pizza doughs inside. The prepared date indicated 4/12/24 and use by 4/19/24. At 9:7 AM, on the shelf there was a small jar of base-ham with a prepared date of 3/18/24</p>		

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	<p>was 4/22/24 but were prepared to use the chicken. Dietary Staff 3 indicated the kitchen served both the Health Care and Residential from the kitchen.</p> <p>In an interview at 11:17 AM, the Dietary Manager indicated the labels were misprinted. The manager indicated staff were "a bunch of young kids" and they put the wrong label on the chicken. The other items, the staff should have discarded. The staff should have not thawed the turkey that way.</p> <p>A current facility policy, Food labeling and dating policy,dated 4/26/22, was provided by the Director of Nursing and Executive Director on, 4/25/24 at 11:00 AM. The policy indicated..." to provide knowledge and direction on how to properly label and date all food items and food products...."</p>				<p>and use by 4/17/24. An observation of the walk-in freezer at 9:19 AM there was a bag of French fries with a prepared date of 3/17/24 and use by 4/16/24. In an interview at 9:30 AM Dietary staff "3" and Dietary staff "4" indicated they were going to use the chicken in the two containers with a use by date of 4/21/24. They were aware the current date was 4/22/24 but were prepared to use the chicken. Dietary staff "3" indicated the kitchen served both Health Care and Residential from the kitchen. In a interview with at 11:17 AM, the dietary manager indicated the labels were misprinted. The manager indicated staff were "a bunch of young kids" and they put the wrong label on the chicken. The other items, the staff should have discarded. The staff should not have thawed the turkey that way.</p> <p>A current facility policy, Food label and dating policy, dated 4/26/22, was provided by the Director of Nursing and Executive Director on, 4/25/24 at 11:00 AM. The policy indicated..."to provide knowledge and direction on how to properly label and date ll food items and food products..."</p> <p>POC: The Director of Food Service will hold a Formal In-Service with the</p>		

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			<p>entire Dietary Staff to ensure that the team knows and understands the importance of storing food safely and sanitary for the residents. Once these in-services are complete, all team members will sign a document stating the training has taken place.</p> <p>The Director of Food Service and/or Designee will verify & document that the facility will store food as indicated on the on the campus in-service policy. The Director of Food Service and/or Designee will verify that the facility will store food properly and all labels and dates are complying 4 x per week for 4 weeks (2 of these audits will be by non-dietary supervision). Followed by 3 x per week for 4 weeks (1 of these audits will be by non-dietary supervisor). This will be followed by 2 audits per week for 3 weeks (1 by DFS and 1 by ED). Finally, an audit will occur 2 x per week for 1 week (1 by DFS and 1 by DSS). Please reference the campus audit sheets that will be used during this POC.</p>		