PRINTED: 06/09/2021 FORM APPROVED OMB NO. 0938-039

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION     |  | X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER   | A. BUILDING <u>00</u>   |                 | X3) DATE SURVEY<br>COMPLETED  |  |            |
|---|--|---|---|-----------------|---|--|------------|
|   |  | B. WING   |   | 05/25/2021      |   |  |            |
| NAME OF PROVIDER OR SUPPLIER WYNDMOOR OF EVANSVILLE LLC |  |   | STREET ADDRESS, CITY, STATE, ZIP COD<br>6521 GREENDALE DR<br>EVANSVILLE, IN 47711 |                 |   |  |            |
| (X4) ID   | SUMMARY STATEMENT OF DEFICIENCIE   |   | PREFIX (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE A                       |                 | PROVIDER'S PLAN OF CORRECTION   |  | (X5)       |
| PREFIX  | (EACH DEFICIENCY MUST BE PRECEDED BY FULL  |   |   |                 | (EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIAT   | ACTION SHOULD BE<br>TO THE APPROPRIATE |            |
| TAG<br>R 0000   | REGULATORY OR LSC IDENTIFYING INFORMATION  |   |   | TAG DEFICIENCY) |   |  | DATE       |
| K 0000  |  |   |   |                 |   |  |            |
| Bldg. 00  | This visit was for a State Residential Licensure Survey.  Survey dates: May 24 & 25, 2021  Facility number: 010681  Residential Census: 37  These State Residential Findings are cited in accordance with 410 IAC 16.2-5.  |   | R 0000  |                 |   |  |            |
|   |  |   |   |                 |   |  |            |
|   |  |   |   |                 |   |  |            |
|   |  |   |   |                 |   |  |            |
|   |  |   |   |                 |   |  |            |
|   | Quality review com   | pleted on May 27, 2021.   |   |                 |   |  |            |
| R 0273  | 410 IAC 16.2-5-5.  | , ,   |   |                 |   |  | 1          |
| Bldg. 00  | (f) All food prepara<br>(excluding areas in<br>maintained in acco-<br>local sanitation an<br>standards, includin<br>Based on observation<br>review, the facility of<br>preparation and serva-<br>state and local sanitations<br>standards for 3 of 3<br>kitchen floor had de-<br>equipment had build<br>had dried food on the<br>Findings include:<br>On 5/24/2 at 8:40 a. | on, interview, and record failed to maintain a food ving area in accordance with ation and safe food handling kitchen observations. The ebris and dirt buildup, dup of debris, and cabinets are surfaces. (Kitchen)  m., during the initial tour of the | R 02  | 273             | This Plan of Correction is neith an agreement with nor an admission of wrongdoing by th facility or its staff members. Rather, it is submitted for compliance purposes. This facility alleges substantial compliance with this plan of correction as of June 4th, 2021 and requests paper compliance this survey. | is<br>1                                | 06/04/2021 |
|   |  | ng was observed:  Ioor had debris and dirt  Inder the storage racks and   |   |                 | No residents were identified a being affected by the deficient  |  |            |
|   | canaap, meraanig t   | mar the storage racks and   |   |                 | boing ancolog by the deliblent  |  |            |

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 determin other safegaurds 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 disclo 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: Z9H411 Facility ID: 010681 If continuation sheet Page 1 of 3

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

PRINTED: 06/09/2021 FORM APPROVED OMB NO. 0938-039

|   | TATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA  ND PLAN OF CORRECTION IDENTIFICATION NUMBER  |  | ì í   | (X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING   |  | (X3) DATE SURVEY COMPLETED 05/25/2021 |                            |
|---|---|--|---|--|--|---------------------------------------|----------------------------|
| NAME OF PROVIDER OR SUPPLIER WYNDMOOR OF EVANSVILLE LLC |   |  | STREET ADDRESS, CITY, STATE, ZIP COD 6521 GREENDALE DR EVANSVILLE, IN 47711 |  |  |                                       |                            |
| (X4) ID<br>PREFIX<br>TAG                                | SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION  |  | PRE   | ID PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD BE  CROSS-REFERENCED TO THE APPROPRIATE  DEFICIENCY)  |  | TE                                    | (X5)<br>COMPLETION<br>DATE |
|   | around the base of the walls.  2. The floor in the food preparation area had debris and dirt build up, including under the refrigerators, freezer, around the cabinets, walls, kitchen island, and under the stove.  3. Debris and food build up was on the stove top, knobs on stove, top of microwave, toaster, and debris on the windowsill.  4. The dishwasher room had dirt and debris build up on the floor.  On 5/24/21 at 12:03 p.m., the same was observed.  On 5/25/21 at 7:40 a.m., the same was observed.  On 5/25/21 at 10:02 a.m., the Dietary Manager indicated staff sweep and mop the floors daily |  |   | practice.  100% of ancillary dietary associates were provided education on cleaning schedule compliance, and the importance consistency in completion of tasks. The Dietary Manager or designee will review the cleaning checklist and monitor areas for completion no less than daily during normal business operation to ensure tasks are completed thoroughly and in a timely fashing per the cleaning schedule for 9 days and then weekly on an ongoing basis. Emphasis on attention to detail and |  | ce of<br>ing<br>r<br>tion<br>nion     |                            |
|   | was a daily, weekly schedule that is foll a chance.  On 5/25/21 at 10:21 provided the curren kitchen, indicating twas done when you included, but were task and cleaning as wipe off stove tops Evening tasks, clear wipe off stove tops and mopped.  Monthly Dietary Cl boards  Sanitation and Clea  | ght. He further indicated there a, and monthly cleaning owed. He cleans when he gets  a.m., the Dietary Manager t cleaning schedules for the the monthly cleaning schedule have time. The schedules not limited to, daily kitchen ssignments: morning tasks, after meal time of food debris. In microwave inside and out, after meal time, floors swept eaning Schedule:base  ning Schedule: Sunday: floors s swept & mopped free of |   |  | thoroughness when following to cleaning and sanitation schedules as written.  The Executive Director or designee will provide weekly inspections of the kitchen and dining areas for cleanliness ar sanitation practices for 90 day PRN thereafter. The executive director or designee will provide weekly audits of the cleaning schedule to verify completion of 90 days and PRN thereafter. | ules<br>ad<br>s<br>e<br>le            |                            |

State Form Event ID: Z9H411 Facility ID: 010681 If continuation sheet Page 2 of 3

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

PRINTED: 06/09/2021 FORM APPROVED OMB NO. 0938-039

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION        |  | X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER | r í                 | (X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING                            |   | (X3) DATE SURVEY COMPLETED 05/25/2021 |                            |  |  |
|---|--|---|---------------------|---|---|---------------------------------------|----------------------------|--|--|
| NAME OF PROVIDER OR SUPPLIER WYNDMOOR OF EVANSVILLE LLC |  |   | 652                 | STREET ADDRESS, CITY, STATE, ZIP COD 6521 GREENDALE DR EVANSVILLE, IN 47711 |   |                                       |                            |  |  |
| (X4) ID<br>PREFIX<br>TAG                                | SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION   |   | ID<br>PREFIX<br>TAG |   | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | TE                                    | (X5)<br>COMPLETION<br>DATE |  |  |
|   | Monday: dishwasher room cleanedfloor swept under shelf. Wednesday: stove tops removed cleaned free of food debris/oil tops. Friday: all stainless steel appliancessanitized under equipment.  On 5/25/21 at 2:27 p.m., the May 2021 cleaning schedules were reviewed and contained signatures by staff indicating the above areas had been cleaned.  On 5/25/21 at 2:07 p.m., the DON (Director of Nursing) provided the current policy cleaning schedule for the kitchen, no revision date. The policy included, but was not limited to, the dietary staff shall maintain the sanitation of the Dietary Department through compliance with written, comprehensive cleaning schedules developed for the community by the Dining Services Director. |   |                     |   |   |                                       |                            |  |  |

State Form Event ID: Z9H411 Facility ID: 010681 If continuation sheet Page 3 of 3