

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

PRINTED: 05/03/2019
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155490		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/10/2019	
NAME OF PROVIDER OR SUPPLIER AMBASSADOR HEALTHCARE				STREET ADDRESS, CITY, STATE, ZIP COD 705 E MAIN ST CENTERVILLE, IN 47330			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 IN00289561.</p> <p>Complaint IN00289561 - Substantiated. Federal/state deficiency related to the allegations is cited at F812.</p> <p>Survey date: April 10, 2019</p> <p>Facility number: 00456 Provider number: 155490 AIM number: 100288750</p> <p>Census Bed Type: SNF/NF: 121 Total: 121</p> <p>Census Payor Type: Medicare: 6 Medicaid: 107 Other: 8 Total: 121</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1</p> <p>Quality review completed on April 12, 2019</p>			F 0000			
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.</p>						

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 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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	<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 frozen foods were not stored on the floor of the facility's walk-in freezer. This deficient practice has the potential to adversely affect 114 residents of the total census of 121 that receive meals and snacks from the dietary department.</p> <p>Findings include:</p> <p>During an observation of the facility's walk-in freezer on 4-10-19 at 3:37 p.m., four boxes of frozen products, which included two boxes of ground beef, one box of garlic toast and one box of lamb products, were observed sitting on the floor of the walk-in freezer.</p> <p>In an interview on 4-10-19 at 3:45 p.m., with Dietary Staff 2, he indicated there should not be any food items sitting on the floor. In an interview on 4-10-19 at 3:52 p.m., with the Dietary Manager, she indicated she had not seen any of those boxes on the floor in the walk in freezer that morning, but were present at that time. "They</p>			F 0812	<p>By submitting the enclosed documents, we are not admitting the truth or accuracy of any specific findings or allegations as in any proceedings and submit these responses pursuant to our regulatory obligations.</p> <p>We are requesting a desk review for this survey.</p> <p>F 812 FOOD PROCUREMENT, STORE/PREPARE/SERVE-SANITARY</p> <p>I. The four items identified as being stored improperly in the walk-in freezer were removed from the freezer and discarded in the trash.</p>		04/25/2019

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	<p>shouldn't be on the floor."</p> <p>According to the Indiana Food Establishment Sanitation Requirements (effective date 11-13-2004), food storage code, 410 IAC 7-24-177, Section 177(a) "...food shall be protected from contamination by storing the food as follows:</p> <p>(1) In a clean, dry location.</p> <p>(2) Where it is not exposed to splash, dust, or other contamination.</p> <p>(3) At least six (6) inches above the floor..."</p> <p>This Federal tag relates to Complaint IN00289561.</p> <p>3.1-21(i)(3)</p>		<p>II. The four items identified as being stored improperly in the walk-in freezer were removed from the freezer and discarded in the trash immediately. No other improperly stored items were found.</p> <p>III. A systematic change includes a daily check of the walk-in freezer on both morning and evening shifts. This check is to be completed by the cook and/or a dietary management staff member.</p> <p>Training was provided to all dietary staff for proper food procurement, storage, preparation and serving. This training did include detailed direction on how items are to be stored in the walk-in freezer. Inservice for all current dietary staff was held on 4/16/2019. Future inservice will be included for all new dietary staff at the time of hire.</p> <p>IV. The Certified Dietary Manager and/or designee will perform an ongoing audit of the</p>		

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			<p>daily freezer check log for 6 months. The audit information will be added to the daily cleaning log at the end of the 6 month period.</p> <p>V. The results of these audits will be discussed at the facility Quality Assurance Performance Improvement meeting and frequency and duration of reviews will be adjusted as needed.</p> <p>Completion Date: April 25, 2019</p>		