

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 04/14/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CHAPMAN PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 3110 E COLISEUM BLVD FORT WAYNE, IN 46805
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: April 12, 13 and 14, 2021.</p> <p>Facility number: 010235</p> <p>Residential Census: 38</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed April 15, 2021</p>	R 0000		
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, record review and interview the facility failed to ensure safe food handling and kitchen sanitation practices and procedures were in place for 2 serveries and 1 of 3 kitchen staff observed.</p> <p>Findings include:</p> <p>1. On 4/12/21 from 11:20 to 11:40 A.M., a continuous observation was conducted in the kitchen. At 11:29 A.M., Dietary Service Manager 1 (DSM), took the temperatures of beef potpies, 180 degrees, the garden salad temperature was 40 degrees. At 11:40 A.M., 2 trays of potpie and garden salads were placed in an enclosed cart and taken up the elevator to the first, and third floor</p>	R 0273	<p><i>Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or</i></p>	05/14/2021

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.

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 04/14/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CHAPMAN PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 3110 E COLISEUM BLVD FORT WAYNE, IN 46805
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>serveries.</p> <p>On 4/12/21 from 11:43 to 11:48 A.M., a continuous observation was conducted of the first floor servery. At 11:43 A.M., the beef potpie and garden salad were delivered in an enclosed food cart. DSM 1 had not checked the temperatures of the beef pot pie and the garden salad after the food was delivered to the first floor prior to serving. Assistant Chef 2 had not taken the temperatures of the potpie and the garden salad before the lunch trays were served to the residents.</p> <p>On 4/12/21 at 11:49 A.M., observed with DSM 1, the food arrived to floor 3 in an enclosed cart. At 11:51 A.M., DSM 1 took the temperatures of the following: turkey sandwiches were 40 and the tomato soup was 160. DSM 1 had not checked the temperatures of the beef pot pie and the garden salad before lunch trays were served.</p> <p>On 4/12/21 at 2:30 P.M., the Administrator provided an undated policy titled "FOOD STORAGE GUIDELINE". The policy had not indicated temperatures of food should be checked at point of service.</p> <p>On 4/12/21 at 11:45 A.M., in an interview, Assistant Chef 2 indicated the temperatures of the food did not need to be taken again since the temperatures of the food had been taken in the main kitchen.</p> <p>On 4/12/21 at 11:53 A.M., in an interview, the Administrator was informed food temperatures were not taken after the food arrived on the first floor servery prior to being served.</p> <p>On 4/12/21 at 12:05 P.M., in an interview, the</p>		<p><i>agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.</i></p> <p>R 273 Food and Nutritional Serviced-deficiency</p> <p>1. The Dietary Services Manager (DSM 1) and Assistant Chef 2 were in-serviced on 4/19/21 by the Executive Director (ED) on temping food at point of service. New temperature logs were introduced to dietary staff on 4/19/20 to include temping at point of service. The stove drip pan was deep cleaned on 4/12/21 by DSM 1. The standing mixer was deep cleaned and covered on 4/12/2021 by DSM 1. Quaternary sanitizer solution was poured out and remade on 4/12/21 by DSM 1, immediately after testing at 100 parts per million (ppm). DSM 1 was in-serviced on 4/12/21 by the ED on ensuring hair is entirely covered by hair net. Attachment 1</p> <p>2. An audit of the kitchen and serveries was completed on 4/21/21 by Executive Director (ED) to ensure that temperature logs are completed at point of service, all hair is contained, sanitizer is within parameters, and all kitchen machinery is in clean condition and covered appropriately. No issues were</p>	

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 04/14/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CHAPMAN PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 3110 E COLISEUM BLVD FORT WAYNE, IN 46805
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>Administrator indicated she had spoken with DSM 1 and she had indicated the food temperatures did not need to be taken again after the food arrived at the first floor servery. The facility policy indicated the food temperatures did not need to be taken after it arrived at the point of service.</p> <p>On 4/13/21 at 9:45 A.M., interviewed DSM 1 indicated the food temperatures had not been taken but should have been checked at the point of service.</p> <p>2. On 4/12/21 from 9:30 to 9:55 A.M., a continuous observation was conducted in the kitchen. DSM 1 wore a cap over her head with wisps of uncovered hair unrestrained on her forehead and at back of the neck. The stove drip pan had a dried black substance covering the entire bottom of drip pain. DSM 1 was unable to wipe the black substance off with a paper towel. The standing mixer was uncovered and clean. The Quaternary sanitizer solution was tested at 100 parts per million (ppm).</p> <p>On 4/12/21 at 2:30 P.M., the Administrator provided an undated policy titled "Cleaning and Sanitizing". The policy indicated "...Sanitizing means that we have reduced or killed enough of the microorganisms (or germs) on clean food contact surfaces to be at a safe level....Change the solution when it becomes dirty. A sanitizer is only effective when you have proper water temperature and correct concentration of sanitizer. The water should be tested for appropriate concentration levels every 2 hours. Replace the water and sanitizing solution if the concentration level falls below 200 ppm (parts per million)...."</p>		<p>identified. Attachment 2</p> <p>3. Staff was in-serviced on temping food at point of service, kitchen cleaning checklist, cleaning and sanitizing policy, and kitchen dress code on 4/23/2021 by the Executive Director (ED). Attachment 3</p> <p>4. The Dietary Services Manager is responsible for sustained compliance The Executive Director (ED) or designee will spot check the kitchen and observe meal service in the dining room 3 times per week for 4 weeks, then 2 times per week for 4 weeks, then weekly for 4 weeks to ensure safe food handling and kitchen sanitation practices procedures are maintained. Results of the spot checks will be discussed in the monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be on-going.</p> <p>5. Completion date: 5/14/21</p>	

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 04/14/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CHAPMAN PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 3110 E COLISEUM BLVD FORT WAYNE, IN 46805
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>On 4/12/21 at 2:30 P.M., the Administrator provided a form titled "Daily, Weekly, Bi-Monthly Kitchen Cleaning Checklist". The list indicated the stove top and grill should be cleaned daily but there was no documentation on the form regarding when the stove drip pan should have been cleaned</p> <p>3. On 4/12/21 at 11:20 to 11:40 A.M., a continuous observation was conducted in the kitchen. DSM 1 wore a cap over her head with wisps of uncovered hair unrestrained on her forehead and at back of her neck.</p> <p>On 4/13/21 at 9:05 A.M., the Administrator provided an undated policy titled "Dining Room Etiquette and Dress Code". The policy indicated "...Hair nets, chef hats, or skull caps that cover all hair must be worn in the food preparation area in the kitchen."</p> <p>4/12/21 at 950 A.M., in an interview, DSM 1 indicated the Quaternary sanitizer solution had been prepared 1 hour prior to testing and had been used then to wipe down some surfaces. The stove drip pan had not been on the cleaning schedules and was unsure of when the drip pan had last been cleaned. The quaternary sanitizer solution should had between 200-400 ppm. The DSM was unsure of the hair restraint policy.</p>			