

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 05/22/2024
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NAME OF PROVIDER OR SUPPLIER GREEN OAKS OF VALPARAISO	STREET ADDRESS, CITY, STATE, ZIP CODE 2550 MORTHLAND DRIVE VALPARAISO, IN 46383
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(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
R 0000 Bldg. 00	<p>This visit was for an Initial State Residential Licensure Survey.</p> <p>Survey dates: May 22, 2024</p> <p>Facility number: 015426</p> <p>Residential Census: 2</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on 5/28/24.</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 and interview, the facility failed to maintain proper kitchen sanitation related to unlabeled, undated, and uncovered food, ice scoop stored improperly, and a thermometer used to check food temperatures cleaned improperly. This had the potential to affect all 2 residents who received food from the kitchen.</p> <p>Findings include:</p> <p>1. During the initial kitchen tour with the Dietary Food Manager on 5/22/24 at 9:00 a.m., the following was observed:</p> <p>a. There was a scoop stored on top of the ice inside the ice machine.</p>	R 0273	<p>R273 – Food and Nutritional Services – Deficiency</p> <p>Based on observation and interview, the facility failed to maintain proper kitchen sanitation related to unlabeled, undated and uncovered food in the refrigerator and freezer, an ice scoop stored improperly, and a thermometer used to check food temperature was cleaned improperly. This had the potential to affect 2 out of 2 total residents who received food from the kitchen.</p> <p>Community has purchased the</p>	06/28/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jarrett Mitchell	Executive Director	06/12/2024

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 disclosed 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>b. There were two large pans of unidentified food stored in the deli cooler with no label or date.</p> <p>c. There were containers of prepared chicken, salsa, and an unidentified food with no labels or dates in the walk in refrigerator.</p> <p>d. There was a tray of desserts uncovered, unlabeled, and undated in the walk in refrigerator.</p> <p>e. There was a tray of chicken skewers uncovered, unlabeled, and undated in the walk in freezer.</p> <p>2. During lunch meal service on 5/22/24 at 11:54 a.m., Cook 1 was observed checking temperatures of the meal. She took the cover off of the thermometer and checked the temperature of the chicken. She then proceeded to place the thermometer into the mashed potatoes. She removed the thermometer, wiped it with a rag that was sitting on the food preparation counter, and inserted it into the green bean container. After checking the temperature, she removed the thermometer, and inserted it into the gravy container. She then removed the thermometer and took it to the three compartment sink to be washed.</p> <p>During an interview at the time, Cook 1 indicated she was not sure if they had certain wipes for the thermometer.</p> <p>During an interview on 5/22/24 at 11:58 p.m., Cook 2 indicated they had not received any thermometer sanitation wipes yet and the thermometer should have been sanitized in between temperature checks.</p> <p>During an interview on 5/22/24 at 12:04 p.m., the</p>		<p>proper wipes to sanitize thermometer for food temperature checks.</p> <p>Community has in-serviced all dietary staff to provide education on proper food storage, proper dating of food, ice scoop storage and proper sanitizing of thermometer for food temperature checks initiated on 5/22/2024 to be completed by 6/15/2024.</p> <p>Community Dietary Director and ED will complete weekly audits in food storage, proper dating of food, ice scoop storage and proper sanitizing of thermometer for food temperature checks. Any and all deficiencies, if found, will be corrected immediately and continued education with dietary staff will continue.</p> <p>Audits and compliance will be reviewed during monthly QI meetings for the next 6 months.</p>	

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

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OMB NO. 0938-039

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	Dietary Food Manager indicated they had not received any sanitation wipes for the thermometers yet, but she would place a new order.				