

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 12/23/2019
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NAME OF PROVIDER OR SUPPLIER RESIDENCES AT COFFEE CREEK	STREET ADDRESS, CITY, STATE, ZIP COD 2300 VILLAGE POINT CHESTERTON, IN 46304
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: December 20 and 23, 2019.</p> <p>Facility number: 014469</p> <p>Residential Census: 54</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review was completed on December 30, 2019.</p>	R 0000	<p>Residences at Coffee Creek (the "Provider") submits this Plan of Correction ("POC") in accordance with specific regulatory requirements. It shall not be construed as an admission of any alleged deficiency cited. The Provider submits this POC with the intention that it be inadmissible by any third party in any civil or criminal action against the Provider or any employee, agent, officer, director, or shareholder of the Provider. The Provider hereby reserves the right to challenge the findings of this survey if at any time the Provider determines that the disputed findings: (1) are relied upon to adversely influence or serve as a basis, in any way, for the selection and/or imposition of future remedies, or for any increase in future remedies, whether such remedies are imposed by the state of Indiana or any other entity; or (2) serve, in any way, to facilitate or promote action by any third party against the Provider. Any changes to Provider policy or procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceeding on</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 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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R 0121 Bldg. 00	<p>410 IAC 16.2-5-1.4(f)(1-4) Personnel - Noncompliance (f) A health screen shall be required for each employee of a facility prior to resident contact. The screen shall include a tuberculin skin test, using the Mantoux method (5 TU, PPD), unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The facility must assure the following:</p> <p>(1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. The first tuberculin skin test must be read prior to the employee starting work. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis.</p> <p>(2) All employees who have a positive reaction to the skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.</p> <p>(3) The facility shall maintain a health record of each employee that includes reports of all</p>		<p>that basis. We are requesting paper compliance for the deficiencies cited.</p>	

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	<p>employment-related health screenings.</p> <p>(4) An employee with symptoms or signs of active disease, (symptoms suggestive of active tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss) shall not be permitted to work until tuberculosis is ruled out.</p> <p>Based on record review and interview, the facility failed to ensure personnel records were complete, related to obtaining 2nd step tuberculin (TB) skin testing for 2 of 6 employee files reviewed. (Housekeeper 1, Cook 1)</p> <p>Findings include:</p> <p>The Employee Files were reviewed on 12/23/19 at 9:16 a.m., the following was not included:</p> <ol style="list-style-type: none"> Housekeeper 1, hired on 9/11/19, there was no 2nd step TB test completed. Cook 1, hired on 10/1/19, there was no 2nd step TB test completed. <p>Interview with the Human Resource Director on 12/23/19 at 10:36 a.m., indicated the above employees should have had 2nd step TB testing completed within 1 - 3 weeks after their 1st step.</p>	R 0121	<p>No residents experienced negative outcomes associated with this finding. Housekeeper #1 and Cook #1 did not experience negative outcomes associated with this finding. 1st step TB tests for housekeeper #1 and cook #1 have been completed and 2nd step TBs for housekeeper #1 and cook #1 are scheduled.</p> <p>An entire audit of all employee records will be completed. Director of Human Resources or designee will review all new employee TB results upon hire to ensure that 2nd step TB tests are done in a timely manner.</p> <p>Human Resources Director was in-serviced on completing 2nd step TB tests for employees in a timely manner. Upon hire, the Human Resources Director or designee will schedule the employee's 2nd step TB test to be completed within the required time frames. All completed employee TB tracking forms with the 2nd step TB results will be turned into the Human Resources Director or designee to assure compliance.</p> <p>An audit tool has been created to track and ensure that all employee</p>	01/22/2020

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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 ensure food was served under sanitary conditions related to opened and undated food items, uncovered food, undated thawed chicken and fish, scoops stored inside of flour and sugar containers, improper concentration of sanitation buckets, improper storage of convection oven grill, and an accumulation of grease and food debris on and inside of the appliances for 1 of 1 kitchens observed. (Main Kitchen)</p> <p>Finding include:</p> <p>1. On 12/20/19 at 9:22 a.m., during the Initial Kitchen Tour with the Sous Chef, the following was observed:</p> <p>a. Four opened and undated ice cream containers.</p> <p>b. An opened and undated bag of onion rings, 2 pieces of fried chicken, corn, 2 bags of snap peas, and 5 hamburger patties stored in the refrigerator drawers.</p> <p>c. Uncovered and undated sauerkraut, waffles,</p>	R 0273	<p>2nd step TB steps are done in a timely manner. These audits will be reviewed routinely at the QA Committee Meeting for the next 6 months to ensure ongoing compliance.</p> <p>Areas of concern within the kitchen were corrected immediately by the Executive Chef and her staff before the survey was complete on 12/23/19. No residents experienced negative outcomes associated with this finding.</p> <p>A food delivery was received the morning of this survey.</p> <ul style="list-style-type: none"> · The four ice cream containers that were unopened and undated were thrown out immediately · The unopened and undated onion rings, fried chicken, corn, snap peas, and hamburger patties that were stored in the refrigerator drawers were thrown out immediately · The uncovered and undated sauerkraut, waffles, thousand island dressing, french fries, and potato slices stored in the refrigerator drawers were thrown 	01/22/2020

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	<p>thousand island salad dressing, french fries, and potato slices stored in the refrigerator drawers.</p> <p>d. Undated and thawed chicken and fish stored in the refrigerator drawer.</p> <p>e. Opened and undated ham and turkey slices stored on the salad bar.</p> <p>f. Undated and uncovered leftovers stored in the walk-in refrigerator.</p> <p>g. Container of spaghetti sauce and frozen turkey on the floor of the walk-in freezer.</p> <p>h. Uncovered and undated container of pulled pork in the walk-in refrigerator.</p> <p>i. Opened and undated containers of meat balls, beef stew, flour tortilla chips, hashbrowns, grated parmesan cheese, mashed potatoes, meat loaf, chopped onions, chopped tomatoes, shredded cheddar cheese, and 2 containers of egg nog stored in the walk-in refrigerator.</p> <p>j. Opened and undated whipped ice cream topping stored in reach-in refrigerator.</p> <p>k. Scoops stored inside of the flour and sugar containers.</p> <p>l. Improper concentration for 4 of 4 sanitation buckets.</p> <p>m. Improper storage of an convection oven grill on the floor.</p> <p>n. An accumulation of grease on the right side of the convection oven.</p>		<p>out immediately</p> <ul style="list-style-type: none"> · The undated and thawed chicken and fish stored in the refrigerator drawer were thrown out immediately · The opened and undated ham and turkey slices stored on the salad bar were thrown out immediately · The undated and uncovered leftovers stored in the walk-in refrigerator were thrown out immediately · The container of spaghetti sauce and frozen turkey on the floor of the walk-in freezer were thrown out immediately · The uncovered and undated container of pulled pork in the walk-in refrigerator were thrown out immediately · The opened and undated containers of meat balls, beef stew, flour tortilla chips, hash browns, grated parmesan cheese, mashed potatoes, meat loaf, chopped onions, chopped tomatoes, shredded cheddar cheese, and 2 containers of egg nog stored in the walk-in refrigerator were thrown away immediately · Opened and undated whipped ice cream topping stored in the reach in refrigerator were thrown out immediately · The scoops stored inside of the flour and sugar containers were removed immediately · The four sanitation buckets 	

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	<p>o. An accumulation of grease and debris inside of 2 convection ovens.</p> <p>p. An accumulation of grease, dust, and food debris on the vents above the stove, grill, flat top, and fryer.</p> <p>q. An accumulation of grease and debris on the backsplash.</p> <p>Interview with the Sous Chef at the time, indicated the open items should have been dated and uncovered items should have been covered. He also indicated the sanitation buckets needed proper concentration and the appliances were in need of cleaning.</p>		<p>that were not at the proper concentration were immediately emptied and then refilled back to proper concentration upon this finding.</p> <ul style="list-style-type: none"> · The improper storage of a convection oven grill on the floor was corrected immediately upon this finding · Accumulation of grease on the right side of the convection oven was corrected immediately upon this finding · Accumulation of grease and debris inside the 2 convection ovens were corrected immediately upon this finding · Accumulation of grease, dust, and food debris on the vents above the stove, grill, flat top, and fryer were corrected immediately upon this finding · Accumulation of grease and debris on the backsplash were corrected immediately upon this finding <p>No residents experienced negative outcomes associated with this finding.</p> <p>A daily routine sanitation and safe food handing audit has been implemented and will continue to be completed by the Executive Chef or designee to review the areas noted in this citation. An in-service was completed on the date of this finding for the Dining Services staff addressing all areas of concern.</p>	

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R 0407 Bldg. 00	<p>410 IAC 16.2-5-12(b)(1-4) Infection Control - Noncompliance (b) The facility must establish an infection control program that includes the following: (1) A system that enables the facility to analyze patterns of known infectious symptoms. (2) Provides orientation and in-service education on infection prevention and control, including universal precautions. (3) Offering health information to residents, including, but not limited to, infection transmission and immunizations. (4) Reporting communicable disease to public health authorities.</p> <p>Based on interview and record review, the facility failed to ensure a system was in place to monitor and analyze patterns of known infectious organisms. This had the potential to affect all 54 residents who resided in the facility.</p> <p>Finding includes:</p> <p>The Infection Control binder was reviewed on 12/23/19 at 12:14 p.m. There was no documentation to indicate infections were monitored and/or analyzed prior to June 2019.</p> <p>Interview with the Health and Wellness Director on 12/23/19 at 2:05 p.m., indicated the binder was not complete, she was working on implementing a</p>	R 0407	<p>Executive Chef or designee will complete a routine kitchen sanitation and safe food handling audit of the kitchen 30 days, 60 days, and 90 days or until 100% compliance is achieved. These audits will be reviewed routinely at the QA Committee Meeting.</p> <p>No residents experienced any negative outcomes associated with this finding.</p> <p>An infection control binder will be kept with floor plans of each floor. A color-coded system will be placed to monitor any type of trending infections throughout the facility. The infection control binder will include resident, type of infection, type of organism, treatment ordered from MD, length of treatment, as well as if any follow up testing is ordered.</p>	01/22/2020

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

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	system that would monitor and analyze any patterns of infections on a monthly basis.		Infection control binder will be updated upon initial infection and updated monthly to assure compliance of infection control. These audits will be reviewed routinely at the QA committee meeting as our ongoing compliance.		