

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 03/12/2025
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NAME OF PROVIDER OR SUPPLIER  BRECKENRIDGE COMMONS	STREET ADDRESS, CITY, STATE, ZIP CODE 2009 NORTH HOSPITAL BLVD SULLIVAN, IN 47882
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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 a State Residential Licensure Survey.</p> <p>Survey dates: March 11 and 12, 2025</p> <p>Facility number: 013401</p> <p>Residential Census: 17</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on March 17, 2025.</p>	R 0000		
R 0154  Bldg. 00	<p>410 IAC 16.2-5-1.5(k) Sanitation and Safety Standards - Deficiency</p> <p>Based on observation and interview, the facility failed to ensure the high temperature dish machine (a commercial dishwasher which sanitizes dishes using heat in the final rinse cycle, effectively eliminating bacteria and removing tough stains without the need for chemical sanitizers) reached the minimum water temperature for the rinse cycle during 1 of 2 kitchen observations.</p> <p>Findings include:</p> <p>During the initial kitchen tour on 3/11/25 at 10:02 a.m., the rinse cycle temperature on the high temperature dish machine was observed to be 89 degrees Fahrenheit (F).</p> <p>A second run of the high temperature dish machine, on 3/11/25 at 10:11 a.m., indicated the rinse cycle temperature reached 91 degrees F. At</p>	R 0154	<p>The submission of this plan of correction does not constitute an admission or agreement of the truth of the facts or correction set forth on the statement of deficiencies. The Plan of Correction is prepared and submitted in accordance with requirements under state law. Please accept this plan of correction as a credible allegation of compliance.</p> <p>The dietary Manager acknowledged that the dish machine failed to get up to minimum final rinse temperature. The Dietary Manager/Dietary staff has received education regarding the correct final rinse temperatures for a</p>	03/12/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Erin Linn Wallace	administrator	03/28/2025

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>the same time, the Dietary Manager indicated the rinse cycle on the machine had been acting up over the past weekend. She reached out to the Maintenance Supervisor and placed a maintenance request.</p> <p>During an interview, on 3/12/25 at 9:58 a.m., the Administrator indicated she understood that sometimes the high temperature dish machine had to be run several times before it reached the proper temperatures.</p> <p>On 3/11/25 at 10:15 a.m., the Dietary Manager provided a document, dated 11/2014, titled, "Recording Temperature of Dish Machine," and indicated it was the policy currently used by the facility. The policy indicated, "...Procedure: ...3. Minimum Temperatures are generally as follows...High Temperature Machines...180 F for final rinse...."</p>		<p>high-temperature dish machine. Also, a booster element was ordered to replace the current element assuring a minimal temperature of 180 for the final rinse.</p> <p>As all could be affected, the following measures have been taken.</p> <p>In an effort to ensure ongoing compliance with acceptable temperatures while maintaining the dish machine in good working order, daily monitoring will occur by the kitchen staff. This log will be kept and completed by the dietary department.</p> <p>As a means of quality assurance, the Administrator shall check that the dish machine is working properly and record temperatures weekly for four weeks and then monthly thereafter for a minimum of 6 months. Should concerns occur, corrective action shall be taken. This log will be used to record the minimum temperatures required by the manufacturer's specifications.</p>		