

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

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 04/05/2023
NAME OF PROVIDER OR SUPPLIER HELLENIC SENIOR LIVING OF INDIANAPOLIS		STREET ADDRESS, CITY, STATE, ZIP COD 8601 SOUTH SHELBY STREET INDIANAPOLIS, IN 46227		
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaints IN00404718, IN00404885, IN00403205, and IN00404427.</p> <p>Complaint IN00404718 - State deficiencies related to the allegations are cited at R273.</p> <p>Complaint IN00404885 - State deficiencies related to the allegations are cited at R273.</p> <p>Complaint IN00403205 - State deficiencies related to the allegations are cited at R273.</p> <p>Complaint IN00404427 - State deficiencies related to the allegations are cited at R273.</p> <p>Survey dates: April 4 and 5, 2023</p> <p>Facility number: 014062</p> <p>Residential Census: 112</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed April 10, 2023.</p>	R 0000	<p>The creation and submission of the Plan of correction does not constitute an admission by this provider or an conclusion set forth in the state deficiencies, or any violation or regulation. This provider respectfully requests that this Plan of Correction be considered the letter of Credible Allegation and requests a Desk Review in lieu of a Post Survey Review.</p>	
R 0155 Bldg. 00	410 IAC 16.2-5-1.5(l) Sanitation and Safety Standards - Deficiency (l) The facility shall have an effective garbage and waste disposal program in accordance with 410 IAC 7-24. Provision shall be made for the safe and sanitary disposal of solid waste, including dressings, needles,			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

JanAnn Caudill

Executive Director

05/03/2023

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>syringes, and similar items. Based on observation, interview, and record review, the facility failed to ensure the dumpster area was free of rubbish and dumpster lids were closed for 3 of 3 dumpster area observations.</p> <p>Findings include:</p> <p>1. On 4/4/23 from 8:30 a.m. to 8:35 a.m., observed the dumpster area, located approximately 60 yards from the kitchen's rear exit door. The following was observed:</p> <ul style="list-style-type: none"> - Two dumpsters were observed in the area. The dumpster on the left was observed to lack any cover for the dumpster. The dumpster on the right was observed to have two lids which were both open. - The ground area between the dumpsters was littered with used plastic gloves, cardboard boxes, and other debris. <p>2. During a follow-up facility tour, on 4/4/23 from 10:50 a.m. to 10:55 a.m., with Server 3, the following was observed at the dumpster area:</p> <ul style="list-style-type: none"> - Two dumpsters were observed in the area. The dumpster on the left was observed to lack any cover for the dumpster. The dumpster on the right was observed to have two lids which were both open. Each dumpster was approximately one-fourth full of filled trash bags.; - The ground area between the dumpsters was littered with used plastic gloves, cardboard boxes, and other debris. The ground between the dumpsters was covered with a dark black substance that was very sticky. 	R 0155	<p>R 155</p> <p>1. The Environmental/Maintenance Director was given instructions on the first day of the survey to contact the vendor (Waste Management) of the dumpsters for repair of the lids on the dumpsters. Waste Management has provided a replacement dumpster with lids that will close. The Environmental/Maintenance Director removed the debris that was in between the dumpsters. The grease pit was replaced by the vendor Mahoney Environmental Services. The affected area was treated and cleaned. The staff removes all residents trash, therefore; no residents were affected by the deficient practice.</p> <p>2. All residents have the potential to be affected by the deficient practice, however; the staff removes and takes resident trash to the dumpsters. Staff have been retrained to keep lids closed and trash picked up around the area each time they use the dumpsters by the Environmental Service Director on April 26th.</p> <p>3. The systemic change put into place is daily checks: three times per day for five days per week for four weeks. Weekly tasks to check for any damage or defects shall be done by the Environmental/Maintenance</p>	05/06/2023

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	<p>During an interview at that time, Server 3 indicated the area was supposed to be kept clean, free of debris, and the dumpster lids were to be kept closed.</p> <p>3. On 4/5/23 from 8:10 a.m. to 8:15 a.m., the following was observed at the dumpster area:</p> <ul style="list-style-type: none"> - Two dumpsters were observed in the area. The dumpster on the left was observed to lack any cover for the dumpster. The dumpster on the right was observed to have two lids which were both open. - The ground area between the dumpsters was littered with used plastic gloves, cardboard boxes, and other debris. <p>On 4/5/23 at 9:15 a.m., the Administrator provided a copy of the Outdoor Dumpster Procedures document, dated 11/4/22, and indicated it was the current process in use by the facility. A review of the document indicated, "...Daily tasks: check around the dumpster area for cleanliness...ensure all lids are closed and doors are shut...weekly tasks: check for any damage or defects...quarterly task: remove any items that have accumulated around dumpsters...pressure wash dumpsters and dumpster corral..."</p> <p>On 4/5/23 at 4:10 p.m., a review of the Retail Food Establishment Sanitation Requirements - Title 410 IAC 7-24, effective November 13, 2004, indicated, "...receptacles and waste handling units for refuse, recyclables and returnables shall be kept covered with tight-fitting lids or doors if kept outside...accumulation of debris...are minimized...effective cleaning is facilitated around...the unit..."</p>		<p>Director. Any noted damage must be discussed with the Executive Director who will have the Environmental/Maintenance Director contact the appropriate vendor for repairs and/or replacement of the equipment. Quarterly tasks will be done by the Environmental/Maintenance Director who will remove any items that have accumulated around the dumpsters and pressure wash the dumpsters and dumpster coral. Close the doors to the coral and check placement of sign, "Please Keep Gate Closed At All Times."</p> <p>4. To ensure the deficient practice does not recur, we have developed a Daily, Weekly, and Quarterly Checklist Sheet that will be signed by the Environmental/Maintenance Director. This Checklist sheet will be discussed at the morning meetings and during the quality assurance meeting. The Executive Director will monitor compliance.</p> <p>5. The systemic changes will be completed May 6, 2023.</p>	

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R 0273 Bldg. 00	<p>410 IAC 16.2-5-5.1(f)</p> <p>Food and Nutritional Services - Deficiency</p> <p>(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, interview, and record review, the facility failed to ensure foods were served in a sanitary and safe manner for 1 of 2 kitchen observations. Foods were not covered, labeled or dated, scoops were stored in bulk food containers, and chemicals were stored next to food items.</p> <p>Findings include:</p> <p>On 4/4/23 from 9:55 a.m. to 10:40 a.m., during the initial kitchen tour with Cook 4 and Server 3, the following was observed:</p> <p>1. The following food items were observed in the kitchen's walk-in refrigerator unit:</p> <ul style="list-style-type: none"> - A six-quart plastic container was half full of cooked chicken was observed on the shelf. The container was covered with plastic wrap. The container lacked a label to indicate what the food item was and when it was placed into the refrigerator unit. - Two medium sized bags of sliced pepperoni were observed on the shelf. The pepperoni bags were loosely wrapped and lacked a label to indicate when they were opened and placed into the refrigerator unit. - One opened gallon container of relish was observed on the top shelf. The container was 	R 0273	<p>R 273</p> <p>1. No residents were found to have been affected by the deficient practice. All items were discarded immediately upon findings.</p> <p>2. An audit was completed by the Executive Director to ensure that all items in the walk-in refrigerator and freezer are properly labeled and dated. All scoops were removed from the plastic bins and the rice and sugar were disposed of. All residents could have been affected by the deficient practice; however, no residents were affected.</p> <p>3. All food items continue to be properly labeled at the time of receipt. The new Dining Service Director will hold an in-service will be held on April 24th and April 25th for all Dining staff regarding the process of labeling food upon receipt and dating food items once they are opened. All chemicals and cleaning supplies in the dry storage were immediately removed and placed in a closet. All bottles handling chemicals will</p>	05/06/2023

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	<p>approximately half full of relish. The container lacked a label to indicate when the food item was opened and placed into the refrigerator unit.</p> <p>- One gallon container of tarter sauce was observed on the top shelf. The container was approximately one-fourth full of tarter sauce. The container lacked a label to indicate when the food item was opened and placed into the refrigerator unit.</p> <p>- One small loosely wrapped ham chunk was observed on the top shelf. The ham chunk was a dusty gray color, had a strong unpleasant odor, and had a slimy texture to the item. The plastic wrap was observed to have "3/10" written on the item.</p> <p>- One wrapped unidentifiable food item was observed on the middle shelf. The plastic wrap lacked a label to indicate what the food item was and when it was placed into the refrigerator unit.</p> <p>2. The following food items were observed in the kitchen's walk-in freezer unit:</p> <p>- One wrapped unidentifiable food item was observed on the middle shelf. The food item was encased in ice. The food item lacked a label or date.</p> <p>- One opened package of potato rounds was observed on the middle shelf. The food bag was not closed and lacked a date for when the item was opened.</p> <p>3. The following was observed in the kitchen area near the food preparation area:</p> <p>- One large plastic bin, one-half full of rice, was</p>		<p>be properly labeled. To ensure all chemicals are properly labeled and used correctly, the new Dining Service Director will hold an in-service on the use of chemicals used in the kitchen will be held on April 24th and April 25th. The Executive Director will monitor compliance.</p> <p>1. A QA tool has been developed and will be implemented to ensure the correct food storage protocol for labeling and dating. The QA tool will be utilized two times a week for four weeks, then monthly for 3 months, then quarterly thereafter until a threshold of 100% is met.</p> <p>2. The systemic changes will be completed by May 6, 2023.</p>	

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	<p>observed to have a scoop inside the bin resting on the food.</p> <p>- One large plastic bin, one-fourth full of sugar, was observed to have a scoop inside the bin resting on the food.</p> <p>4. The following was observed in the dry storage room:</p> <p>- Two small bags, one-half full of uncooked macaroni, were observed on the middle shelf. The bags were loosely tied and lacked a date for when the food items were opened.</p> <p>- One 36-ounce bag of au gratin potatoes, one-fourth full, was observed on the middle shelf. The bag lacked a date for when the item was opened.</p> <p>- One 56-ounce bag of potato pearls, one-fourth full, was observed on the middle shelf. The bag lacked a date for when the item was opened.</p> <p>5. The following chemicals and cleaning supplies, included but were not limited to, were observed on the shelf located next to food items in the dry storage area:</p> <p>- One unlabeled clear bottle that contained an unknown colored liquid.</p> <p>- One partial 16-ounce can of Array stainless steel polish.</p> <p>- One full 19-ounce can of glass cleaner.</p> <p>- Four full one-gallon bottles of Array germicidal bleach and disinfectant.</p>			

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	<ul style="list-style-type: none"> - One partial gallon bottle of Simple Green. - One full gallon bottle of Acid-D-Lime. - One partial gallon of Array Freezer Cleaner. - One partial bottle of Comet with Bleach. - One partial bottle of Array Citrus Spray and wipe. - One full five-gallon bucket of Rinse Aide. <p>During an interview on 4/4/23 at 10:45 a.m., Cook 4 indicated foods were to be labeled, dated, and wrapped tightly, scoops were not to be stored in bulk containers, and chemicals and cleaning supplies were not to be stored among food items.</p> <p>During an interview on 4/5/23 at 9:20 a.m., the Administrator indicated all residents residing in the facility received food from the kitchen.</p> <p>On 4/5/23 at 9:57 a.m., the Director of Nursing Services provided a copy of the Labeling and Dating Foods (Date Marking) policy, dated 2020, and indicated it was the current policy in use by the facility. A review of the policy indicated, "...All foods stored will be properly labeled according to the following guidelines...once opened, all ready to eat, potentially hazardous food will be re-dated with a use by date according to current safe food storage guidelines or by the manufacturers expiration date...once a package is opened, it will be re-dated with the date the item was opened and shall be used by the safe food storage guidelines or by the manufacturer's expiration date..."</p> <p>On 4/5/23 at 9:57 a.m., the Director of Nursing</p>			

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	<p>Services provided a copy of the Food Storage (Dry, Refrigerated, and Frozen) policy, dated, 2020, and indicated it was the current policy in use by the facility. A review of the policy indicated, "...General storage guidelines to be followed: all food items will be labeled. The label must include the name of the food and the date by which it should be...consumed or discarded...leftover contents of cans and prepared food will be stored in covered, labeled and dated containers in refrigerators and/or freezers...poisonous materials...chemicals will be stored separately from food in a designated...cleaning closet or cabinet..."</p> <p>On 4/5/23 at 4:05 p.m., a review of the retail Food Establishment Sanitation Requirements Title 10 IAC 7-24, effective November 13, 2004, indicated: "...refrigerated, ready to eat, potentially hazardous food prepared...shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises...discarded...covered containers, or wrappings...wrap food tightly to prevent cross contamination...working containers holding food or food ingredients that are removed from their original packages for use in the retail food establishment, such as...flour...sugars...shall be identified with the common name of the food...handles above the top of the food within containers or equipment that can be closed, such as...sugar..."</p> <p>This State tag is related to Complaints IN00404718, IN00404885, IN00403205, and IN00404427.</p>			