

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 04/19/2024
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NAME OF PROVIDER OR SUPPLIER  BRIDGEPOINTE GARDENS	STREET ADDRESS, CITY, STATE, ZIP COD 3100 UTICA SELLERSBURG ROAD JEFFERSONVILLE, IN 47130
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
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R 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00430169.</p> <p>Complaint IN00430169 - State deficiency related to the allegation is cited at R0273.</p> <p>Survey date: April 19, 2024</p> <p>Facility number: 015122</p> <p>Residential Census: 80</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on April 23, 2024.</p>	R 0000	<p>The submission of this plan of correction shall serve as credible evidence of substantial compliance with the alleged deficient practice. The facility respectfully requests a desk review for substantial compliance since no residents were affected or harmed and the facility has corrected the alleged deficient practice as evidenced by the submission of this plan of correction.</p>	
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 expired foods were discarded and opened food items dated for 2 of 2 refrigerators observed for safe food storage. (walk-in-refrigerator and standard-refrigerator)</p> <p>Findings include:</p> <p>1. On 4/19/24 at 10:47 a.m., the following observations were made in walk-in refrigerator:</p> <p>- 4 small side salads partly covered with parchment paper and undated</p>	R 0273	<p><b>1. No residents were harmed.</b></p> <p><b>2. An audit was completed on current inventory to ensure that items had expiration dates noted, including opened items. Items that had expired expiration dates were immediately discarded. Additionally, an audit was completed to ensure that food</b></p>	05/14/2024

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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	<p>- a large metal tub of sliced lemons undated</p> <p>- opened black forest torte cake undated</p> <p>- a metal container with coleslaw with an expiration date of 4/16/24</p> <p>- sliced pineapples with an expiration date of 4/14/24</p> <p>- 3 metal tubs with slice cucumbers, diced tomatoes and shredded carrots undated</p> <p>- an undated opened package of sausage patties</p> <p>- a container of opened sweet and sour sauce with an expiration date of 3/21/24</p> <p>- 2 squeeze bottles of cheese sauce with an expiration date of 4/3/24 and 4/13/24</p> <p>- a squeeze bottle of teriyaki sauce with an expiration dated of 3/25/24</p> <p>- a plastic container of teriyaki sauce with an expiration date of 3/1/24</p> <p>- a squeeze bottle of taco sauce with an expiration date of 4/9/24</p> <p>2. On 4/19/24 at 11:11 a.m., the following observations were made in the standard refrigerator:</p> <p>- a plastic tub of feta cheese opened and undated</p> <p>- a small bowl of a mini marshmallow dessert undated and uncovered.</p> <p>During an interview on 4/19/24 at 10:45 a.m., Staff Member 2 indicated once an item reached the expiration date, it should have been thrown away.</p> <p>On 4/19/24 at 10:51 a.m., Staff Member 3 indicated opened food items should have been dated for staff to know the expiration dates.</p> <p>On 4/19/24 at 12:49 p.m., the Director of Nursing indicated they did not have a written policy related to food storage/expiration of dates, but they follow the State guidelines.</p>		<p><b>items were covered as appropriate. Cooks have been re-educated on current Serv-Safe Guidelines.</b></p> <p><b>3. The facility follows Serv-Safe guidelines as policy and procedures for food storage. The current Serve-Safe guidelines were reviewed, and the facility will continue with these guidelines.</b></p> <p><b>4. The Director of Culinary Services, or designee, will utilize the Food Audit Tool (See attachment) to ensure continued compliance with this plan of correction. The audit tool will be completed weekly for 4 weeks, then twice a month for 2 months to ensure compliance is maintained. Thereafter, the Director of Culinary Services, or designee, will conduct random audits to ensure continued compliance is maintained.</b></p>	

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

PRINTED: 05/21/2024  
FORM APPROVED  
OMB NO. 0938-039

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	This Citation relates to Complaint IN00430169				