

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 02/22/2024
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NAME OF PROVIDER OR SUPPLIER  SILVER BIRCH OF TERRE HAUTE	STREET ADDRESS, CITY, STATE, ZIP COD 650 LAFAYETTE AVENUE TERRE HAUTE, IN 47807
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R 0000  Bldg. 00	<p>This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00419266.</p> <p>Complaint IN00419266 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: February 21, and 22, 2024</p> <p>Facility number: 014291</p> <p>Residential Census: 110</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on March 5, 2024.</p>	R 0000	<p>This plan of correction is submitted as required under federal and state regulation. This plan of correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of the plan does not constitute an agreement by the facility that the surveyor's findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies cited are correctly applied. Please accept this plan of correction as our credible allegation of compliance. We are requesting a desk review for paper compliance.</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, interview, and record review, the facility failed to ensure proper food storage and the facility failed to complete temperature logs for the walk-in freezer, walk-in cooler, reach-in refrigerator, reach-in salad bar, and dishwasher for 1 of 1 kitchen observations.</p> <p>Findings include:</p>	R 0273	<p>It is the practice of this facility to ensure proper food storage and temperature logs for the walk-in freezer, walk-in cooler, reach-in refrigerator, reach-in salad bar, and dishwasher are completed daily.</p> <p><b>1</b> <b>What corrective action(s) will b</b></p>	03/17/2024

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

TITLE

(X6) DATE

Jill Stott

Administrator

03/17/2024

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>1. During the kitchen observation, on 2/21/24 at 10:03 a.m., a food storage refrigerator was noted next to the food prep area. Cook 4 indicated the refrigerator contained some leftovers and extra items that may be needed for meals. An undated container of roast beef was noted in the refrigerator. Cook 4 indicated the roast beef should be discarded because it was not dated, and he does not know how long it had been in the refrigerator. He further indicated he had not worked the last two days.</p> <p>In the food storage refrigerator, on 2/21/24 at 10:03 a.m., a container of mushroom burgers was noted with a date of 2/14/24. Cook 4 indicated the mushroom burgers should have been discarded because they were only good for 3 days.</p> <p>In the food storage refrigerator, on 2/21/24 at 10:03 a.m., a container of chili dog sauce was noted with a date of 2/13/24. Cook 4 indicated the chili dog sauce should have been discarded because they were only good for 3 days.</p> <p>During an interview, on 2/21/24 at 10:03 a.m., Cook 4 indicated the food leftovers were good for 3 days once placed in the refrigerator and all should have a date on them when placed in the containers.</p> <p>On 2/21/24 at 10:25 a.m., the Executive Director (ED) provided a document with a revised date of 1/20/20, titled, "Food Storage," and indicated it was the policy currently being used by the facility. The policy indicated, " ...All products should be dated upon receipt and when they are prepared. Use "use by dates" on all food stored in refrigerators and use dates according to the timetable in the Dry ...5. All cooked meat should be used within 3-4 days of cooking ...."</p>		<p><b>e accomplished for those residents to have been affected by the deficient practice?</b> The container of roast beef, container of mushroom burgers and container of chili dog sauce were immediately discarded. All other food items were identified and dated appropriately using date of receipt, preparation and use by dates. Temperature logs were recorded for the walk-in freezer, walk-in cooler, reach in refrigerator, and reach in salad bar and continue daily. The temperature logs for the dishwasher were updated and continue daily.</p> <p><b>2</b> <b>How will the facility identify other to having the potential to be affected by the same deficient practice and what corrective action will be taken?</b> All residents have the potential to be affected. The AM and PM Cook will be responsible to record daily temperatures for walk-in freezer, walk-in cooler, reach-in refrigerator, reach-in salad bar, and dishwasher during their shift. Any noncompliance will be corrected at the time of discovery.</p> <p><b>3</b> <b>What measures will be put into place or what systematic chan</b></p>				

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	<p>2. During observation of the kitchen, on 2/21/24 at 10:00 a.m., Dietary Aide 3 and the Executive Director (ED) were present for the tour of the kitchen and dry storage areas. The February 2024 temperature logs were observed on the outside door of the walk-in freezer and were noted to not be up to date. The last recorded date of temperatures for the walk-in freezer, walk in cooler, reach in refrigerator, reach in salad bar was 2/13/24. The record lacked documentation beyond 2/13/24.</p> <p>During an interview, on 2/21/24 at 10:00 a.m., the ED indicated the temperature logs should be completed daily and the temperature logs were not up to date.</p> <p>During observation of the kitchen, on 2/21/24 at 10:05 a.m., the ED indicated they had just installed a new high temperature dishwasher approximately 3 to 4 weeks ago. The February 2024 dish machine temperature logs were noted in a binder in the kitchen and were not up to date. The dishwasher temperature was last completed on 2/7/24. The log lacked documentation of the temperature after 2/7/24.</p> <p>During an interview, on 2/21/24 at 10:05 a.m., the ED indicated the dishwasher temperature should be checked daily and documented into the log sheet. She indicated the log was not up to date.</p> <p>On 2/21/24 at 10:25 a.m., the ED provided a document with a revised date of 1/20/20, titled, "Record of Refrigeration Temperatures," and indicated it was the policy currently being used by the facility. The policy indicated, " ...Policy: A daily temperature record should be kept for all refrigeration and freezer units. This is to ensure</p>		<p><b>ges the facility will make to ensure that the deficient practice does not occur?</b> The Executive Director will inservice all staff by March 17, 2024, regarding proper food storage procedures that all products should be dated upon receipt, when prepared and to use "use by dates" on all foods stored in refrigerators and to use the dates according to the timetable listed in the policy, "Food Storage." In addition, all culinary staff will be educated on the importance and procedures of documenting temperature logs of walk-in freezer, walk-in cooler, reach in refrigerator, and reach in salad bar daily.</p> <p><b>4</b> <b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b> The Executive Director will conduct random audits as a part of the QAPI process to ensure all food items are properly stored and dated in accordance with policy and temperature logs for walk-in freezer, walk-in cooler, reach in refrigerator, and reach in salad bar are documented daily, 5x a week for 4 weeks, 3x a week for 4 weeks and 1x a week for 4</p>	
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	<p>that food safety and quality are maintained ...."</p> <p>During an interview, on 2/21/24 at 2:00 p.m., the ED indicated she did not have a currently policy in regard to the dishwasher temperature log because the machine was new, but it was the expectation that staff check those temperatures daily and place it on the log sheet.</p>		<p>weeks. Any noncompliance will be reported to the QAPI committee for further recommendations. Audits will be complete once 100% compliance has been maintained for 4 weeks.</p> <p><b>5</b> <b>By what date the systematic changes will be completed?</b> March 17, 2024</p>	