

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155473	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
NAME OF PROVIDER OR SUPPLIER  Envive of Berne		STREET ADDRESS, CITY, STATE, ZIP CODE 1065 Parkway St Berne, IN 46711	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>45243</p> <p>Based on observation, interview, and record review the facility failed to maintain sanitary conditions in the kitchen. 38 of 39 residents who reside in the facility eat food prepared in the kitchen.</p> <p>Findings include:</p> <p>During an observation on 09/30/24 at 09:22 AM, [NAME] 2 pulled the grease traps under the first set of burners. There were 2 layers of foil present. On the top layer of foil was burnt noodles, carrots, and other unidentifiable debris as well as other odd, shaped discolorations on top of each other. The oven under the first set of burners did not close fully. The walk in cooler had debris of various sizes and substance; cardboard, plastic, and paper were identified under the racks. There was a pipe coming from the top of the walk in freezer wrapped in black tape, at an elbow of the pipe was a square plastic container with green markings of 1 cup, 2 cups, 3 cups, and 4 cups underneath. There was liquid inside the container. The liquid was clear and frozen. There was a frozen substance coming out the left side of the container. The walk in freezer did not have a thermometer present on the inside. Within the kitchen there were 3 red buckets of sanitation solution. Dietary Aide 3 assisted in testing a bucket for correct strength. When Dietary Aide 3 removed strip he immediately indicated the strip was very light. The strip indicated a strength of 25 per Dietary Aide 3. He indicated the solution was weak as noted by the light color on the strip.</p> <p>During an interview on 09/30/24 at 09:22 AM, [NAME] 2 indicated the Dietary Manager (DM) was not in. [NAME] 2 indicated the oven was still operable and a work order was placed to fix the door to the oven. [NAME] 2 was unsure when the work order was placed. [NAME] 2 indicated to determine the temperature, the staff just guess. [NAME] 2 proceeded to show documentation of a recorded temperature for the deep freeze on 9/30/24. [NAME] 2 indicated there was not a thermometer present when the temperature was recorded as Zero.</p> <p>During an interview on 09/30/24 at 09:52 AM, Dietary Aide 3 was unable to determine where to get the information for a correct concentration.</p> <p>Records were reviewed 10/1/24 at 8:26AM, findings as follows:</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A work order for the right oven door was created on 8/4/24, then updated on 8/23/24. A comment on the document indicated hinges were worn out and parts needed to be located. The work order indicated the vendor would call when parts are found. In the comments section, a note indicated professional food service had been called on 9/30/24, the service would be sending out mobile service as soon as today to make correction to door on stove.</p> <p>The log for 3-Compartment Sink, dated August 2024, had an area for test strip PPM, wash temp, and rinse temperature. The log was blank for the effective or the expected numbers.</p> <p>The weekly cleaning task list contained: delime dishwasher, wipe down counter and drawers, clean coffee pots, clean hood filters, change aluminum foil in stove, clean stove burners, wipe down plate warmers, wipe down steam table, and wipe down all stainless steel appliances. At the bottom of the sheet were the directions: All cleaning jobs need to be done by the following Sunday. No monthly or daily cleaning lists were provided.</p> <p>During a continuous observation on 10/01/24 from 10:26 AM to 11:20 AM, A red bucket was tested slightly darker than 100. During the observation, the DM washed her hands 3 times. The first time she washed her hands was for 7 seconds. The second time was for 7 second seconds. The third time was for 7 seconds. The DM indicated the amount of time to wash hands was 20 seconds minimum.</p> <p>During an interview, on 10/01/24 at 11:20 AM, the DM indicated the sanitation buckets were to test between 100 and 200. The DM further indicated the sanitation requirements were at the top of the recording page where staff were expected to record the bucket sanitation.</p> <p>During an interview on, 10/2/24 at 11:06AM, the Maintenance Director indicated the pipe in the walk in freezer was cracked at the top at a joint. They were unsure where it was cracked and when they noticed it leaking, they wrapped it in heat tape and put a container under to catch the leak until it could be properly fixed.</p> <p>A policy titled, Cleaning and Sanitizing Equipment dated 1/23 was provided 10/1/24 at 8:26AM by the Administrator. The policy indicated dietary staff will maintain cleaning and sanitizing solution I clean receptacles and at proper concentration .</p> <p>A policy titled; Cleaning Schedules dated 01/12 was provided 10/1/24 at 8:26AM by the Administrator. The dietary staff will maintain the sanitation of the dietary department through compliance with a written, comprehensive cleaning schedule .</p> <p>3.1-21(j)(2)(3)</p>		