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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>155527 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing  | (X3) DATE SURVEY COMPLETED<br><br>04/19/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Pineknoll Rehabilitation Centre |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>160 N Middle School Rd<br>Winchester, IN 47394 |  |

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<br>(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 - Many</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>09676</p> <p>Based on observation, interview, and record review, the facility failed to ensure food was prepared and distributed in a safe, sanitary manner. This deficient practice had the potential to impact 55 of 55 residents who received meals from the facility kitchen.</p> <p>Findings include:</p> <p>During a kitchen tour on 4/15/24 at 10: 15 a.m., accompanied by the Dietary Manger, the following concerns were observed:</p> <ul style="list-style-type: none"> <li>a. Varied sizes of empty boxes were on the floor in front of the three compartment sink.</li> <li>b. A 1/4 sized shallow steam table pan, in the clean storage, had a baked on brownish-black sticky residue on the pan lip and descending into the food contact area. Three pea-sized spots of dark residue were on the food contact surface.</li> <li>c. A 1/2 sized shallow steam table pan, in the clean storage, had a baked-on, sticky, golden brown residue around the lip and descending into the food contact sides of the pan.</li> <li>d. A full-size large steam table pan, in the clean storage, had chunks of food residue on the center bottom food contact surface of the pan. The lip had a dark black, sticky baked on residue.</li> </ul> <p>During an interview, at the time of the observation, the Dietary Manager indicated it appeared the previous night's dish crew had not been attentive to the washing of the pots and pans.</p> <ul style="list-style-type: none"> <li>e. Three of three coated non-stick skillets had missing stick-resistant coating. The missing coating created large sections of pan with no coating and exposed metal. The stick resistant areas on all three pans were covered with thick black, sticky, residue.</li> <li>f. The top surface of the mounted knife holder was dusty in appearance and sticky to touch.</li> <li>g. The commercial food processor was covered in a clear, sticky substance.</li> <li>h. The large table mounted can opener had a thick, sticky, and dark residue on both the cutting blade and the mounted base.</li> </ul> <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.

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| 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 - Many</p>                    | <p>i. One of three inspected serving ladles, in the clean storage drawer had a pooled, clear liquid in the bowl shaped ladle.</p> <p>j. The lip of the vent hood covering the stove, oven, and griddle, had a heavy coating of a black, greasy residue on the hood internal lip.</p> <p>k. The drip pan, located under the burners on the stove, had a heavy dark brown and black build up of baked on residue, covering approximately 1/2 of the surface.</p> <p>During a kitchen observation on 4/17/23 at 10:55 a.m., three empty boxes were on the floor in front of the three compartment sink.</p> <p>During an observation of the food washer process on 4/19/24 at 9:36 a.m., the dish washer had been in operation and dishes had been washed. The Dietary Manger tested the chemical levels in the rinse/sanitation cycle and found the chemical level was reading less than 10 parts per million (PPM). During an interview at the time of the observation, he indicated the chemical should read 100 PPM. The Dietary Manager indicated he would need to contact the facility's contracted dishwasher service company. At this time the Dishmachine Temperature/Sanitizer Log.was reviewed and found no temperatures or chemical levels had been recorded on 4/18/24 at supper, or on 4/19/24 prior to beginning the breakfast dishes.</p> <p>During an interview on 4/19/24 at 11:57 a.m., the DON indicated 55 of the 55 residents who resided in the facility consumed food orally.</p> <p>A current, undated, facility document titled Cleaning Schedule, provided by the Corporate RN Consultant on 4/19/24 at 10:14 a.m., indicated the following:</p> <p>.Cook (clean) Daily, Can Opener, Food Processor .Utensil Drawers .if needed Stove/grill .weekly .Tuesday Stove/Grill .Saturday Vent hood &amp; Lights</p> <p>A current, 5/2018, facility policy titled Dish Machine Operation-Low Temperature, provided by the Corporate RN Consultant on 4/19/24 at 10:14 a.m., indicated the following:</p> <p>.e. Record both temperature and sanitizer levels on the Dishmachine Temperature/Sanitizer Log</p> <p>3.1-21(i)(1)</p> |   |  |