

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155685	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER Brickyard Healthcare - Elkhart Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 W Hively Ave Elkhart, IN 46517	

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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>34966</p> <p>Based on observation, record review and interview, the facility failed to ensure food was served at palatable temperatures in 1 of 1 kitchens observed (Main Kitchen). This deficient practice potentially affected 110 of 120 residents who consumed food from the main kitchen.</p> <p>Finding includes:</p> <p>During a meal observation with [NAME] 1 in the Main Kitchen, on 10/1/24 at 12:00 P.M., the food temperatures of hot foods on the steam table were a follows: pureed corn 105 F (Fahrenheit), cream corn 123 F, pureed beef 118 F, beef gravy 128 F, pepper steak 123 F, whole corn 141 and sweet potato 140</p> <p>During observation of room trays on the 500 hall, conducted on 10/1/24 at 12:37 P.M., meals were transported to the unit, from the kitchen on metal covered, noninsulated carts. The last tray to be served, at 12:37 P.M., had the following food temperatures at the point of service: pepper steak 80 F, sweet potatoes 85 F and whole corn 85°F.</p> <p>During an interview on 10/1/24 at 12:05 P.M., [NAME] 1 indicated hot food temps should be held at or above 140 F while on the steam table.</p> <p>During an interview on 10/1/24 at 12:24 P.M. the Dietary Manager indicated hot foods were to be temperature checked at the steam table and should be held at at least 135 F.</p> <p>During an interview on 10/1/24 at 12:49 P.M., Resident E indicated the hot food was always cold when served.</p> <p>During an interview, on 10/1/24 at 12:52 P.M. in the dining room, Resident G and Resident H both indicated the food was often served cold and needed to be warmer.</p> <p>On 10/1/24 at 12:00 P.M., during food service distribution, in a hot food temps check with [NAME] 1, [NAME] 1 check the food temps and agreed that the following foods tempt out at:</p> <p>Pureed corn: 105 F, Cream corn 123, whole corn 141, pureed beef 118, beef gravy 128, pepper steak 123, sweet potato 140</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155685	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER Brickyard Healthcare - Elkhart Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 W Hively Ave Elkhart, IN 46517	

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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 10/1/24 at 12:58 P.M., the Administrator indicated hot foods should be served at appropriate temperatures and not below.</p> <p>On 10/1/24 at 2:32 P.M., the Director of Nursing provided the policy titled, Maintaining a Sanitary Tray Line, dated 12/17 and indicated it was the current facility policy. The policy indicated the priority of food service was to ensure foods were handled safely and held at proper temperatures and to periodically monitor food temperatures throughout the meal service to ensure hot foods were maintained at or above 135 F.</p> <p>This citation relates to Complaint IN00443191.</p> <p>3.1-21(a)(2)</p>