STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155847	A. Building B. Wing	11/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Silver Memories Health Care	6996 South Us421 Versailles, IN 47042

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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 34232 Based on observation, interview, and record review, the facility failed to follow the manufacturer's guidelines related to the dishwasher temperatures and chemical sanitation for 1 of 2 kitchen observations and failed to maintain the resident snack refrigerator in a sanitary manner related to the storage of undated and unlabeled food and non-food items for 1 of 1 snack refrigerator observed. This deficient practice had the potential to affect 29 of 29 residents who received food from the kitchen or snack refrigerators. Findings include: During the initial kitchen tour on 11/21/24 at 10:48 A.M., with Human Resources (HR) 1, the following was observed: - The thermometer on the dishwasher registered 90 degrees Fahrenheit during the rinse cycle. The sticker on the machine indicated it was supposed to be 120 degrees Fahrenheit. There was no steam rising off of the dishwasher. - A chemical test of the dishwasher solution was conducted with HR 1 and the result was 10 Parts Per Million (PPM). HR 1 indicated it was supposed to be between 50 and 100 PPM. The residents' snack refrigerator, located in the kitchen, contained the following: - A cow print lunch bag with no resident's name or date, - A small gray lunch bag with no resident's name or date that contained a package of pistachios, and - an open box of ice cream sandwiches with no resident's name or date. HR 1 indicated an employee had donated the ice cream sandwiches. HR 1 and the other kitchen staff indicated they did not know to whom the lunch bags belonged to, and HR 1 removed them from the refrigerator. Dietary Aide (DA) 2 indicated they did not monitor the dishwasher temperatures, just the chemical levels. (continued on next page)

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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 11/21/24 at 11:04 A.M., the dishwasher was re-checked and the thermometer on the dishwasher only registered 98 degrees Fahrenheit. HR 1 indicated they would be using the three-sink sanitation system for dishwashing until the dishwasher was fixed. The Administrator was standing at the kitchen door at the time of the second running of the dishwasher and indicated the dishwasher usually had steam coming off of it. No steam was coming off of the dishwasher at the time. During an interview on 11/21/24 at 11:55 A.M., HR 1 indicated all residents in the facility received food from the kitchen. During an interview on 11/25/24 at 1:13 P.M., DA 2 indicated the residents' snack refrigerator was used for overflow of facility meal service items. During an interview on 11/26/24 at 2:07 P.M., the Dietary Manager indicated they tested the chemical level of the dishwasher everyday but did not know where the paper was, they documented the information on, it was not in the kitchen binder. An Out of Order sign remained on the dishwasher for the remaining time of the survey. The dishwasher Operating Manual was provided by the Maintenance Director on 11/26/24 at 1:28 P.M. and included, but was not limited to, the following requirements: - Ensure water temperatures match those listed on machine data plate, - Minimum Wash Temperature 120 degrees Fahrenheit, - Minimum Rinse Temperature 120 degrees Fahrenheit, and - Minimum Chlorine Required (PPM) 50. The Dish Machine Temperature and Sanitizer Log Sample Form for October and November 2024, was provided by the Dietary Manager on 11/26/24 at 2:32 P.M. The record indicated the wash temperature was below the recommended 120 degrees Fahrenheit on the following dates: - 11/02/24, 115 degrees, - 11/03/24, 119 degrees, - 11/04/24, 113 degrees, - 11/06/24, 115 degrees, - 11/08/24, 115 degrees, - 11/09/24, 115 degrees, - 11/10/24, 118 degrees, (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	- 11/14/24, 115 degrees, - 11/15/25, 113 degrees, - 11/16/24, 118 degrees, and - 11/18/24, 115 degrees. The current Food from Outside Sources policy, with a reviewed date of 07/2023, was provided by the Director of Nursing (DON) on 11/26/24 at 10:54 A.M. The policy indicated, . Visitors/family members will label food and beverages with the resident's name, room number and date. All food is to be stored in a suitable container .NO OUTSIDE FOOD WILL BE USED IN THE FOOD SERVICE DEPARTMENT . The current Personal Food Storage policy, dated 2010, was provided by the Dietary Manager on 11/26/24 at 11:34 A.M. The policy indicated, .Food or beverage brought in from outside sources for storage in facility pantries, refrigeration units, or personal room refrigeration units will be monitored by designated facility staff for food safety . 3.1-21(i)(3)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 38769 Based on observation, interview, and record review, the facility failed to follow infection control guidelines related to isolation for 1 of 5 residents reviewed for isolation. (Resident 20) Findings include: During an observation and interview on 11/21/24 at 1:58 P.M., Resident 20 was propelling herself in her wheelchair out of the room. She indicated she was going to the shower room bathroom. It was a public bathroom that was shared with other residents, she had never used a bedside commode and had always used the public bathroom. During an observation on 11/21/24 at 2:01 P.M., Resident 20 was in the public bathroom in the shower room. Certified Nurse Aide (CNA) 4 donned gloves and the resident stood up from her wheelchair and CNA 4 assisted the resident with pulling her pants and brief down. The CNA removed the resident's soiled brief, placed it in a trash can, gathered a new brief from a shelf, and put it on the resident. When the resident was done, she stood up, and the CNA cleansed her and pulled up her pants. The resident sat back into her wheelchair. The CNA removed her gloves and opened the door for the resident to leave and washed her hands. The toilet was not cleaned after the resident had used it. During an interview on 11/21/24 at 2:08 P.M., CNA 4 indicated she was made aware if a resident was on any isolation precautions from the nurses and managers. If a resident was on isolation, she would wear a gown and gloves. Resident 20 was not on any type of isolation at that time. During an interview on 11/21/24 at 2:11 P.M., RN 3 indicated the shower bathroom was public and 24 of the 29 residents in the building used that bathroom. If a resident had Extended-spectrum B-lactamase (ESBL), a bacteria, in their urine, then they would be placed on isolation. The staff should wear a gown and gloves when assisting the resident to the bathroom. During an interview on 11/21/24 at 2:15 P.M., the Director of Nursing (DON) indicated is a resident had ESBL in their urine then they were placed on Enhanced Barrier Precautions (EBP). When a resident was placed on EBP then the staff were to wear a gown and gloves to provide care. The staff were made aware of resident's being on EBP through report and the signage on the resident door. If a resident had ESBL in their urine, then the bathroom should be disinfected after it was used. The clinical record for Resident 20 was reviewed on 11/21/24 at 1:56 P.M. A Quarterly Minimum Data Set (MDS) assessment, dated 08/30/24, indicated the resident was moderately cognitively impaired. The resident's diagnoses included, but were not limited to, hypertension, diabetes, non-Alzheimer's dementia, seizure disorder, depression, and schizophrenia. A Progress Note, dated 11/14/24 at 2:58 P.M., indicated the resident had a new order for Cipro (an antibiotic) 500 milligrams, twice a day, for 10 days for a Urinary Tract Infection (UTI). The resident was also on contact isolation for 10 days. A Progress Note, dated 11/14/24 at 8:21 P.M., indicated the resident was on an antibiotic for a UTI. The resident remained on contact isolation for ESBL. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A Laboratory Report, dated 11/17/24, indicated the resident's urine was positive for ESBP resistance markers. The current facility policy titled, Enhanced Barrier Precautions, dated August 2022, was provided by the DON on 11/22/24 at 2:08 P.M. The policy indicated .Enhanced barrier precautions are utilized to prevent the spread of multi-drug resistant (MDROs) .EBPs employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply .Gloves and gown are applied prior to performing the high contact resident care activity . 3.1-18(a)

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F 0912 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33613 Based on observation, record review, and interview, the facility failed to provide at least 80 sq ft (square feet) per resident for 2 of 11 resident rooms. (rooms [ROOM NUMBERS]) 1. During an observation of room [ROOM NUMBER] on 11/21/24 at 11:15 A.M., each of the four residents in this room had adequate space to move about the room and store their belongings. During an observation and interview on 11/25/24 at 2:08 P.M., room [ROOM NUMBER], located in the licensed Skilled Nursing Facility/Nursing Facility (SNF/NF), was measured at 316 sq ft. This room had 79 sq ft for each of the four residents who resided in the room. The room size was verified by the Maintenance Director. 2. During an observation of room [ROOM NUMBER] on 11/21/24 at 11:20 A.M., each of the three residents in this room had adequate space to move about the room and store their belongings. During an observation on 11/25/24 at 2:11 P.M., room [ROOM NUMBER], a licensed SNF/NF room, was measured at 218 sq ft. This room had 72 sq ft for each of the three residents who resided in the room. The room size was verified by the Maintenance Director. During an interview on 11/26/24 at 1:54 P.M., the Administrator indicated she would like to continue with the room waivers. 3.1-19(l)(2)(A) 3.1-19(l)(3) 3.1-19(l)(8)