STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENCE VILLAGE OF AVON	182 S COUNTY ROAD 550 E, AVON, , 46123

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for the Investigation of Intakes 467513 and 467657. Intake 467513 - No deficiencies related to the allegations are cited. Intake 467657 - State deficiencies related to the allegations are cited at R0273. Survey date: April 15, 2026 Facility number: 003902 Residential Census: 67 This State Residential Finding was cited in accordance with 410 IAC 16.2-5. Quality review completed on April 21, 2026.	R 0000	ISDH ATT: Suzanne Kuzemka, Director Director of Division Long Term Care 2 North Meridian Street Indianapolis, Indiana 46204 Re: Complaint Survey event ID 3Q8J11 Independence Village of Avon 182 S County Road 550 E Avon, IN 46123 Dear Ms. Kuzemka, On April 15, 2026, a Complaint (IN00467513, IN00467657) Survey was conducted by the Indiana State Department of Health. Enclosed please find the Statement of Deficiencies with our facilities Plan of Correction for the alleged deficiency.	

			Please consider this letter and Plan of Correction to be the facility's credible allegation of compliance. We respectfully request a desk review to ensure that the facility has achieved substantial compliance with the applicable requirements as of the date set forth in the Plan of Correction of May 15th, 2026. Please feel free to call me with any further questions at 317-745-2766. Respectfully submitted, Romeo Behl Independence Village of Avon 182 S County Road 550 E Avon, IN 46123	
R 0273	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(f) (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. Based on observation and interview, the facility failed to store leftover food in the walk-in	R 0273	**The facility requests paper compliance for this citation.** ***This Plan of Correction is the center's credible allegation of compliance.*** ***Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared***	05/15/2026

	refrigerator according to facility policy and safe food handling procedures in the kitchen. This deficient practice had the potential to affect 67 of 67 residents residing in the facility. Findings include: During a tour of the kitchen on 4/15/26 at 10:31 a.m., accompanied by Chef 1, the walk-in refrigerator was observed with the following expired containers of food: 1. A metal container with pepperoni slices, covered in plastic wrap with "3/25" and "4/3" written in marker on the plastic wrap. 2. A metal container, covered with plastic wrap, identified by Chef 1 as parmesan cheese was unlabeled indicating content or opened/use by dates. 3. A metal container, covered with plastic wrap, identified by Chef 1 as potato salad, was unlabeled indicating content or opened/use by dates. 4. A metal container, covered with plastic wrap, identified by Chef 1 as lettuce, was unlabeled indicating content and had a use by date of 4/14/26. 5. A metal container covered with plastic wrap, identified as jalapenos, unlabeled indicating		***and/or executed solely because it is required by the provisions of federal and state law.*** ***1)Immediate actions taken for those residents identified:*** Kitchen was inspected immediately. All expired and unlabeled food items were discarded. In Service for Proper food storage was initiated with all culinary staff immediately. ***2)How the facility identified other residents:*** Any resident residing in the facility had the potential to be affected and none was noted. **3)Measures put into place/ System changes:** Inservice provided to all Culinary staff on Company's proper Food storage policy. Executive Chef / Sous Chef /Designee will check the food storage and proper labeling 3 times weekly x 4 weeks, 2 times weekly x 4 weeks and 1 time weekly for 1 month for proper food storage as per community policy. **4)How the corrective actions will be monitored:** Executive Chef/ Sous Chef//Designee will be	

	content and dated 4/2/26. 6. A metal container with asparagus stems, covered with plastic wrap, with a use by date of 4/7/26. During the observation, Chef 1 indicated that the expired food should have been discarded after the use by dates. Items should be labeled using stickers with a used date and a use by date. She believed the items could be stored for seven days past the date used. During an interview on 4/15/26 at 1:13 p.m., the Administrator indicated the left-over food stored in the walk-in refrigerator should be labeled clearly with dates indicating date stored and use by dates. These items should have been discarded. A current facility policy, reviewed 6/6/2022, titled, "Proper Food Storage," provided by the Director of Nursing (DON) on 4/15/26 at 11:03 a.m., included the following: "Standard Operating Procedure 1. Purpose The purpose of Proper Food Storage standard is to prevent possible cross contamination and keeping food fresher longer ....4. Procedure ...2) Cold Storage ...Keep foods properly wrapped or covered and dated with date opened and date expires ....Dating Marking of		responsible for this plan of correction and Audit findings will be presented to the department heads meeting once a month x 6 months. The results of these audits will be reviewed in Meeting monthly for 6 months or until 100% compliance is achieved x3 consecutive months. **5)Date of compliance: 5.15.26**	

	Foods: How to date mark foods: Apply masking tape of label to container. Write what is in the container. Write todays date. Draw an arrow. Write the date six days from today." This citation relates to Intake 467657.			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURERomeo Behl	TITLEExecutive Director	(X6) DATE05/01/2026