

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/17/2026	
NAME OF PROVIDER OR SUPPLIER BRENTWOOD AT ELKHART ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3109 E BRISTOL, ELKHART, , 46514					
(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 469010, 469089, and 469684. Intake 469010- State deficiencies related to the allegations are cited at R0273. Intake 469089- No deficiencies related to the allegations are cited. Intake 469684- No deficiencies related to the allegations are cited. Survey dates: July 15 and 16, 2026 Facility number: 010065 Census Bed Type: Residential: 71 Total: 71 Census Payor Type: Medicaid: 15	R 0000	This plan of correction is not to be construed as an admission of or agreement with the findings and conclusions in the statement of deficiencies. This plan of correction is being submitted as required by regulation. The provider respectfully requests a desk review with paper compliance be considered.				

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	Other: 56 Total: 71 This deficiency reflects State Findings cited in accordance with 410 Indiana Administrative Code (IAC) 16.2-3.1. Quality Review completed on 7/17/2026			
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, interview, and record review the facility failed to maintain proper serving temperature for milk served in the dining room. This deficient practice had the potential to affect 22 of 71 residents who ate in the dining room. Finding includes: During an observation of lunch service with the Culinary Director (CD,) on 7/15/2026 at 11:45 A.M., 2 gallons of milk were noted on the beverage cart but had not been sat in any	R 0273	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? All residents have potential to be affected by this deficient practice, but no residents were found to be acutely harmed. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Food and drink temperatures were taken at the beginning of lunch service and were within appropriate temperature. Once milk was temped 1.5 degrees higher than it should have been, the milk was removed from service and not served. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; Dietary Director and	07/31/2026

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ice. The CD checked the temperature of the milk and found it was 42.5 degrees Fahrenheit.

During an interview on 7/15/2026 at 11:49 A.M., the Culinary Director indicated the temperature of the milk should have been 40 degrees (Fahrenheit) or less.

A current, undated, policy titled, "Priority Life Care Food Temperature and Monitoring Policy," was provided by the Executive Director. The policy did not indicate specific temperatures for cold beverages but did indicate the following, "...If temperatures are found to be in the danger zone (between 41 F and 135 F), take immediate and corrective action...."

This citation relates to Intake 469010

dietary staff were in serviced on placing drinks on ice, including milk during meal service. Dietary staff were in serviced on "Food Temperature and Monitoring Policy". Exhibit A.

How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; All dietary staff were in serviced on Food Temp and monitoring policy on 7/21/26. Exhibit A. Director of Culinary or designee will check drink temperatures daily for first 2 weeks, 5x week for 2 weeks, and 3x week for 30 days, and monthly by use of Exhibit B which is titled "Drink Temperature Check". Any findings during audit process will be corrected immediately and placed on QA concern log and reviewed monthly.

By what date the systemic changes will be completed. July 31, 2026.

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
SIGNATURE Courtney Kryder

TITLE Executive Director

(X6) DATE 07/29/2026