STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	09/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRENTWOOD AT ELKHART ASSISTED LIVING	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 Complaint IN00464402. Complaint IN00464402 - State deficiencies related to the allegations are cited at R0269 and R0273. Survey date: September 5, 2025 Facility number: 010065 Residential Census: 68 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality Review completed on 9/9/2025	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.	
R 0269	Food and Nutritional Services - Noncompliance 410 IAC 16.2-5-5.1(b) (b) The menu or substitutions, or both, for all meals shall be approved by a registered dietician.	R 0269	All residents have potential to be affected by this deficient practice, but no residents were found to be acutely harmed. Dietician completed quarterly visit on 9/17/25, at this time approved	10/03/2025

	Based on interview and record review, the facility failed to have a Dietician approve meal substitutions. This had the potential to affect 68 out 68 residents who received their meals from the kitchen. Finding includes: During an interview on 9/5/2025 at 11:50 P.M., Cook 2 indicated if she did not have a menued item, she would provide a substituted item. She indicated when a substitution had been made during the meal service, she had not notified the Director of Dining or the facility's consultant Dietician. During an interview on 9/5/2025 at 12:05 P.M., Resident B indicated over the last six weeks, the kitchen had been serving meals that were not listed on the scheduled menus. Resident B indicated staff had not notified her in advance of the meal changes and the last time the facility had served food that was not listed on the scheduled menu had been as recent as yesterday, 9/4/2025. She indicated the menu listed sweet potatoe fries but she received regular french fries instead. During an interview on 9/5/2025 at 12:10 P.M., Resident C indicated the facility had		menu substitution list was requested. All dietary staff to be educated on approved substitutions and notification to residents and dietary director when menu changes are made by 9/30/2025. Menu binders will be created with dated menus, any substitutions or changes will be documented and dietary director will notify dietician. An audit of menus and substitutions will be completed 2x weekly for 30 days, 1x weekly for 30 days, 2x monthly for 60 days and 1x monthly during quality assurance meeting indefinitely. Corrective action will be taken for noncompliance for all deficient practices.	

	changed the meal menu, including the entree, without communicating the changes. She indicated she had spoken to staff about the issue and had seen some improvement, but was still not able to order what was on the scheduled menus. She indicated this was a problem for multiple meals served during the week. During an interview on 9/5/2025 at 12:15 P.M., Resident D indicated she did not look at the menus anymore because the meals changed frequently and she found it easier to go to the dining room to see what was being offered for each meal. She indicated on 9/4/2025, at the dinner meal service, she was notified the there were no sweet potatoe fries when she tried ordering the sweet potatoe fries from the menu. A review of the weekly menu was completed on 9/5/2025 at 12:17 P.M. Sweet potatoes fries were listed for the dinner meal service on 9/4/2025. During an interview on 9/5/2025 at 12:20 P.M., the Director of Dining indicated the facility had not been following the approved menus for meals. She indicated from 8/31/2025 to 9/5/2025, four meal's menus had been changed. She indicated staff had not notified her of what the substitutions were and on days			

when she was not at work, she could not say what meals had been served to the residents. She indicated the facility had not been notifying residents of meal changes prior to the meal service, not had the facility been notifying the Dietician of any of the meal changes over the last 30 days. The Director of Dining indicated she was unaware of any approved substitution list provided by the facility Dietician.

During an interview on 9/5/2025 at 12:20 P.M., the Executive Director indicated the Dietician should have been notified of any meal changes. She indicated the facility did not have a policy regarding following the approved menus but followed the State guidelines.

This citation relates to complaint IN00464402.

Based on interview and record review, the facility failed to have a Dietician approve meal substitutions. This had the potential to affect 68 out 68 residents who received their meals from the kitchen.

Finding includes:

During an interview on 9/5/2025 at 11:50 P.M., Cook 2 indicated if she did not have a menued item, she would provide a substituted item. She indicated when a substitution had been

	made during the meal service, she had not notified the Director of Dining or the facility's consultant Dietician. During an interview on 9/5/2025 at 12:05 P.M., Resident B indicated over the last six weeks, the kitchen had been serving meals that were not listed on the scheduled menus. Resident B indicated staff had not notified her in advance of the meal changes and the last time the facility had served food that was not listed on the scheduled menu had been as recent as yesterday, 9/4/2025. She indicated the menu listed sweet potatoe fries but she received regular french fries instead. During an interview on 9/5/2025 at 12:10 P.M., Resident C indicated the facility had changed the meal menu, including the entree, without communicating the changes. She indicated she had spoken to staff about the issue and had seen some improvement, but was still not able to order what was on the scheduled menus. She indicated this was a problem for multiple meals served during the week. During an interview on 9/5/2025 at 12:15 P.M., Resident D indicated she did not look at the menus anymore because the meals changed frequently and			

	she found it easier to go to the dining room to see what was being offered for each meal. She indicated on 9/4/2025, at the dinner meal service, she was notified the there were no sweet potatoe fries when she tried ordering the sweet potatoe fries from the menu. A review of the weekly menu was completed on 9/5/2025 at 12:17 P.M. Sweet potatoes fries were listed for the dinner meal service on 9/4/2025. During an interview on 9/5/2025 at 12:20 P.M., the Director of Dining indicated the facility had not been following the approved menus for meals. She indicated from 8/31/2025 to 9/5/2025, four meal's menus had been changed. She indicated staff had not notified her of what the substitutions were and on days when she was not at work, she could not say what meals had been served to the residents. She indicated the facility had not been notifying residents of meal changes prior to the meal service, not had the facility been notifying the Dietician of any of the meal changes over the last 30 days. The Director of Dining indicated she was unaware of any approved substitution list provided by the facility Dietician. During an interview on 9/5/2025 at 12:20 P.M., the Executive Director indicated the Dietician			

	should have been notified of any meal changes. She indicated the facility did not have a policy regarding following the approved menus but followed the State guidelines. This citation relates to complaint IN00464402.			
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, record review and interview, the facility failed to ensure food was stored, prepared and served in a safe and sanitary manner in 1 of 1 kitchens.This had the potential to affect 68 out 68 residents who received their meals from the kitchen. Findings include: 1. During a tour of the kitchen on 9/5/2025 at 9:30 A.M. with the Director of Dining (DOD), the facility was unable to provide temperature logs for August and September 2025 for the walk-in cooler, walk-in freezer and cooks cooler. There	R 0273	All residents have potential to be affected by this deficient practice but no residents were found to be acutely harmed. Education was provided to all dietary staff on 9/5 and 9/6 on temperature requirements and importance of this practice. All temperature logs were reviewed for placement and visibility. Temperature logs will be audited for completion by dietary director or designee 1x daily for 30 days, 3x weekly for 60 days, 1x weekly indefinitely. Indefinite oversight on this practice will be completed during monthly quality assurance meetings. A full review of the cooler and freezer were completed on 9/6 to ensure appropriate storage of all items, and items out of placed were moved to the correct location or discarded immediately. New	10/03/2025

	were August and September's 2025 temperature logs posted on the door of the standing cooler. A review of the August and September 2025 temperature logs for the standing cooler was completed on 9/5/2025 at 9:40 A.M., the following dates had no morning or evening temperatures documented: -8/1, 8/2, 8/3, 8/8, 8/14, 8/15, 8/16, 8/17, 8/22, 8/30, 8/31/2025 and 9/5/2025. The August and September 2025 temperature logs indicated no evening cooler temperatures were recorded on the following dates: -8/1, 8/2, 8/3, 8/4, 8/6, 8/8, 8/9, 8/10, 8/11, 8/12, 8/14-8/31/2025 and 9/1-9/4/2025. During an interview on 9/5/2025 at 9:41 A.M., the DOD indicated staff should have been recording morning and evening temperatures for all coolers and for the freezer. During an interview with Cook 2 on 9/5/2025 at 11:45 A.M., Cook 2 indicated she had not been taking temperures of the coolers or freezer and was not aware whose responsibility it was to check the temperature of the coolers or freezer. 2. During a tour of the kitchen		labels and storage containers were ordered to provide more consistent structure for organization. Dietary staff was educated on safe thawing procedures on 9/5 and 9/6. Cooler and freezer will be audited 1x daily for 30 days, 3x weekly for 60 days, and 2x monthly for 90 days. Ongoing oversight on this practice to be completed during monthly quality assurance meetings. Corrective action will be taken for noncompliance for all deficient practices.	

	on 9/5/2025 at 9:30 A.M. with the Director of Dining (DOD), a box containing ham was on the second rack from the floor in the walk-in cooler. The box was wet and droplets of moisture were seen falling from the box directly onto a package of beef roast that was defrosting on a rack below the ham. The DOD indicated the ham had been taken out of the freezer, several days prior, and should not have been defrosting above other food products. During an interview with the DOD on 9/5/2025 at 10:00 A.M., the DOD indicated the ham was for Saturday's meal service. She indicated the facility defrosts meat by taking it out of the freezer no more than 3 days in advance of the meal for which it was required. She indicated the ham had been taken out of the freezer more than 3 days before it was scheduled to be served.			

On 9/5/2025 at 10:05 A.M., the ED provided an undated policy titled, "Thawing Food" and identified it as the policy currently used by the facility. The policy indicated, "...Food to be thawed will be placed in the refrigerator one, two or three days before it is needed... Meats to be thawed must be placed on the lowest shelf in the refrigerator to prevent contamination of other foods with meat juices...."

This citation relates to complaint IN00464402.

Based on observation, record review and interview, the facility failed to ensure food was stored, prepared and served in a safe and sanitary manner in 1 of 1 kitchens.This had the potential to affect 68 out 68 residents who received their meals from the kitchen.

Findings include:

1. During a tour of the kitchen on 9/5/2025 at 9:30 A.M. with the Director of Dining (DOD), the facility was unable to provide temperature logs for August and September 2025 for the walk-in cooler, walk-in freezer and cooks cooler. There were August and September's 2025 temperature logs posted on the door of the standing cooler.

A review of the August and

September 2025 temperature logs for the standing cooler was completed on 9/5/2025 at 9:40 A.M., the following dates had no morning or evening temperatures documented:

-8/1, 8/2, 8/3, 8/8, 8/14, 8/15, 8/16, 8/17, 8/22, 8/30, 8/31/2025 and 9/5/2025.

The August and September 2025 temperature logs indicated no evening cooler temperatures were recorded on the following dates:

-8/1, 8/2, 8/3, 8/4, 8/6, 8/8, 8/9, 8/10, 8/11, 8/12, 8/14-8/31/2025 and 9/1-9/4/2025.

During an interview on 9/5/2025 at 9:41 A.M., the DOD indicated staff should have been recording morning and evening temperatures for all coolers and for the freezer.

During an interview with Cook 2 on 9/5/2025 at 11:45 A.M., Cook 2 indicated she had not been taking temperures of the coolers or freezer and was not aware whose responsibility it was to check the temperature of the coolers or freezer.

2. During a tour of the kitchen on 9/5/2025 at 9:30 A.M. with the Director of Dining (DOD), a box containing ham was on the second rack from the floor in the walk-in cooler. The box was wet and droplets of moisture were

seen falling from the box directly onto a package of beef roast that was defrosting on a rack below the ham. The DOD indicated the ham had been taken out of the freezer, several days prior, and should not have been defrosting above other food products.

During an interview with the DOD on 9/5/2025 at 10:00 A.M., the DOD indicated the ham was for Saturday's meal service. She indicated the facility defrosts meat by taking it out of the freezer no more than 3 days in advance of the meal for which it was required. She indicated the ham had been taken out of the freezer more than 3 days before it was scheduled to be served.

On 9/5/2025 at 10:05 A.M., the ED provided an undated policy titled, "Thawing Food" and identified it as the policy currently used by the facility. The policy indicated, "...Food to be thawed will be placed in the refrigerator one, two or three days before it is needed... Meats to be thawed must be placed on the lowest shelf in the refrigerator to prevent contamination of other foods with meat juices...."

This citation relates to complaint IN00464402.

correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATUREMegan Crooks	TITLEExecutive Director	(X6) DATE09/19/2025