STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	05/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMONS AT JUDAY CREEK	17441 SR 23, SOUTH BEND, , 46635

(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 a State Residential Licensure Survey. This visit included the Investigation of Complaint IIN00456880 and IN00457415. Complaint IN00456880 - No deficiencies related to the allegations are cited. Complaint IN00457415 - No deficiencies related to the allegations are cited. Survey dates: May 12 and 13, 2025. Facility number: 010667 Residential Census: 26 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality Review completed on 5/16/2025	R 0000		
R 0217	Evaluation - Deficiency	R 0217	1 What corrective action(s) will be	05/22/2025

	410 IAC 16.2-5-2(e)(1-5) (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows: (1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident. (2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review. (3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request. (4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services. (5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be		accomplished for those residents found to have been affected by the deficient practice? Resident service plan is current and signed at this time 2 . 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; Health and Wellness Director performed a chart audit review on 5-22-25 and all service plans are current. 3 What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; Health and Wellness Director or designee will review service plans with resident or resident representative as care plans come due or with any changes in condition. 4 How the corrective action(s) will be monitored to ensure the deficient practice will	

	involved in identification and documentation of the services to be provided. Based on record review and interview, the facility failed to have residents sign a Service Plan timely for 2 of 6 residents whose Service Plans were reviewed. (Resident C & 6) Finding includes: 1. Resident C's record review was completed on 5/12/2025 at 1:45 P.M. Diagnoses included, but were not limited to: Cerebral infarction, type 2 diabetes mellitus and hypertension. Resident C's Service Plan, dated 4/22/2025, was not signed by the resident and/or the resident's representative. During an interview on 5/13/2025 at 11:45 A.M., the Health and Wellness Director (HWD) indicated Resident C's service agreement had not been signed by the resident. 2. Resident 6's record review was completed on 5/13/2025 at 11:00 A.M. Diagnoses included, but were not limited to: cerebral infarction, hypertension, atrioventricular block and sick sinus syndrome.		not recur, i.e., what quality assurance program will be put into place; Executive Director or designee will audit personal service plans 1x per month for 6 months to verify service plans have been signed by resident or responsible party.	

	Resident 6's Service Plan, dated 10/8/2024, was not signed by the resident and/or the resident's representative. During an interview on 5/13/2025 at 11:45 A.M., the HWD indicated Resident 6's service agreement had not been signed by the resident. On 5/13/2025 at 11:41 A.M., the HWD provided a policy dated 3/2020 and titled, "Service Plan Process Policy". The HWD indicated the policy was the one currently used by the facility. The policy indicated, "...Upon initial review and subsequent changes, members of the community care team that contributed to the service Plan, including the Executive Director or designee, or nurse and the resident/legally responsible party should sign the Service Plan...." Based on record review and interview, the facility failed to have residents sign a Service Plan timely for 2 of 6 residents whose Service Plans were reviewed. (Resident C & 6) Finding includes: 1. Resident C's record review was completed on 5/12/2025 at 1:45 P.M. Diagnoses included, but were not limited to: Cerebral infarction, type 2 diabetes mellitus and hypertension.			

Resident C's Service Plan, dated 4/22/2025, was not signed by the resident and/or the resident's representative.

During an interview on 5/13/2025 at 11:45 A.M., the Health and Wellness Director (HWD) indicated Resident C's service agreement had not been signed by the resident.

2. Resident 6's record review was completed on 5/13/2025 at 11:00 A.M. Diagnoses included, but were not limited to: cerebral infarction, hypertension, atrioventricular block and sick sinus syndrome.

Resident 6's Service Plan, dated 10/8/2024, was not signed by the resident and/or the resident's representative.

During an interview on 5/13/2025 at 11:45 A.M., the HWD indicated Resident 6's service agreement had not been signed by the resident.

On 5/13/2025 at 11:41 A.M., the HWD provided a policy dated 3/2020 and titled, "Service Plan Process Policy". The HWD indicated the policy was the one currently used by the facility. The policy indicated, "...Upon initial review and subsequent changes, members of the community care team that contributed to the service Plan, including the Executive Director or designee, or nurse and the

	resident/legally responsible party should sign the Service Plan...."			
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 food under sanitary conditions related to undated and unlabeled food in the double-door refrigerator for 1 of 1 kitchen areas observed. This issue had the potential to affect 26 of 26 residents who received food from the kitchen. Findings include: During a kitchen tour, on 5/12/2025 at 10:05 A.M., with Employee 5, the following were observed in the double-door refrigerator: -a Ziploc bag was opened and contained sliced white cheese - labeled with a use by date of 4/11/2025,	R 0273	Food identified during survey that was allegedly out of compliance was immediately disposed of. No residents were affected by the alleged deficient practice. Alleged deficient practice had the potential to affect current residents. Completed audit of food in fridges, freezers and dry pantry on or before 5/22/25 Kitchen manager and staff to be in-serviced on dating and labeling food per community policy. Executive Director or designee to do audit of kitchen sanitation 1x for 4 weeks then 1x’s monthly for 5 months to verify that foods are properly dated labeled and stored.	05/22/2025

-an opened bag of shredded white cheese with a use by date of 4/8/2025,

-an opened Ziploc bag tha was malodorous and contained uncooked bacon, undated and unlabeled, laying next to sealed pack of uncooked bacon

-a basketball-sized container of orange and yellow fruit pieces in liquid , unlabeled and undated,

-one half of a cucumber, cut on both sides, wrapped in plastic wrap, undated and unlabeled and

-an opened bag of lettuce, undated and unlabeled.

During an interview, on 5/12/2025 at 10:10 A.M., Employee 5 indicated the undated, unlabeled and expired food items should have been thrown away.

On 5/13/2025 at 10:10 A.M., the Administrator provided a policy titled,"Labeling - DS-04.028," dated 9/2024 and indicated the policy was the one currently used by the facility. The policy indicated " ...All food items must be labeled and dated before storing..."

Based on observation and interview, the facility failed to store food under sanitary conditions related to undated and unlabeled food in the

double-door refrigerator for 1 of 1 kitchen areas observed. This issue had the potential to affect 26 of 26 residents who received food from the kitchen.

Findings include:

During a kitchen tour, on 5/12/2025 at 10:05 A.M., with Employee 5, the following were observed in the double-door refrigerator:

-a Ziploc bag was opened and contained sliced white cheese - labeled with a use by date of 4/11/2025,

-an opened bag of shredded white cheese with a use by date of 4/8/2025,

-an opened Ziploc bag tha was malodorous and contained uncooked bacon, undated and unlabeled, laying next to sealed pack of uncooked bacon

-a basketball-sized container of orange and yellow fruit pieces in liquid , unlabeled and undated,

-one half of a cucumber, cut on both sides, wrapped in plastic wrap, undated and unlabeled and

-an opened bag of lettuce, undated and unlabeled.

During an interview, on 5/12/2025 at 10:10 A.M., Employee 5 indicated the

	undated, unlabeled and expired food items should have been thrown away. On 5/13/2025 at 10:10 A.M., the Administrator provided a policy titled,"Labeling - DS-04.028," dated 9/2024 and indicated the policy was the one currently used by the facility. The policy indicated " ...All food items must be labeled and dated before storing..."			

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	TITLE	(X6) DATE