STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	08/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYNDMOOR OF MARION, LLC	2452 W KEM RD, MARION, , 46952

(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. Survey dates: August 28 and 29, 2025 Facility number: 010682 Residential Census: 82 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed September 5, 2025.	R 0000		
R 0120	Personnel - Noncompliance 410 IAC 16.2-5-1.4(e)(1-3) (e) There shall be an organized inservice education and training program planned in advance for all personnel in all departments at least annually. Training shall include, but is not limited to, residents' rights, prevention and control of infection, fire prevention, safety, accident prevention, the needs of specialized populations	R 0120	• What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Facility will ensure that all staff will be up to date with Relias Training. facility will pull a monthly report to ensure all	10/03/2025

	served, medication administration, and nursing care, when appropriate, as follows: (1) The frequency and content of inservice education and training programs shall be in accordance with the skills and knowledge of the facility personnel. For nursing personnel, this shall include at least eight (8) hours of inservice per calendar year and four (4) hours of inservice per calendar year for nonnursing personnel. (2) In addition to the above required inservice hours, staff who have contact with residents shall have a minimum of six (6) hours of dementia-specific training within six (6) months and three (3) hours annually thereafter to meet the needs or preferences, or both, of cognitively impaired residents effectively and to gain understanding of the current standards of care for residents with dementia. (3) Inservice records shall be maintained and shall indicate the following: (A) The time, date, and location. (B) The name of the instructor. (C) The title of the instructor. (D) The names of the participants. (E) The program content of inservice. The employee will acknowledge attendance by written signature.		training is completed by the due date. • 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. The facility will pull a monthly report from the Relias training system to ensure that all staff are up to date with monthly training. If staff are not current with monthly training staff will be removed from schedule until the training is completed. • What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. Facility will audit Relias report monthly to ensure staff are up to date with training. Facility will continue this practice for 6 weeks from date of deficient practice.	

	Based on interview and record review, the facility failed to provide employees with in-service training for abuse, dementia, and resident rights for 3 of 10 employees reviewed. (QMA 7, LPN 8 and TE 9) Findings include: A review of current employee records was performed on 8/29/25 at 9:05 a.m. QMA 7 was hired on 3/7/22. Her personnel file lacked updated abuse, dementia, and resident rights in-service. Abuse in-service was last completed on 3/7/22. Dementia in-service was last completed on 5/10/22. Resident rights in-service was last completed on 3/25/22. LPN 8 was hired on 2/26/25. Her personnel file lacked abuse and resident rights in-service. Transportation Employee (TE) 9 was hired on 2/6/23. Her personnel file lacked updated abuse, dementia, and resident rights in-service. Abuse in-service was last completed on 2/7/23. Dementia and Resident Rights in-service was last completed on 2/6/23. During an interview, on 8/29/25 at 11:42 a.m., the DON indicated there was no updated in-service training for QMA 7, LPN 8, and TE 9 and training should have been completed		• 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; and The administrator will audit the Relias training system each month to ensure staff have completed their monthly training. The administrator will ensure that all staff know if their monthly training is incomplete and will be removed from schedule until staff have completed the monthly training. • By what date the systemic changes will be completed. Administrator will ensure that all staff are following monthly training. Facility will ensure 100% compliance 6 weeks from the deficient practice will be completed by 10/3/2025	

yearly.

A current facility policy, titled "Abuse and Neglect Training", provided by the DON on 8/29/25 at 2:03 p.m., indicated the following: "...All employees must complete mandatory annual refresher training...."

A current facility policy, titled "Dementia Training", provided by the DON on 8/29/25 at 2:03 p.m., indicated the following: " ...All direct care staff must complete a minimum of 4 hours of dementia training annually...."

A current facility policy, titled "Resident Rights", provided by the DON on 8/29/25 at 2:03 p.m., indicated the following: " ...All employees must complete annual refresher training to reinforce understanding and stay current with regulatory changes ...."

Based on interview and record review, the facility failed to provide employees with in-service training for abuse, dementia, and resident rights for 3 of 10 employees reviewed. (QMA 7, LPN 8 and TE 9)

Findings include:

A review of current employee records was performed on 8/29/25 at 9:05 a.m.

QMA 7 was hired on 3/7/22. Her personnel file lacked updated

abuse, dementia, and resident rights in-service. Abuse in-service was last completed on 3/7/22. Dementia in-service was last completed on 5/10/22. Resident rights in-service was last completed on 3/25/22.

LPN 8 was hired on 2/26/25. Her personnel file lacked abuse and resident rights in-service.

Transportation Employee (TE) 9 was hired on 2/6/23. Her personnel file lacked updated abuse, dementia, and resident rights in-service. Abuse in-service was last completed on 2/7/23. Dementia and Resident Rights in-service was last completed on 2/6/23.

During an interview, on 8/29/25 at 11:42 a.m., the DON indicated there was no updated in-service training for QMA 7, LPN 8, and TE 9 and training should have been completed yearly.

A current facility policy, titled "Abuse and Neglect Training", provided by the DON on 8/29/25 at 2:03 p.m., indicated the following: "...All employees must complete mandatory annual refresher training...."

A current facility policy, titled "Dementia Training", provided by the DON on 8/29/25 at 2:03 p.m., indicated the following: " ...All direct care staff must complete a minimum of 4 hours

	of dementia training annually...." A current facility policy, titled "Resident Rights", provided by the DON on 8/29/25 at 2:03 p.m., indicated the following: " ...All employees must complete annual refresher training to reinforce understanding and stay current with regulatory changes ...."			
R 0156	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(m) (m) The facility's food supplies shall meet the standards of 410 IAC 7-24. Based on observation, interview, and record review, the facility failed to ensure food items were used by or discarded by the best by or expiration date identified on the food packaging and failed to ensure food was stored and served in a sanitary manner regarding dating and labeling foods, closing opened food packages, and properly storing plates and bowls. This deficient practice had the potential to impact 82 of 82 residents who received meals prepared in the kitchen. Findings include: During an initial tour of the kitchen with Cook 5 present,	R 0156	• What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. · Facility immediately corrected the findings noted by the state surveyor. · Facility will ensure that all food will be properly stored and labeled by the use by date, food will be properly stored and closing open food packages properly and properly storing bowels, and plates. • 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. · All residents had the potential to be affected by the alleged deficient practice. · Facility immediately corrected	09/17/2025

	beginning on 8/28/25 at 10:00 a.m., the following was observed: A stack of white glass plates was stored upright on the plate cart by the kitchen door. Several stacks of white glass bowls were stored upright on a shelf below the serving area. A large, clear, plastic bag, containing crumbled bacon, was unlabeled and undated in the walk-in refrigerator. Two opened boxes of hamburgers sat on a shelf in the walk-in freezer. The plastic packaging, which contained the hamburgers, was open and the hamburgers were exposed and unprotected. Half of a frozen hamburger patty laid on a freezer shelf between items. During an interview, on 8/28/25 at 10:35 a.m., the Dietary Manager indicated food items were to be labeled and dated when they were opened and was not aware items were not labeled. Food items in the freezer, such as hamburgers in the plastic bags, were not to be left open. Plates and bowls were stored upright, and she did not feel it to be a problem for them to be stored in this manner. During a kitchen observation on		the findings noted by the state surveyor. · Facility will ensure that all food will be properly stored and labeled by the use by date, food will be properly stored and closing open food packages properly and properly storing bowels, and plates. · The facility will create an audit to ensure that all food is properly labeled and dated by use by date, open food is properly sealed and dated, and bowels and plates are properly stored upside down on shelf. • What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. · Director of Dining Services was reeducated on Labeling and dating as well as food identification and proper storage. · Facility will audit weekly proper storage and packaging of open food, Labeling with use by date and ensure bowels and plates are properly stored. Facility will continue this audit for 6 weeks from date of deficient practice then monthly thereafter until the alleged deficient practice does not re-occur. • How the corrective action(s) will be monitored to ensure the	

	8/29/25 beginning at 10:05 a.m., the following was observed: A large, uncovered, trash can sat next to the bread rack. Staff placed large bags of trash in the trash can and walked away without putting a lid on the trash can. The dry storage area contained the following concerns: A small, uncovered, trash can was filled to the top with trash. A large sugar bin was labeled with a use by date of 10/23. There was a scoop lying in the bin, on top of the sugar. A large flour bin was labeled with a use by date of 10/23. A large bag of flour was open and sat on a shelf. The bag was undated. Two, 12-ounce evaporated milk cans, with expiration dates of 6/30/23, sat on a shelf with other canned items. One dented 12-ounce raspberry cake and pastry filling can, with an expiration date of 5/2023, sat on a shelf with other canned items. The lid of the can was dated 8-23 with a black marker. One dented 10.5-ounce French onion soup can, with an expiration date of 10/2024, sat on a shelf with other canned		deficient practice will not recur, i.e., what quality assurance program will be put into place; · The administrator will audit weekly ensure staff have completed proper storage and labeling of open food by use by date. Also ensure bowels and plates are properly storage correctly. · Weekly Dining Audit will continue weekly X 6 weeks them monthly thereafter until the alleged deficient practice does not re-occur. -By what date systemic changes will be completed? -9/17/2025	

	items. The lid of the can was dated 3-29 with a black marker. Two 40.5-ounce cartons of griddle russet hash browns, with an expiration date of 4/1/25, sat on a shelf with other dry goods. One opened, 57-ounce carton of potato curls, was undated. The walk-in refrigerator contained the following concerns: Two unlabeled and undated salad dressing dispensers, sat on a shelf. Multiple salad dressing bottles were undated. Three large, sealed bags and one opened bag of leafy lettuce, with a use by date of 8/16. Two uncapped and one capped whipped topping aerosol cans had expiration dates of 7/30/25. The walk-in freezer contained the following concerns: One opened bag of meatballs unsealed and undated. The meatballs were exposed and unprotected. A plastic bag, containing breaded chicken parmesan, was open and food items were exposed. A plastic bag, containing hamburger patties, remained open and food items were			

exposed.

A plastic bag, containing pork fritters, was open and food items were exposed.

A plastic bag, containing sliced bacon, was open and food items were exposed.

The half of a hamburger patty remained lying on the shelf.

The main kitchen area contained the following concerns:

The salad bar had three containers covered with plastic wrap. In the front left corner was an unidentified, thick, white, creamy substance with a used by date of 8/8. Behind that container was an undated container of pickles. To the right of the container, which contained the white creamy substance, was a container of sliced red onions with a use by date of 8/16. The salad bar also contained two small bowls of cottage cheese with use by dates of 8/27. A Styrofoam container, dated 8/28 and labeled with a name, sat on top of the plastic containers.

Several stacks of clear plastic bowls and white glass bowls were stored upright on a shelf below the serving area.

Plates remained stored upright on the plate cart, just inside the

	kitchen door. A box of hair nets and a 2-way radio sat next to the upright plates. A large food particle laid on the plate cart between the plates and the box of hair nets. During an interview, on 8/29/25 at 10:45 a.m., the Dietary Manager indicated she felt it would be harder to grab plates and bowls if they were not stored upright. It was easier to pick up upright items and had a lesser chance of being broken. She felt it was best practice to store items upright. She had not noticed that the bags of salad were expired and had used them to make the salads for lunch. She was responsible for most of the food labeling, and she dated them with the month, and day received, and with an "UB" (used by) date. She wrote dates with a black marker or used label stickers that included an area to write a date. She confirmed that the whipped topping aerosol cans were expired, and she was unaware they had expired. Dietary and Activity staff had used the whipped topping in the aerosol cans for desserts. All items were to be labeled and dated. All items in the dry storage were able to be used for meals, including all cans on the shelving units. She had a rotation process which included pulling cans off the can rack and placing them on a shelf. The			

	canned items on the shelf were to be used first. The evaporated milk and raspberry filling was on the shelf and could be used. She was unaware they had expired. All employees were responsible check labels and rotate stock. She was unaware that several of the cans that contained strawberry, cherry, caramel toppings did not have an expiration date. She placed the expired items and the undated items back on the shelf. The labels on the sugar and flour were incorrect. She did not update the label when she placed the newer product in the bins. She had instructed staff on 8/28/25 to throw away the hamburger patty on the freezer shelf and spoke to them regarding the items in the salad bar. Staff should not be storing their food items in the salad storage area.			

	Current manual pages, undated, titled, "FOOD IDENTIFICATION AND STORAGE Sections 174-181" provided by the DON on 8/29/25 at 2:36 p.m., indicated the following:..410 IAC 7-24-177 Food Storage, Sec. 177. (a) Accept as specified in subsections (b) and (c), food shall be protected from the contamination by storing the food as follows:..(2) Where it is not exposed to splash, dust, or other contamination ...(5) In packages, covered containers, or wrappings ..." A current policy, undated, titled, "STEAMTABLE/SERVING AREA REFRIGERATED LEFTOVER STORAGE" provided by the DON on 8/29/25 at 2:54 p.m., indicated the following:..PROCEDURE:..2. Date container ... "DRY, REFRIGERATED AND FREEZER STORAGE CHART," Following is a recommended outline of proper storage times for open and unopened dry, refrigerated and frozen items. Where different, follow manufacturer's directions and expiration dates. Expiration dates supersede these guideline ...Bag in a Box ...Keep dry and covered ...Bread ... Keep one or two weeks in refrigerator at 41° or higher or three months in a freezer at 0° or lower ...Hashbrowns ... Once opened, store in an airtight container ...Whipped Topping:			

	Aerosol Can...Keep covered ...." Based on observation, interview, and record review, the facility failed to ensure food items were used by or discarded by the best by or expiration date identified on the food packaging and failed to ensure food was stored and served in a sanitary manner regarding dating and labeling foods, closing opened food packages, and properly storing plates and bowls. This deficient practice had the potential to impact 82 of 82 residents who received meals prepared in the kitchen. Findings include: During an initial tour of the kitchen with Cook 5 present, beginning on 8/28/25 at 10:00 a.m., the following was observed: A stack of white glass plates was stored upright on the plate cart by the kitchen door. Several stacks of white glass bowls were stored upright on a shelf below the serving area. A large, clear, plastic bag, containing crumbled bacon, was unlabeled and undated in the walk-in refrigerator. Two opened boxes of hamburgers sat on a shelf in the walk-in freezer. The plastic packaging, which contained the			

	hamburgers, was open and the hamburgers were exposed and unprotected. Half of a frozen hamburger patty laid on a freezer shelf between items. During an interview, on 8/28/25 at 10:35 a.m., the Dietary Manager indicated food items were to be labeled and dated when they were opened and was not aware items were not labeled. Food items in the freezer, such as hamburgers in the plastic bags, were not to be left open. Plates and bowls were stored upright, and she did not feel it to be a problem for them to be stored in this manner. During a kitchen observation on 8/29/25 beginning at 10:05 a.m., the following was observed: A large, uncovered, trash can sat next to the bread rack. Staff placed large bags of trash in the trash can and walked away without putting a lid on the trash can. The dry storage area contained the following concerns: A small, uncovered, trash can was filled to the top with trash. A large sugar bin was labeled with a use by date of 10/23. There was a scoop lying in the bin, on top of the sugar.			

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	one opened bag of leafy lettuce, with a use by date of 8/16. Two uncapped and one capped whipped topping aerosol cans had expiration dates of 7/30/25. The walk-in freezer contained the following concerns: One opened bag of meatballs unsealed and undated. The meatballs were exposed and unprotected. A plastic bag, containing breaded chicken parmesan, was open and food items were exposed. A plastic bag, containing hamburger patties, remained open and food items were exposed. A plastic bag, containing pork fritters, was open and food items were exposed. A plastic bag, containing sliced bacon, was open and food items were exposed. The half of a hamburger patty remained lying on the shelf. The main kitchen area contained the following concerns: The salad bar had three containers covered with plastic wrap. In the front left corner was an unidentified, thick, white,			

	creamy substance with a used by date of 8/8. Behind that container was an undated container of pickles. To the right of the container, which contained the white creamy substance, was a container of sliced red onions with a use by date of 8/16. The salad bar also contained two small bowls of cottage cheese with use by dates of 8/27. A Styrofoam container, dated 8/28 and labeled with a name, sat on top of the plastic containers. Several stacks of clear plastic bowls and white glass bowls were stored upright on a shelf below the serving area. Plates remained stored upright on the plate cart, just inside the kitchen door. A box of hair nets and a 2-way radio sat next to the upright plates. A large food particle laid on the plate cart between the plates and the box of hair nets. During an interview, on 8/29/25 at 10:45 a.m., the Dietary Manager indicated she felt it would be harder to grab plates and bowls if they were not stored upright. It was easier to pick up upright items and had a lesser chance of being broken. She felt it was best practice to store items upright. She had not noticed that the bags of salad were expired and had used them to make the salads for			

	lunch. She was responsible for most of the food labeling, and she dated them with the month, and day received, and with an "UB" (used by) date. She wrote dates with a black marker or used label stickers that included an area to write a date. She confirmed that the whipped topping aerosol cans were expired, and she was unaware they had expired. Dietary and Activity staff had used the whipped topping in the aerosol cans for desserts. All items were to be labeled and dated. All items in the dry storage were able to be used for meals, including all cans on the shelving units. She had a rotation process which included pulling cans off the can rack and placing them on a shelf. The canned items on the shelf were to be used first. The evaporated milk and raspberry filling was on the shelf and could be used. She was unaware they had expired. All employees were responsible check labels and rotate stock. She was unaware that several of the cans that contained strawberry, cherry, caramel toppings did not have an expiration date. She placed the expired items and the undated items back on the shelf. The labels on the sugar and flour were incorrect. She did not update the label when she placed the newer product in the bins. She had instructed staff on 8/28/25 to throw away the			

	hamburger patty on the freezer shelf and spoke to them regarding the items in the salad bar. Staff should not be storing their food items in the salad storage area. Current manual pages, undated, titled, "FOOD IDENTIFICATION AND STORAGE Sections 174-181" provided by the DON on 8/29/25 at 2:36 p.m., indicated the following:..410 IAC 7-24-177 Food Storage, Sec. 177. (a) Accept as specified in subsections (b) and (c), food shall be protected from the contamination by storing the food as follows:..(2) Where it is not exposed to splash, dust, or other contamination ...(5) In packages, covered containers, or wrappings ..." A current policy, undated, titled, "STEAMTABLE/SERVING AREA REFRIGERATED LEFTOVER STORAGE" provided by the DON on 8/29/25 at 2:54 p.m., indicated the following:..PROCEDURE:..2. Date container ... "DRY, REFRIGERATED AND FREEZER STORAGE CHART," Following is a recommended outline of proper storage times for open and unopened dry, refrigerated and frozen items. Where different, follow manufacturer's directions and expiration dates. Expiration dates supersede these guideline ...Bag in a Box ...Keep			

	dry and covered ...Bread ... Keep one or two weeks in refrigerator at 41° or higher or three months in a freezer at 0° or lower ...Hashbrowns ... Once opened, store in an airtight container ...Whipped Topping: Aerosol Can...Keep covered ...."			
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 prepare food under safe and sanitary conditions. This deficient practice had the potential to affect 82 of 82 residents who received food from the facility kitchen. Findings include: During an initial tour of the kitchen with Cook 5 present, beginning on 8/28/25 at 10:00 a.m., the following was observed: The stove top had a large amount of dried burnt food particles, blackened burnt crusting, and build up around	R 0273	• What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. · All alleged deficient practices were immediately corrected. · Facility will ensure food will be prepared in safe and sanitary conditions. • 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. · All residents had the potential to be affected by the alleged deficient practice. · The facility will create an audit to ensure that all food is properly prepared in safe and sanitary conditions. · All dining staff re-educated on kitchen cleaning policy and procedures.	09/17/2025

	the edges of the stove, between the burners, and under the edges of the stovetop grates. Two foiled-lined drip pans, under the stove top, had a large amount of tan and dark black hard, crusty, charred material on them. The griddle drip pan could not be opened. The griddle grease catcher was half full. The drip pan on the bottom shelf of a two-tier, upright oven, had a large amount of tan and black dried residue. Thick, hardened, dried, black grease residue was on the backsplash behind the stove. Thick, hardened, dried, black grease residue was on the left side of the two-tier upright oven. Splattering of a dark honey colored, greasy residue was on the backsplash behind the stove and on the left side of the two-tier upright oven. Two ovens, under the stove and griddle, had several large areas of crusted, charred material on the bottom shelf. A metal shelf above the stove and griddle had large food and dust particles on top of it. During an interview, during the initial kitchen tour, Cook 5		• What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. · All dining staff re-educated on kitchen cleaning policy and procedures. · The facility will create an audit to ensure that all food is properly prepared in safe and sanitary conditions. · Facility will create a daily and weekly cleaning schedule for cooks and dietary aides to ensure that the kitchen is safe and sanitary. • 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; and · The administrator receives the daily and weekly cleaning audits to ensure that the deficient practice will not recur. Administrator will also conduct a weekly sanitization audit of the kitchen to verify that the kitchen is safe and sanitary. • By what date the systemic changes will be completed. · 9/17/25	

indicated drip pans were checked daily, and if missed, she checked them weekly. She primarily used the upright oven and was unsure when the regular ovens were last used or cleaned.

During an interview, on 8/28/25 at 10:35 a.m., the Dietary Manager indicated the dietary staff worked together to ensure the kitchen was cleaned. She was unsure when the drip pans were to be cleaned, thought it might be every two weeks, and was not sure when they were cleaned last. A cleaning checklist should be followed.

During a kitchen observation, on 8/29/25 beginning at 10:05 a.m., the following was observed:

Plates remained stored upright on the plate cart, just inside the kitchen door. A box of hair nets and a 2-way radio sat next to the upright plates. A large food particle laid on the plate cart between the plates and the box of hair nets.

Thick, hardened, dried, black grease residue remained on the backsplash behind the stove.

Thick, hardened, dried, black grease residue remained on the left side of the two-tier upright oven.

Splattering of a dark honey colored, greasy residue

	remained on the backsplash behind the stove and on the left side of the two-tier upright oven. Food and dust particles remained on the metal shelf above the stove. During an interview, on 8/29/25 at 10:35 a.m., the Dietary Manager indicated she did not have time to clean the drip pans, and they were still soiled from the previous observation. Dietary staff followed a check list for cleaning. No logs were kept for daily and deep cleaning. She was unsure the last time the stove top, ovens, and grease build up were cleaned. A current, undated facility policy, titled "Kitchen Cleaning Policy & Procedure for Cooking Appliances," provided by the DON on 8/29/25 at 3:10 p.m., indicated the following: "Purpose: To maintain high standards of cleanliness hygiene and safety in the kitchen areas of the facility this policy focuses on ensuring that all cooking appliances are regularly clean and sanitized to prevent contamination and reduce the risk of accidents. Scope: this policy applies to all cooking appliances in the facility including but not limited to: Stove & Ovens ...Grills & Deep Fryers ...General Responsibilities: 1. Staff			

	Responsibility: a. Kitchen staff housekeeping staff and maintenance personnel must adhere to the cleaning procedures outlined ...2. Supervisor Responsibility: a. Ensure that the cleaning schedule is followed. b. Monitor and inspect cooking appliances regularly to ensure that they are cleaned and maintained. c. Document cleaning activities including frequency and any issues found. Cleaning Procedures for Cooking Appliances: 1. Stoves & Ovens: Frequency: Clean daily and after each use. Procedure:..Remove debris: wipe off any crumbs or spills from the stovetop ...Clean burners: Use warm soapy water and non-abrasive sponge to scrub burners, drip pans, and grates. Ovens: clean oven interiors weekly and after any spillovers ...4. Grills and Deep Fryers: Frequency: Clean after each use ...Documentation and Record-Keeping: A cleaning log should be made to track when each appliance is clean and sanitized ...."			

	Based on observation, interview, and record review, the facility failed to prepare food under safe and sanitary conditions. This deficient practice had the potential to affect 82 of 82 residents who received food from the facility kitchen. Findings include: During an initial tour of the kitchen with Cook 5 present, beginning on 8/28/25 at 10:00 a.m., the following was observed: The stove top had a large amount of dried burnt food particles, blackened burnt crusting, and build up around the edges of the stove, between the burners, and under the edges of the stovetop grates. Two foiled-lined drip pans, under the stove top, had a large amount of tan and dark black hard, crusty, charred material on them. The griddle drip pan could not be opened. The griddle grease catcher was half full. The drip pan on the bottom shelf of a two-tier, upright oven, had a large amount of tan and black dried residue.			

	Thick, hardened, dried, black grease residue was on the backsplash behind the stove. Thick, hardened, dried, black grease residue was on the left side of the two-tier upright oven. Splattering of a dark honey colored, greasy residue was on the backsplash behind the stove and on the left side of the two-tier upright oven. Two ovens, under the stove and griddle, had several large areas of crusted, charred material on the bottom shelf. A metal shelf above the stove and griddle had large food and dust particles on top of it. During an interview, during the initial kitchen tour, Cook 5 indicated drip pans were checked daily, and if missed, she checked them weekly. She primarily used the upright oven and was unsure when the regular ovens were last used or cleaned.			

	During an interview, on 8/28/25 at 10:35 a.m., the Dietary Manager indicated the dietary staff worked together to ensure the kitchen was cleaned. She was unsure when the drip pans were to be cleaned, thought it might be every two weeks, and was not sure when they were cleaned last. A cleaning checklist should be followed. During a kitchen observation, on 8/29/25 beginning at 10:05 a.m., the following was observed: Plates remained stored upright on the plate cart, just inside the kitchen door. A box of hair nets and a 2-way radio sat next to the upright plates. A large food particle laid on the plate cart between the plates and the box of hair nets. Thick, hardened, dried, black grease residue remained on the backsplash behind the stove. Thick, hardened, dried, black grease residue remained on the left side of the two-tier upright oven. Splattering of a dark honey colored, greasy residue remained on the backsplash behind the stove and on the left side of the two-tier upright oven. Food and dust particles remained on the metal shelf above the stove.			

	During an interview, on 8/29/25 at 10:35 a.m., the Dietary Manager indicated she did not have time to clean the drip pans, and they were still soiled from the previous observation. Dietary staff followed a check list for cleaning. No logs were kept for daily and deep cleaning. She was unsure the last time the stove top, ovens, and grease build up were cleaned. A current, undated facility policy, titled "Kitchen Cleaning Policy & Procedure for Cooking Appliances," provided by the DON on 8/29/25 at 3:10 p.m., indicated the following: "Purpose: To maintain high standards of cleanliness hygiene and safety in the kitchen areas of the facility this policy focuses on ensuring that all cooking appliances are regularly clean and sanitized to prevent contamination and reduce the risk of accidents. Scope: this policy applies to all cooking appliances in the facility including but not limited to: Stove & Ovens ...Grills & Deep Fryers ...General Responsibilities: 1. Staff Responsibility: a. Kitchen staff housekeeping staff and maintenance personnel must adhere to the cleaning procedures outlined ...2. Supervisor Responsibility: a. Ensure that the cleaning schedule is followed. b. Monitor			

	and inspect cooking appliances regularly to ensure that they are cleaned and maintained. c. Document cleaning activities including frequency and any issues found. Cleaning Procedures for Cooking Appliances: 1. Stoves & Ovens: Frequency: Clean daily and after each use. Procedure:..Remove debris: wipe off any crumbs or spills from the stovetop ...Clean burners: Use warm soapy water and non-abrasive sponge to scrub burners, drip pans, and grates. Ovens: clean oven interiors weekly and after any spillovers ...4. Grills and Deep Fryers: Frequency: Clean after each use ...Documentation and Record-Keeping: A cleaning log should be made to track when each appliance is clean and sanitized ...."			
R 0296	Pharmaceutical Services - Noncompliance 410 IAC 16.2-5-6(b) (b) The facility shall maintain clear written policies and procedures on medication assistance. The facility shall provide for ongoing training to ensure competence of medication staff. Based on observation and interview, the facility failed to ensure medications were administered as ordered for 1 of	R 0296	• What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Proper insulin pen administration • How the facility will identify other	09/17/2025

	5 residents reviewed for medication administration. (Resident 48) Findings include: During a medication administration observation, on 8/28/25 at 11:00 a.m., the following was observed: QMA 3 prepared a Humalog (short acting insulin) pen for Resident 48 to inject 2 units. She did not prime the insulin needle before administering the 2 units of medication. After administering the medication, the insulin pen was not labeled with an open date and had 120 units left in the vial. During an interview, on 8/28/25 at 11:31 a.m., QMA 3 indicated she did not prime the needle before administering the medication. She was unaware she needed to prime the needle with two units of insulin before administering the medication. During an interview, on 8/28/25 at 11:35 a.m., LPN 4 indicated the insulin pen should be discarded. She was unable to determine when the insulin pen was opened. Resident 48 didn't always require insulin coverage. Resident 48 did not require a lot of insulin coverage. During an interview, on 8/29/25 at 11:42 a.m., the DON indicated insulin pens should be		residents having the potential to be affected by the same deficient practice and what corrective action will be taken. All staff licensed to give insulin pen injections have been educated on the proper usage of insulin pens. • What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. All staff are educated and 3rd shift nurse/QMA to do nightly medication cart audit to ensure all equipment needed is available and all insulins/meds are dated. • 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; and	

	primed with 2 units of insulin before administering the medication and needed labeled with an open date. A Cleveland Clinic document titled "Insulin Pens," dated 2/12/24, was retrieved on 9/2/25 from https://my.clevelandclinic.org/health/treatments/17923-insulin-pen-injections. The guidance included: " ... needles for insulin pens are single- use, which means you only use them for one injection and then throw them away. Each needle comes in a sterile protective container ... Prime the insulin pen. Priming means removing air bubbles from the needle. It ensures that the needle is open and working. You must prime the pen before each injection. To prime the insulin pen, turn the dosage knob to the 2 units indicator ...." A current facility policy, titled "How to Use an Insulin Pen", provided by the Administrator, on 8/28/25 at 12:15 p.m., indicated the following: " ...Packaging and Storing. 1.Pens in use will be dated upon opening and stored at room temperature in the medication cart until the time specified by the manufacturer. Insulin Administration. E. Prime the pen ...." Based on observation and interview, the facility failed to		Audit sheet for 3rd shift nurse/QMA for dated medications/insulins Director or Nursing audit sheet and to do random medication administration checks with staff, at least two times weekly. • By what date the systemic changes will be completed. Director of Nursing will ensure that all staff follow training audits two times weekly to ensure facility will be in compliance from deficient practice. This deficient practice will be completed by 9/17/2025	

ensure medications were administered as ordered for 1 of 5 residents reviewed for medication administration. (Resident 48)

Findings include:

During a medication administration observation, on 8/28/25 at 11:00 a.m., the following was observed:

QMA 3 prepared a Humalog (short acting insulin) pen for Resident 48 to inject 2 units. She did not prime the insulin needle before administering the 2 units of medication. After administering the medication, the insulin pen was not labeled with an open date and had 120 units left in the vial.

During an interview, on 8/28/25 at 11:31 a.m., QMA 3 indicated she did not prime the needle before administering the medication. She was unaware she needed to prime the needle with two units of insulin before administering the medication.

During an interview, on 8/28/25 at 11:35 a.m., LPN 4 indicated the insulin pen should be discarded. She was unable to determine when the insulin pen was opened. Resident 48 didn't always require insulin coverage. Resident 48 did not require a lot of insulin coverage.

During an interview, on 8/29/25

at 11:42 a.m., the DON indicated insulin pens should be primed with 2 units of insulin before administering the medication and needed labeled with an open date.

A Cleveland Clinic document titled "Insulin Pens," dated 2/12/24, was retrieved on 9/2/25 from https://my.clevelandclinic.org/health/treatments/17923-insulin-pen-injections. The guidance included: " ... needles for insulin pens are single- use, which means you only use them for one injection and then throw them away. Each needle comes in a sterile protective container ... Prime the insulin pen. Priming means removing air bubbles from the needle. It ensures that the needle is open and working. You must prime the pen before each injection. To prime the insulin pen, turn the dosage knob to the 2 units indicator ...."

A current facility policy, titled "How to Use an Insulin Pen", provided by the Administrator, on 8/28/25 at 12:15 p.m., indicated the following: " ...Packaging and Storing. 1.Pens in use will be dated upon opening and stored at room temperature in the medication cart until the time specified by the manufacturer. Insulin Administration. E. Prime the pen ...."

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 SIGNATURECassandra L. Dixon	TITLEexecutive director	(X6) DATE09/24/2025