STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	07/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROWNSBURG MEADOWS ASSISTED LIVING	7133 MEADOW TRAIL, BROWNSBURG, , 46112

(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: July 1 and 2, 2024. Facility number: 013356 Residential Census: 91 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on July 5, 2024.	R 0000		
R 0154	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(k) (k) The facility shall keep all kitchens, kitchen areas, common dining areas, equipment, and utensils clean, free from litter and rubbish, and maintained in good repair in accordance with 410 IAC 7-24.	R 0154	What corrective action will be accomplished for those Residents found to have been affected by the deficient practice: No residents were found to have been affected by the deficient practice. Service company was called and provided temporary repair on 7/1/24. Ice buildup was removed and cleaned. No condensation or active leaks noted.	08/01/2024

	Based on observation, interview, and record review, the facility failed to ensure that the walk-in freezer seals were maintained in working order to prevent ice build up and the potential for contamination of dripping water when the freezer was in use for 1 of 1 observation of the kitchen. This deficient practice had the potential to effect 91 of 91 residents who received food from the kitchen. Findings include: On 7/1/24 at 9:30 a.m., an initial kitchen tour was conducted with the Culinary Director (CD). The walk-in freezer was observed. There was a thick build up of ice on the overhead florescent light, and approximately half of the ceiling was observed to have a layer of ice built up. The layer of ice appeared to have frozen in droplet form. During an interview on 7/1/24 at 9:15 a.m., the CD indicated the condensation and ice build up in the freezer was due to a broken seal between the wall of the refrigerator and freezer. This caused the warmer air from the refrigerator to seep into the freezer and caused condensation. The freezer leaked and dripped off and on with loading and unloading food supplies. The CD indicated the		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 have the potential to be affected. No resident was adversely affected. Culinary staff re-educated by 7/19/24 on work order process and freezer policy, including but not limited to equipment repairs, leaks, defrosting needs. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur: Culinary Manager/Maintenance/designee will check walk-in freezer weekly until final repair completed made upon receipt of part by service company. to ensure no condensation has built up. Culinary staff re-educated by 7/19/24 on work order process and freezer policy, including but not limited to equipment repairs, leaks, defrosting needs. How the corrective action will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place: Freezer monitoring tool will be completed twice weekly x 4 weeks, then weekly x 8 weeks, then monthly x 3 months. If 100%	

	seal had been broken for some time and he was not sure if a work order had been put in. On 7/1/24 at 12:20 p.m., the Assisting Executive Director provided a copy of current facility policy titled, "Cleaning Freezers," revised 7/2015. The policy indicated, "Freezers will be kept clean and free of ice build-up ...." During the survey exit interview on 7/2/24 at 12:00 p.m., the Assisting Executive Director indicated, a new seal had been ordered, and the freezer was scheduled for maintenance in the upcoming week. Based on observation, interview, and record review, the facility failed to ensure that the walk-in freezer seals were maintained in working order to prevent ice build up and the potential for contamination of dripping water when the freezer was in use for 1 of 1 observation of the kitchen. This deficient practice had the potential to effect 91 of 91 residents who received food from the kitchen. Findings include: On 7/1/24 at 9:30 a.m., an initial kitchen tour was conducted with the Culinary Director (CD). The walk-in freezer was observed. There was a thick build up of ice on the overhead		threshold is not met, then disciplinary action and new action plan will be completed. Monitoring tool will be completed by Culinary Manager or Executive Director/designee.	

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During an interview on 7/1/24 at 9:15 a.m., the CD indicated the condensation and ice build up in the freezer was due to a broken seal between the wall of the refrigerator and freezer. This caused the warmer air from the refrigerator to seep into the freezer and caused condensation. The freezer leaked and dripped off and on with loading and unloading food supplies. The CD indicated the seal had been broken for some time and he was not sure if a work order had been put in.

On 7/1/24 at 12:20 p.m., the Assisting Executive Director provided a copy of current facility policy titled, "Cleaning Freezers," revised 7/2015. The policy indicated, "Freezers will be kept clean and free of ice build-up ...."

During the survey exit interview on 7/2/24 at 12:00 p.m., the Assisting Executive Director indicated, a new seal had been ordered, and the freezer was scheduled for maintenance in the upcoming week.

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