STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	07/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRADITIONS AT BROOKSIDE	6311 WEST CR 900 NORTH, MCCORDSVILLE, , 46055

(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 14 and 15, 2025 Facility Number: 013847 Residential Census: 111 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on July 17, 2025.	R 0000		
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	R 0273	Food service action plan The PIC presented the Dietary staff with an In-service for Receiving & Storage of Food, and they were also presented with Yona company policy for Standards & Guidelines of food labeling and dating on July 16th, 2025 Action plan for ensuring the	07/21/2025

	interview, the facility failed to ensure dry foods were properly stored in the kitchen for the potential to affect 111 of 111 residents in the facility. Findings include: A tour of the kitchen was conducted with the DM (Dietary Manager) and the RDM (Regional Dietary Manager) on 7/15/25 at 10:30 a.m. Interviews were conducted with the DM and RDM during the tour. During the tour, the bread bins were observed near the stove area. There was a loaf of wheat bread, a loaf of raisin bread, a loaf of Texas Toast, a package of hamburger buns, and a package of hot dog buns that were not properly sealed/contained. The DM indicated all the bread packages had twisters that should have been used to properly seal them. During the tour, the dry storage room was observed. There was a bag of salt on a rack, open and exposed to air. The salt inside of the bag was clearly visible. There was an opened box, labeled powdered sugar on a rack. The box contained a bag of powdered sugar, open and exposed to air. There was a bag of bread crumbs on a rack, open and exposed. There was a bucket of soy sauce with a		proper Food storage, labeling, and dating consist of the Walk-in cooler, Walk-in Freezer, Dry Storage, Pass through Cooler, and Tabletop cooler The following walk through is done three times a day, four times a week for the first month. The second Month is three times a day, three times a week and the third month is three times a day, twice a week. The following check list will be as follows: 8:00 AM – PIC conducts a check list for the Walk-in Cooler, Walk-in Freezer, Dry storage, Pass through cooler, and tabletop cooler. Sign off on the list 3:00 PM – PIC conducts a check list for the Walk-in Cooler, Walk-in Freezer, Dry storage, Pass through cooler, and tabletop cooler. Sign off on the list 7:00 PM - PIC conducts a check list for the Walk-in Cooler, Walk-in Freezer, Dry storage, Pass through cooler, and tabletop cooler. Sign off on the list The PIC will maintain proper Food storage to ensure the health and well-being of our residents and plans to hold any and all staff accountable for their actions outside the standards and guidelines of	

	significant amount of soy sauce remnants splattered on the lid. There was a fly that was flying around the floor area of the room. The RDM indicated that the bag of salt, bag of powdered sugar, and bag of bread crumbs should have been kept closed, and the soy sauce should have been wiped off the lid. The ED (Executive Director) provided the Food Storage policy on 7/15/25 at 11:41 a.m. It indicated, "All packaged and canned food items will be kept clean, dry, and properly sealed." Based on observation and interview, the facility failed to ensure dry foods were properly stored in the kitchen for the potential to affect 111 of 111 residents in the facility. Findings include: A tour of the kitchen was conducted with the DM (Dietary Manager) and the RDM (Regional Dietary Manager) on 7/15/25 at 10:30 a.m. Interviews were conducted with the DM and RDM during the tour. During the tour, the bread bins were observed near the stove area. There was a loaf of wheat bread, a loaf of raisin bread, a loaf of Texas Toast, a package of hamburger buns, and a package of hot dog buns that were not properly sealed/contained. The DM		company policy.	

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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