STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	10/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER BIRCH OF TERRE HAUTE	650 LAFAYETTE AVENUE, TERRE HAUTE, , 47807

(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 Intake IN00465183. Intake IN00465183 - State deficiencies related to the allegations are cited at R090. Survey dates: October 2 and 3, 2025 Facility number: 014291 Residential Census: 109 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on October 14, 2025.	R 0000	R000 This plan of correction is submitted as required under federal and state regulation. This plan of correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of the plan does not constitute an agreement by the facility that the surveyor's findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies cited are correctly applied. Please accept this plan of correction as our credible allegation of compliance.	

R 0090	Administration and Management - Deficiency 410 IAC 16.2-5-1.3(g)(1-6) (g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall include, but are not limited to, the following: (1) Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Notice of unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to: (A) epidemic outbreaks; (B)poisonings; (C) fires; or (D) major accidents. If the division cannot be reached, a call shall be made to the emergency telephone number published by the division. (2) Promptly arranging for or assisting with the provision of medical, dental, podiatry, or nursing care or other health care services as requested by the resident or resident's legal representative. (3) Obtaining director approval prior to the admission of an	R 0090	R 090 It is the practice of this community to inform the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. **1 What corrective action(s) will be accomplished for those residents to have been affected by the deficient practice?** No residents were identified as being affected. The incident was filed to the division on 10/02/25. Incident Number: 146 **2 How will the facility 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. The administrator, or designee, will inform the division within twenty-four (24)	11/03/2025

	individual under eighteen (18) years of age to an adult facility. (4) Ensuring the facility maintains, on the premises, an accurate record of actual time worked that indicates the: (A) employee's full name; and (B) dates and hours worked during the past twelve (12) months. (5) Posting the results of the most recent annual survey of the facility conducted by state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a notice posted of their availability. (6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request Based on record review and interview, the facility failed to report a fire event to the Indiana Department of Health as required for 1 of 1 fire events investigated. Findings include: During the initial kitchen observation, on 10/2/25 at 10:05 a.m., the Dietary Manager indicated there had been an oven fire a few days prior to the survey visit. The fire department		hours of becoming aware of an unusual occurrence, as defined in 410 IAC 16.2-5-1.3(g) (1-6). In addition, routine safety audits will be conducted to ensure there are no other similar occurrences. **3 What measures will be put into place or what systematic changes the facility will make to ensure that the deficient practice does not occur?** Staff education will be implemented at the next regular all staff meetings on reporting unusual occurrences to create a culture of safety and accountability, and at least annually after that. **4 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?** The safety	

	had been called and came into the facility. She was not in the facility at the time of the fire. The cook had been preparing heavily buttered baked potatoes in the oven. The potatoes were placed on parchment paper, in a pan with holes in the bottom. She believed some of the butter had dripped onto the base of the oven, caught fire, and set some of the parchment paper on fire. The cook immediately called the fire department who arrived quickly to the facility. The fire department just allowed the fire to burn out on its own. The oven had been cleaned, and no signs of burn were observed.		committee will perform an audit quarterly to ensure the division has been informed of all unusual occurrences that directly threatens the welfare, safety, or health of a resident by written report within twenty-four (24) hours. Noncompliance noted will be corrected at the time of the discovery and trends will be reported to the QA Committee for further recommendations. **5 By what date the systematic changes will be completed?** November 3, 2025	

	During an interview, on 10/2/25 at 10:31 a.m., the Business Office Manager (BOM) indicated the Executive Director (ED) had been made aware of the incident after it happened. The ED had been the weekend manager on duty on the date of the incident. The weekend manager schedule was from 10:00 a.m., to 2:00 p.m., and the ED had already left the building at the time the incident happened. The ED was currently out of state on vacation. The BOM had not yet seen that a reportable incident to the Indiana Department of Health (IDOH) had been completed. She understood there was a deadline for reporting incidents to IDOH. During an interview, on 10/2/25 at 1:52 p.m., the BOM indicated she had spoken via telephone with the ED. The ED had completed and sent in the reportable incident document on 10/2/25 for the incident. She indicated they understood that the report had not been submitted timely. There was not a specific policy on submission of reportable incidents. The facility would follow the state regulation. This citation relates to Intake IN00465183. Based on record review and interview, the facility failed to			

report a fire event to the Indiana Department of Health as required for 1 of 1 fire events investigated.

Findings include:

During the initial kitchen observation, on 10/2/25 at 10:05 a.m., the Dietary Manager indicated there had been an oven fire a few days prior to the survey visit. The fire department had been called and came into the facility. She was not in the facility at the time of the fire. The cook had been preparing heavily buttered baked potatoes in the oven. The potatoes were placed on parchment paper, in a pan with holes in the bottom. She believed some of the butter had dripped onto the base of the oven, caught fire, and set some of the parchment paper on fire. The cook immediately called the fire department who arrived quickly to the facility. The fire department just allowed the fire to burn out on its own. The oven had been cleaned, and no signs of burn were observed.

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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.	R 0273	R0273 It is the practice of this community to ensure all food preparation and serving areas are maintained in accordance with state and local sanitation and safe food handling	11/03/2025

	B2. During a continuous dining observation, on 10/2/25 from 11:44 a.m. to 12:10 p.m., the following was observed. a. Server 4 wore a glove on the right hand only and served a table of residents their meals with the gloved hand. She returned to the kitchen, removed the glove from the right hand, and donned gloves on both hands. No hand hygiene was performed during the glove change. Server 4 filled bowls with cottage cheese, obtained a plate, and served a resident while wearing the same gloves. Server 4 removed the gloves, obtained condiments and a bowl of fruit from the kitchen, and brought them to a resident's table. No hand hygiene was performed upon removal of the gloves. Server 4 returned to the kitchen, touched a metal tray cart, put salad from a bottle into a bowl, brought the bowl out of the kitchen, and served it to a resident. No hand hygiene was performed. Server 4 was observed to continue serving resident trays and touched her hair and face, coffee maker, a container of salad dressings, bowl of goulash, multiple residents' drinks and trays with no hand hygiene performed. b. Server 5 touched the kitchen door with her bare hand twice and then served a resident's		standards. **1 What corrective action(s) will be accomplished for those residents to have been affected by the deficient practice?** Any dishware discovered to be washed at temperatures below the standard of wash temperature at 155 F and rinse temperature at 180 F minimum, were rewashed using the 3-compartment sink for proper sanitization. In addition, the dish machine was provided service by an outside vendor to ensure there were no defects, and none were noted. Staff were immediately reeducated on proper hygiene and serving protocols, Hand Washing Policy that includes proper hand washing techniques performed between tasks and procedures to prevent cross contamination, and Policy: Guidelines for Handwashing and Glove Use to promote safe	

	tray with no hand hygiene performed. Server 5 touched multiple glasses and the kitchen door, obtained four residents' meals on a serving tray, and served them to the residents with no hand hygiene performed. Server 5 touched her glasses, removed a pen and pad of paper from her pocket, wrote something down, and served residents' drinks, with no hand hygiene performed. Server 5 re-entered the kitchen, touching the door bare handed. Server 5 touched the cabinets in the back of the dining room, placed soup from the uncovered soup container into a Styrofoam container, and served drinks and soup to residents with no hand hygiene. Server 5 touched the kitchen door, filled a soup bowl with soup from the open soup container, and served the soup to a resident with no hand hygiene. c. Server 6 touched the kitchen door, her pants and glasses, and obtained and served two residents' meal trays. No hand hygiene was performed. During an interview, on 10/2/25 at 12:07 p.m., Server 6 indicated hand hygiene should have been performed between each resident tray served, and if staff touched anything such as the kitchen door or their face and glasses.		and sanitary conditions, emphasizing not touching rims of glasses or bowls. In addition, reeducation has been provided on the IDOH Retail Food Establishment Sanitation Requirements that addresses proper food storage. **2 How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.** The daily dishwasher temperature log sheet will be audited by the AM and PM Cooks to ensure all dishware is properly sanitized during wash and rinse cycles. Any noncompliance will be corrected at the time of discovery. Staff service will be observed by the Culinary manager to ensure proper hygiene and serving protocols including hand	

During an interview, on 10/2/25 at 1:33 p.m., the Dietary Manager indicated the staff should have worn gloves to serve trays if they were unable to serve it without touching the rim of the plate. Staff should have washed their hands between glove changes. Staff should have performed hand hygiene if they touched things such as the kitchen door and their face or hair.

On 10/2/25 at 2:27 p.m., the Director of Nursing (DON) provided a document titled, "Hand Washing," dated 2023, and indicated it was the policy currently being used by the facility. The policy indicated, "...Policy: Proper hand washing techniques should be used to prevent the spread of infection...Procedure: Hand washing will be performed by all employees, as necessary, between tasks and procedures...to prevent cross-contamination...10. Turn off water using a clean paper towel to prevent recontamination of the hands...."

On 10/2/25 at 2:56 p.m., the Dietary Manager provided a document titled, "...Handwashing and Glove Use," last revised on 6/15/18, and indicated it was the policy currently being used by the facility. The policy indicated, "...Policy: Guidelines for

washing and glove use are performed. Any noncompliance will be corrected at the time of discovery.

3 What measures will be put into place or what systematic changes the facility will make to ensure that the deficient practice does not occur?

Staff will be educated using the manufacturer’s instructions regarding dish machine procedures for high temp machines. The Culinary Manager will audit the Dish machine Temperature Log at least 5x a week until 100% compliance.

Staff will participate in regular and detailed training sessions on proper hand hygiene, glove use, serving protocols and sanitation standards using policy guidelines.
The Culinary Manager will schedule frequent internal checks to ensure compliance, and any noncompliance will be corrected at the time of discovery.

	handwashing and glove use to promote safe and sanitary conditions throughout the dietary department must be followed. Procedure: Handwashing: 1. Handwashing is a priority for infection control. 2. Hands must be washed prior to beginning work, after using the restroom, after smoking, when working with different food substances...and following contact with any unsanitary surface (touching hair, sneezing, opening doors, etc.)...Gloves: 1. Gloves may be used when working with food to avoid contact with hands...2. When gloves are used, handwashing must occur per above procedure prior to putting on gloves and whenever gloves are changed. Gloves must be changed as often as hands need to be washed. Gloves may be used for one task only...." The Indiana Department of Health (IDOH) Retail Food Establishment Sanitation Requirements, dated 4/16/25, indicated, "...410 IAC 7-24-177 Food storage Sec. 177. (a) Except as specified in subsections (b) and (c), food shall be protected from contamination by storing the food as follows: (1) In a clean, dry location. (2) Where it is not exposed to splash, dust, or other contamination. (3) At least six (6) inches above the floor. (4) In a manner to prevent		**4 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?** The Culinary Manager will conduct random audits, as part of the QA process, to ensure the dish machine is functioning at required wash and rinse temperatures for proper sanitation, proper hand and glove use, handwashing protocols and proper food storage and service. Noncompliance will be corrected at the time of discovery and any trends will be reported to the QA Committee for further recommendations. **5 By what date the systematic changes will be completed?** November 3, 2025	

overcrowding. (5) In packages, covered containers, or wrappings...."

B1. During a continuous observation in the main dining room, on 10/2/25 at 11:33 a.m., the Dietary Manager had a tray of soup bowls and was passing them out to residents who wanted soup. She passed out three soups to residents and set the tray down on the counter. She grabbed the drink cart and moved it up against the wall in the serving area. She went over to the soup container and poured some soup into a bowl and served it to a male resident. The soup container was noted to be open to the air, and the lid was laying on the counter. The Dietary Manager attempted to serve a resident a bowl of soup but took the bowl back to the soup container and dumped it back into the container. She then went to obtain some hot water and added it to the soup container. She then got two plastic cups and put ice and soda into the cups. She placed the two cups up against her sweater to carry them to a female resident. She stopped and talked to some residents at the table, holding on to the back of her chair. She then proceeded to the soup container and obtained a bowl of soup, and two prepared drinks from the drink cart and served them to a table of residents. She

stopped by the table and placed her hands on her hips, grabbed 2 drinks from the drink cart, and then went into the kitchen. The Dietary Manager never washed her hands during this entire observation that ended at 11:41 a.m. The soup container also remained open to air the entire observation.

At 11:56 a.m., the Dietary Manager came out of the kitchen with a small bowel of apples and served a female resident. She then adjusted her necklace around her neck. She then went to the soup container and obtained a Styrofoam cup of soup for a resident to take with her out of the dining room. The soup container still had no lid on it.

During an interview, on 10/2/25 at 1:30 p.m., the Dietary Manager indicated she took the lid off the soup container at the start of meal service. She indicated the kitchen should follow the "Indiana Retail Food Establishment" manual.

During an interview, on 10/2/25 at 2:27 p.m., the Director of Nursing (DON) indicated she had an in-service coming up next week and she would add hand hygiene to the agenda.

A. Based on observation, interview, and record review, the facility failed to ensure the high

temperature dish washing machine used hot water at a minimum of 180° Fahrenheit (F) during the final rinse cycle to sanitize dishes for 1 of 2 kitchen observations.

B. Based on observation, interview, and record review, the facility failed to ensure food and drinks served during the lunch meal were maintained and served in a sanitary manner for 1 of 1 meal services observed.

Findings include:

A. During the initial kitchen observation, on 10/2/25 at 9:53 a.m., a first run of the high temperature dish machine indicated the machine was not washing or rinsing the dishes at the required temperatures. The temperature gauges (a device that measures and displays the heat or temperature of a system) were observed to be setting at 90 degrees F for the wash cycle and 122 degrees F for the rinse cycle. At the same time, the Dietary Manager indicated the wash temperature should be a minimum of 150 degrees F and the rinse temperature should be a minimum of 180 degrees F. The machine had been "acting up" for the past couple of days. There was a part that sat inside of the wash basin of the machine, that she would have to "jiggle" to get the machine to

reach the proper temperatures. The Dietary Manager then opened up the machine, took a butter knife, and stuck the knife down into the wash basin and shook a part that was at the bottom of the basin.

On 10/2/25 at 9:58 a.m., a second run of the high temperature dish machine indicated the wash temperature reached 120 degrees F and the rinse temperature reached 165 degrees F.

On 10/2/25 at 10:04 a.m., a third run of the high temperature dish machine indicated the wash temperature reached 124 degrees F and the rinse reached 200 degrees F.

Review of the October 2025 log sheet for the high temperature dish machine indicated on the 10/1/25, the dish machine temperatures had been logged as being in the proper temperature ranges for the breakfast, lunch, and dinner meal readings. The most recent reading was completed following the breakfast meal on 10/2/25. The wash reading was 127 degrees F and the rinse was 140 degrees F.

On 10/2/25 at 12:21 p.m., the Dietary Manager provided a copy of the October 2025, "Dish Machine Temperature and Sanitizer PPM Log," and

indicated it was the policy currently being used by the facility. The policy indicated, "...Minimum Wash Temp: 150 degrees F, Minimum Rinse Temp: 180 degrees F...."

B2. During a continuous dining observation, on 10/2/25 from 11:44 a.m. to 12:10 p.m., the following was observed.

a. Server 4 wore a glove on the right hand only and served a table of residents their meals with the gloved hand. She returned to the kitchen, removed the glove from the right hand, and donned gloves on both hands. No hand hygiene was performed during the glove change. Server 4 filled bowls with cottage cheese, obtained a plate, and served a resident while wearing the same gloves. Server 4 removed the gloves, obtained condiments and a bowl of fruit from the kitchen, and brought them to a resident's table. No hand hygiene was performed upon removal of the gloves. Server 4 returned to the kitchen, touched a metal tray cart, put salad from a bottle into a bowl, brought the bowl out of the kitchen, and served it to a resident. No hand hygiene was performed. Server 4 was observed to continue serving resident trays and touched her hair and face, coffee maker, a container of salad dressings, bowl of goulash, multiple

residents' drinks and trays with no hand hygiene performed.

b. Server 5 touched the kitchen door with her bare hand twice and then served a resident's tray with no hand hygiene performed. Server 5 touched multiple glasses and the kitchen door, obtained four residents' meals on a serving tray, and served them to the residents with no hand hygiene performed. Server 5 touched her glasses, removed a pen and pad of paper from her pocket, wrote something down, and served residents' drinks, with no hand hygiene performed. Server 5 re-entered the kitchen, touching the door bare handed. Server 5 touched the cabinets in the back of the dining room, placed soup from the uncovered soup container into a Styrofoam container, and served drinks and soup to residents with no hand hygiene. Server 5 touched the kitchen door, filled a soup bowl with soup from the open soup container, and served the soup to a resident with no hand hygiene.

c. Server 6 touched the kitchen door, her pants and glasses, and obtained and served two residents' meal trays. No hand hygiene was performed.

During an interview, on 10/2/25 at 12:07 p.m., Server 6 indicated hand hygiene should

have been performed between each resident tray served, and if staff touched anything such as the kitchen door or their face and glasses.

During an interview, on 10/2/25 at 1:33 p.m., the Dietary Manager indicated the staff should have worn gloves to serve trays if they were unable to serve it without touching the rim of the plate. Staff should have washed their hands between glove changes. Staff should have performed hand hygiene if they touched things such as the kitchen door and their face or hair.

On 10/2/25 at 2:27 p.m., the Director of Nursing (DON) provided a document titled, "Hand Washing," dated 2023, and indicated it was the policy currently being used by the facility. The policy indicated, "...Policy: Proper hand washing techniques should be used to prevent the spread of infection...Procedure: Hand washing will be performed by all employees, as necessary, between tasks and procedures...to prevent cross-contamination...10. Turn off water using a clean paper towel to prevent recontamination of the hands...."

On 10/2/25 at 2:56 p.m., the Dietary Manager provided a document titled,

"...Handwashing and Glove Use," last revised on 6/15/18, and indicated it was the policy currently being used by the facility. The policy indicated, "...Policy: Guidelines for handwashing and glove use to promote safe and sanitary conditions throughout the dietary department must be followed. Procedure: Handwashing: 1. Handwashing is a priority for infection control. 2. Hands must be washed prior to beginning work, after using the restroom, after smoking, when working with different food substances...and following contact with any unsanitary surface (touching hair, sneezing, opening doors, etc.)...Gloves: 1. Gloves may be used when working with food to avoid contact with hands...2. When gloves are used, handwashing must occur per above procedure prior to putting on gloves and whenever gloves are changed. Gloves must be changed as often as hands need to be washed. Gloves may be used for one task only...."

The Indiana Department of Health (IDOH) Retail Food Establishment Sanitation Requirements, dated 4/16/25, indicated, "...410 IAC 7-24-177 Food storage Sec. 177. (a) Except as specified in subsections (b) and (c), food shall be protected from contamination by storing the

food as follows: (1) In a clean, dry location. (2) Where it is not exposed to splash, dust, or other contamination. (3) At least six (6) inches above the floor. (4) In a manner to prevent overcrowding. (5) In packages, covered containers, or wrappings...."

B1. During a continuous observation in the main dining room, on 10/2/25 at 11:33 a.m., the Dietary Manager had a tray of soup bowls and was passing them out to residents who wanted soup. She passed out three soups to residents and set the tray down on the counter. She grabbed the drink cart and moved it up against the wall in the serving area. She went over to the soup container and poured some soup into a bowl and served it to a male resident. The soup container was noted to be open to the air, and the lid was laying on the counter. The Dietary Manager attempted to serve a resident a bowl of soup but took the bowl back to the soup container and dumped it back into the container. She then went to obtain some hot water and added it to the soup container. She then got two plastic cups and put ice and soda into the cups. She placed the two cups up against her sweater to carry them to a female resident. She stopped and talked to some residents at the table, holding on to the back

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During an interview, on 10/2/25 at 1:30 p.m., the Dietary Manager indicated she took the lid off the soup container at the start of meal service. She indicated the kitchen should follow the "Indiana Retail Food Establishment" manual.

During an interview, on 10/2/25 at 2:27 p.m., the Director of Nursing (DON) indicated she had an in-service coming up

next week and she would add hand hygiene to the agenda.

A. Based on observation, interview, and record review, the facility failed to ensure the high temperature dish washing machine used hot water at a minimum of 180° Fahrenheit (F) during the final rinse cycle to sanitize dishes for 1 of 2 kitchen observations.

B. Based on observation, interview, and record review, the facility failed to ensure food and drinks served during the lunch meal were maintained and served in a sanitary manner for 1 of 1 meal services observed.

Findings include:

A. During the initial kitchen observation, on 10/2/25 at 9:53 a.m., a first run of the high temperature dish machine indicated the machine was not washing or rinsing the dishes at the required temperatures. The temperature gauges (a device that measures and displays the heat or temperature of a system) were observed to be setting at 90 degrees F for the wash cycle and 122 degrees F for the rinse cycle. At the same time, the Dietary Manager indicated the wash temperature should be a minimum of 150 degrees F and the rinse temperature should be a minimum of 180 degrees F. The

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On 10/2/25 at 12:21 p.m., the Dietary Manager provided a copy of the October 2025, "Dish Machine Temperature and Sanitizer PPM Log," and indicated it was the policy currently being used by the facility. The policy indicated, "...Minimum Wash Temp: 150 degrees F, Minimum Rinse Temp: 180 degrees F...."

B2. During a continuous dining observation, on 10/2/25 from 11:44 a.m. to 12:10 p.m., the following was observed.

a. Server 4 wore a glove on the right hand only and served a table of residents their meals with the gloved hand. She returned to the kitchen, removed the glove from the right hand, and donned gloves on both hands. No hand hygiene was performed during the glove change. Server 4 filled bowls with cottage cheese, obtained a

plate, and served a resident while wearing the same gloves. Server 4 removed the gloves, obtained condiments and a bowl of fruit from the kitchen, and brought them to a resident's table. No hand hygiene was performed upon removal of the gloves. Server 4 returned to the kitchen, touched a metal tray cart, put salad from a bottle into a bowl, brought the bowl out of the kitchen, and served it to a resident. No hand hygiene was performed. Server 4 was observed to continue serving resident trays and touched her hair and face, coffee maker, a container of salad dressings, bowl of goulash, multiple residents' drinks and trays with no hand hygiene performed.

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placed soup from the uncovered soup container into a Styrofoam container, and served drinks and soup to residents with no hand hygiene. Server 5 touched the kitchen door, filled a soup bowl with soup from the open soup container, and served the soup to a resident with no hand hygiene.

c. Server 6 touched the kitchen door, her pants and glasses, and obtained and served two residents' meal trays. No hand hygiene was performed.

During an interview, on 10/2/25 at 12:07 p.m., Server 6 indicated hand hygiene should have been performed between each resident tray served, and if staff touched anything such as the kitchen door or their face and glasses.

During an interview, on 10/2/25 at 1:33 p.m., the Dietary Manager indicated the staff should have worn gloves to serve trays if they were unable to serve it without touching the rim of the plate. Staff should have washed their hands between glove changes. Staff should have performed hand hygiene if they touched things such as the kitchen door and their face or hair.

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On 10/2/25 at 2:56 p.m., the Dietary Manager provided a document titled, "...Handwashing and Glove Use," last revised on 6/15/18, and indicated it was the policy currently being used by the facility. The policy indicated, "...Policy: Guidelines for handwashing and glove use to promote safe and sanitary conditions throughout the dietary department must be followed. Procedure: Handwashing: 1. Handwashing is a priority for infection control. 2. Hands must be washed prior to beginning work, after using the restroom, after smoking, when working with different food substances...and following contact with any unsanitary surface (touching hair, sneezing, opening doors, etc.)...Gloves: 1. Gloves may be used when working with food to

avoid contact with hands...2. When gloves are used, handwashing must occur per above procedure prior to putting on gloves and whenever gloves are changed. Gloves must be changed as often as hands need to be washed. Gloves may be used for one task only...."

The Indiana Department of Health (IDOH) Retail Food Establishment Sanitation Requirements, dated 4/16/25, indicated, "...410 IAC 7-24-177 Food storage Sec. 177. (a) Except as specified in subsections (b) and (c), food shall be protected from contamination by storing the food as follows: (1) In a clean, dry location. (2) Where it is not exposed to splash, dust, or other contamination. (3) At least six (6) inches above the floor. (4) In a manner to prevent overcrowding. (5) In packages, covered containers, or wrappings...."

B1. During a continuous observation in the main dining room, on 10/2/25 at 11:33 a.m., the Dietary Manager had a tray of soup bowls and was passing them out to residents who wanted soup. She passed out three soups to residents and set the tray down on the counter. She grabbed the drink cart and moved it up against the wall in the serving area. She went over to the soup container and

poured some soup into a bowl and served it to a male resident. The soup container was noted to be open to the air, and the lid was laying on the counter. The Dietary Manager attempted to serve a resident a bowl of soup but took the bowl back to the soup container and dumped it back into the container. She then went to obtain some hot water and added it to the soup container. She then got two plastic cups and put ice and soda into the cups. She placed the two cups up against her sweater to carry them to a female resident. She stopped and talked to some residents at the table, holding on to the back of her chair. She then proceeded to the soup container and obtained a bowl of soup, and two prepared drinks from the drink cart and served them to a table of residents. She stopped by the table and placed her hands on her hips, grabbed 2 drinks from the drink cart, and then went into the kitchen. The Dietary Manager never washed her hands during this entire observation that ended at 11:41 a.m. The soup container also remained open to air the entire observation.

At 11:56 a.m., the Dietary Manager came out of the kitchen with a small bowel of apples and served a female resident. She then adjusted her necklace around her neck. She

then went to the soup container and obtained a Styrofoam cup of soup for a resident to take with her out of the dining room. The soup container still had no lid on it.

During an interview, on 10/2/25 at 1:30 p.m., the Dietary Manager indicated she took the lid off the soup container at the start of meal service. She indicated the kitchen should follow the "Indiana Retail Food Establishment" manual.

During an interview, on 10/2/25 at 2:27 p.m., the Director of Nursing (DON) indicated she had an in-service coming up next week and she would add hand hygiene to the agenda.

A. Based on observation, interview, and record review, the facility failed to ensure the high temperature dish washing machine used hot water at a minimum of 180° Fahrenheit (F) during the final rinse cycle to sanitize dishes for 1 of 2 kitchen observations.

B. Based on observation, interview, and record review, the facility failed to ensure food and drinks served during the lunch meal were maintained and served in a sanitary manner for 1 of 1 meal services observed.

Findings include:

A. During the initial kitchen

observation, on 10/2/25 at 9:53 a.m., a first run of the high temperature dish machine indicated the machine was not washing or rinsing the dishes at the required temperatures. The temperature gauges (a device that measures and displays the heat or temperature of a system) were observed to be setting at 90 degrees F for the wash cycle and 122 degrees F for the rinse cycle. At the same time, the Dietary Manager indicated the wash temperature should be a minimum of 150 degrees F and the rinse temperature should be a minimum of 180 degrees F. The machine had been "acting up" for the past couple of days. There was a part that sat inside of the wash basin of the machine, that she would have to "jiggle" to get the machine to reach the proper temperatures. The Dietary Manager then opened up the machine, took a butter knife, and stuck the knife down into the wash basin and shook a part that was at the bottom of the basin.

On 10/2/25 at 9:58 a.m., a second run of the high temperature dish machine indicated the wash temperature reached 120 degrees F and the rinse temperature reached 165 degrees F.

On 10/2/25 at 10:04 a.m., a third run of the high temperature

dish machine indicated the wash temperature reached 124 degrees F and the rinse reached 200 degrees F.

Review of the October 2025 log sheet for the high temperature dish machine indicated on the 10/1/25, the dish machine temperatures had been logged as being in the proper temperature ranges for the breakfast, lunch, and dinner meal readings. The most recent reading was completed following the breakfast meal on 10/2/25. The wash reading was 127 degrees F and the rinse was 140 degrees F.

On 10/2/25 at 12:21 p.m., the Dietary Manager provided a copy of the October 2025, "Dish Machine Temperature and Sanitizer PPM Log," and indicated it was the policy currently being used by the facility. The policy indicated, "...Minimum Wash Temp: 150 degrees F, Minimum Rinse Temp: 180 degrees F...."

B2. During a continuous dining observation, on 10/2/25 from 11:44 a.m. to 12:10 p.m., the following was observed.

a. Server 4 wore a glove on the right hand only and served a table of residents their meals with the gloved hand. She returned to the kitchen, removed the glove from the right hand,

and donned gloves on both hands. No hand hygiene was performed during the glove change. Server 4 filled bowls with cottage cheese, obtained a plate, and served a resident while wearing the same gloves. Server 4 removed the gloves, obtained condiments and a bowl of fruit from the kitchen, and brought them to a resident's table. No hand hygiene was performed upon removal of the gloves. Server 4 returned to the kitchen, touched a metal tray cart, put salad from a bottle into a bowl, brought the bowl out of the kitchen, and served it to a resident. No hand hygiene was performed. Server 4 was observed to continue serving resident trays and touched her hair and face, coffee maker, a container of salad dressings, bowl of goulash, multiple residents' drinks and trays with no hand hygiene performed.

b. Server 5 touched the kitchen door with her bare hand twice and then served a resident's tray with no hand hygiene performed. Server 5 touched multiple glasses and the kitchen door, obtained four residents' meals on a serving tray, and served them to the residents with no hand hygiene performed. Server 5 touched her glasses, removed a pen and pad of paper from her pocket, wrote something down, and served residents' drinks, with no

hand hygiene performed. Server 5 re-entered the kitchen, touching the door bare handed. Server 5 touched the cabinets in the back of the dining room, placed soup from the uncovered soup container into a Styrofoam container, and served drinks and soup to residents with no hand hygiene. Server 5 touched the kitchen door, filled a soup bowl with soup from the open soup container, and served the soup to a resident with no hand hygiene.

c. Server 6 touched the kitchen door, her pants and glasses, and obtained and served two residents' meal trays. No hand hygiene was performed.

During an interview, on 10/2/25 at 12:07 p.m., Server 6 indicated hand hygiene should have been performed between each resident tray served, and if staff touched anything such as the kitchen door or their face and glasses.

During an interview, on 10/2/25 at 1:33 p.m., the Dietary Manager indicated the staff should have worn gloves to serve trays if they were unable to serve it without touching the rim of the plate. Staff should have washed their hands between glove changes. Staff should have performed hand hygiene if they touched things such as the kitchen door and

their face or hair.

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contact with any unsanitary surface (touching hair, sneezing, opening doors, etc.)...Gloves: 1. Gloves may be used when working with food to avoid contact with hands...2. When gloves are used, handwashing must occur per above procedure prior to putting on gloves and whenever gloves are changed. Gloves must be changed as often as hands need to be washed. Gloves may be used for one task only...."

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the tray down on the counter. She grabbed the drink cart and moved it up against the wall in the serving area. She went over to the soup container and poured some soup into a bowl and served it to a male resident. The soup container was noted to be open to the air, and the lid was laying on the counter. The Dietary Manager attempted to serve a resident a bowl of soup but took the bowl back to the soup container and dumped it back into the container. She then went to obtain some hot water and added it to the soup container. She then got two plastic cups and put ice and soda into the cups. She placed the two cups up against her sweater to carry them to a female resident. She stopped and talked to some residents at the table, holding on to the back of her chair. She then proceeded to the soup container and obtained a bowl of soup, and two prepared drinks from the drink cart and served them to a table of residents. She stopped by the table and placed her hands on her hips, grabbed 2 drinks from the drink cart, and then went into the kitchen. The Dietary Manager never washed her hands during this entire observation that ended at 11:41 a.m. The soup container also remained open to air the entire observation.

At 11:56 a.m., the Dietary

Manager came out of the kitchen with a small bowel of apples and served a female resident. She then adjusted her necklace around her neck. She then went to the soup container and obtained a Styrofoam cup of soup for a resident to take with her out of the dining room. The soup container still had no lid on it.

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Findings include:

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reached 120 degrees F and the rinse temperature reached 165 degrees F.

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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 SIGNATUREJill Stott	TITLEAdministrator	(X6) DATE10/27/2025