

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/02/2025
NAME OF PROVIDER OR SUPPLIER WOODLAND TERRACE OF DANVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 200 S ARBOR LANE, DANVILLE, , 46122		
(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 the Investigation of Complaint IN00456659. Complaint IN00456659 - State deficiencies related to the allegations are cited at R273. Survey date: May 2, 2025 Facility number: 014518 Residential Census: 61 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on May 15, 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	R 0273	What corrective action will be accomplished for those residents found to have been affected by the deficient practice? No residents were affected by the deficient practice of beard net and hair net usage, as the practice was not in the food preparation area,	05/09/2025

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OMB NO. 0938-0391

standards, including 410 IAC 7-24.

Based on observations and interviews, the facility failed to wear hairnets, cover trash cans, and date opened food products for 1 of 1 kitchen observations.

Findings include:

During an observation on 5/2/25 at 10:32 a.m., it was noted that Chef 2 was wearing a ball cap and a beard cover pulled down beneath his beard. Server 4 was not wearing a hair net.

There were 4 trash cans without lids on them.

There was food items not dated. They included: bacon, peeled garlic, gouda cheese, American cheese, mayo, sweet relish, and biscuit dough.

During an interview with Chef 2 on 5/2/25 at 10:45 a.m., he indicated Server 4 had just returned from his break. He indicated he was new and working on getting the kitchen together and dating items as he went. He indicated he was going to get lids for the trash cans.

A policy was not provided at the time of exit.

This citation relates to Complaint IN00456659.

Based on observations and interviews, the facility failed to

nor in the process of food preparation. The items not dated had the potential to affect all residents and items listed not dated were discarded.

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?

Residents were monitored for any change in condition and non-dated foods were discarded. 100% of all culinary team members were re-trained and checked off on proper labeling, dating, and rotation of products. Additionally, to minimize contamination, hair and beard net usage was changed from food prep area and in process of food prep to usage required upon entering the kitchen.

How will the corrective action be monitored to ensure the deficient practice will not recur?

The Community is now utilizing the use of a QR code internal survey system that allows audits to take place with results going to the Executive Director and Culinary Services Director. The executive director will audit with the assistance of the Culinary Service Director weekly for a 6 month period. The regional level culinary services director will audit with the use of the QR code survey system monthly for 6 months.

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By what date will the systemic changes be completed?

Changes and trainings were completed by May 9th, 2025.

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