

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 10/01/2025
NAME OF PROVIDER OR SUPPLIER BRIDGEPOINTE GARDENS		STREET ADDRESS, CITY, STATE, ZIP CODE 3100 UTICA SELLERSBURG ROAD, JEFFERSONVILLE, , 47130			
(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 date: October 1, 2025 Facility number: 015122 Residential Census: 121 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on October 3, 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, record review, and interview, the facility	R 0273	Please accept this submission of our Plan of Correction for R 273. It is prepared and submitted because of requirement under State and Federal law. <i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient</i>	10/20/2025	

failed to ensure the kitchen was clean, sanitary, and removed expired food items during 2 of 2 kitchen observations. This deficient practice had the potential to affect 121 of 121 residents who received meals in the facility.

Findings include:

1. During the initial kitchen observation on 10/1/25 at 9:20 a.m. with the Cook, the following issues were identified:

a. In the walk in refrigerator the following was observed:

- A tray of sandwiches with a prepared by date of 9/24/25 and a use by date of 9/25/25.

- A plastic container of canned apple slices with an open date of 9/17/25 and a use by date of 9/25/25.

- On a shelf, there was a medium steam table pan of gumbo with a made by date of 9/29/25 and a use by date of 9/30/25.

- There was a bag of cilantro and a bag of lettuce which had brown liquid in the bottom and multiple pieces of brown lettuce and cilantro.

practice?

All residents have the potential to be affected. An already-planned Dining/Kitchen Department in-service was conducted by the Executive Chef on Thursday, October 8, 2025. Department staff were informed of the forthcoming implementation and posting of a weekly (with a major daily cleaning task) cleaning schedule, educated on proper procedures for removal of expired food, and procedures for keeping food covered on the line. On October 3, the Culinary Director initiated a total deep clean of kitchen, degreasing buildup on stainless steel walls behind convection ovens, stove, griddle, and fryer and created a cleaning schedule to maintain the affected areas while kitchen is not in use. All dated food will be disposed of by expiration date.

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?

- There was a small steam pan of bacon grease which had a made date of 9/25/25, and use by date of 9/30/25.

b. On the top shelf in the dry storage area, there was a 5 pound jar of orange sauce (1/3 full) with an open date of 8/19/25 and a use by date of 9/19/25.

c. In the left side of the reach in cooler, there was a tray of celery sticks for the memory care unit's snacks, a total of 16 small bags, with a made by date of 9/26/25 and a use by date of 9/30/25.

d. The stainless steel wall behind the convection ovens, stove, griddle and fryer had a heavy accumulation of grease splatters. The left side of the convection oven next to the fryer had a heavy accumulation of grease splatters.

e. In the right side drawer of the large condiment station there were a small plastic container of chopped eggs and a container of shredded cheddar cheese open to the air, the plastic had been pulled back and were not re-covered after use. The observation was not during a meal service or preparation time.

f. In the small condiment station, there was a container of lettuce which was open to air with the

All residents have the potential to be affected. All current and new employees will be in-serviced on the weekly cleaning schedule and where it's posted, as well as education on proper expired food handling procedures, including proper food disposal by-expiration date.

Executive Chef/Designee will monitor cleaning schedules and completion of checklists by dining staff.

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

Executive Chef/Designee will ensure that all staff receive proper department-specific orientation including weekly cleaning assignments, and proper procedures related to job. Monitoring cleaning schedule to ensure facility remains in compliance will be conducted by Executive Chef/Designee. Daily, Weekly, and Monthly checklists will be put into place to audit for expired food in walk-in, on line, in dry storage, and within reach-in cooler.

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lid on top of the container next to it. The observation was not during a meal service or preperation time.

g. In the drawers under the left side of the stove and griddle there was a pan of breakfast sausages uncovered. The next drawer down, there was a pan of cooked noodles with the plastic wrap partially pulled back which exposed the noodles to the air.

2. During a kitchen observation, on 10/1/25 between 11:05 a.m. and 11:30 a.m. with the Director of Food Services, the following issues were identified:

- The same issues identified at 9:20 a.m. were observed again.

- In the small condiment station, there were 2 pans of sliced cheese uncovered. There was a small pan of lettuce in which the leaves were turning brown. Upon showing it to the Director of Food Service, she removed it and replaced it with another pan of fresh lettuce.

- In the large condiment station, there was a pan of lettuce in which the leaves were turning brown. The cook immediately removed the pan and replaced it with another pan of fresh lettuce.

- The inside back panels of the fryer had a heavy accumulation

10/1-10/2 Deep-cleaned and organized the walk-in fridge and freezer, cleaned line equipment, and are on schedule and on maintenance sched to be cleaned 1x/month

10/6-10/8 Created deep cleaning lists for daily, weekly, monthly checklists

10/8 Culinary Staff in-serviced on cleaning expectations, sanitation policies, implemented daily, weekly, and monthly cleaning list for FOH & BOH

How will the corrective action(s) be monitored to ensure the deficient practice will not recur, ie what quality assurance program will be put into place?

Executive Chef/designee will review weekly cleaning schedule and observe physical kitchen space weekly for four weeks beginning on 10/20/2025, then biweekly for four weeks, and then monthly for 3 months. Executive Chef/designee will review food/date

of grease.

- The right side of the griddle towards the back, had a heavy accumulation of white dried grease which ran down the length of the side. The back of the griddle had a heavy accumulation of yellowish-brown build up of greasy crumbs.

During an interview with the Cook, on 10/1/25 at 11:32 a.m., he indicated the stove and griddle were cleaned once a week, but not in the back.

During an interview with the Director of Food Service, on 10/1/25 at 11:38 a.m., she indicated they were getting ready for a massive clean out of the refrigerator. She had a lot of new people and one who did not like to throw away. The one who did not like to throw food away, would not throw it out if the food still looked good. She was going to have a meeting with her staff next week so everyone was on the same page as to what was expected of them. The tray of sandwiches, a bag of chopped lettuce, cilantro and a few other things in the refrigerator were from a special event Activities was supposed to have, but they had changed their mind and got their own food.

On 10/1/25 at 2:15 p.m., the Director of Food Service

logs to ensure compliance with food safety/handling & sanitation requirements daily for 30 days, then weekly for 4 weeks, then monthly for 3 months.

All corrective actions will be monitored and reviewed by Executive Director or designee in monthly and committee QA meetings.

By what date the systemic changes will be completed.

10/20/2025

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presented a copy of the current cooks' cleaning schedule the staff had been using until a new one was developed. The cleaning schedule, dated 9/7/25 through 9/17/25, indicated the following:

- The staff wiped down equipment on 9/8, 9/9, 9/10, 9/11, and 9/12/25.
- The staff cleaned the griddle on 9/10, 9/11, and 9/12/25.
- The staff cleaned the deep fryer on 9/15, 9/16, and 9/17/25.

On 10/1/25 at 2:17 p.m. the Director of Food Services indicated she did not have a kitchen sanitation policy.

Based on observation, record review, and interview, the facility failed to ensure the kitchen was clean, sanitary, and removed expired food items during 2 of 2 kitchen observations. This deficient practice had the potential to affect 121 of 121 residents who received meals in the facility.

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e. In the right side drawer of the large condiment station there were a small plastic container of chopped eggs and a container of shredded cheddar cheese open to the air, the plastic had been pulled back and were not re-covered after use. The observation was not during a meal service or preparation time.

f. In the small condiment station, there was a container of lettuce which was open to air with the lid on top of the container next to it. The observation was not during a meal service or preparation time.

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On 10/1/25 at 2:17 p.m. the Director of Food Services indicated she did not have a kitchen sanitation 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 Peter Hastings	TITLE Executive Director	(X6) DATE 10/19/2025
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