

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 05/06/2025	
NAME OF PROVIDER OR SUPPLIER VITA OF NEW WHITELAND		STREET ADDRESS, CITY, STATE, ZIP CODE 532 COUNTRY GATE DRIVE , NEW WHITELAND, , 46184					
(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 Complaints IN00457906 and IN00458982. Complaint IN00457906 - No deficiencies related to the allegations are cited. Complaint IN00458982 - State deficiencies related to the allegations are cited at R273. Survey dates: May 5 and 6, 2025 Facility number: 016046 Residential Census: 67 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed May 12, 2025.	R 0000	The preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provision of Federal and State laws. Please feel free to contact Vita New Whiteland at 317-463-7155. We respectfully request a desk review for compliance review.				

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R 0155	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(l) (l) The facility shall have an effective garbage and waste disposal program in accordance with 410 IAC 7-24. Provision shall be made for the safe and sanitary disposal of solid waste, including dressings, needles, syringes, and similar items. Based on observation, interview, and record review, the facility failed to ensure the dumpster area was free of debris and lids were closed for 2 of 2 observations. Findings include: On 5/5/25 from 9:35 a.m. to 9:40 a.m., during the initial kitchen tour with the Dietary Manager, the dumpster area, located approximately 20 yards from the rear kitchen door, was observed. Multiple used plastic gloves and other debris, including an opened white plastic bag with a soiled adult brief on top of the bag were observed on the ground next to the dumpster container. No staff were visible in the area at that time. During an interview at that time, the Dietary Manager indicated the dumpster area was to be kept clean and free of debris. On 5/6/25 from 9:20 a.m. to	R 0155	R0155 What corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice? No residents were affected by the dumpster lid not being closed or the trash on the ground in the vicinity of the dumpster. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken: A one-time audit has been completed by checking that the dumpster lid is closed and no trash or debris is in the area. Dietary staff have been provided with education on making sure the dumpster lid is closed, and no trash is on the ground by the dumpster. What measures will be put into	06/16/2025
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9:25 a.m., during a follow up observation with Server 3, the dumpster area, located approximately 20 yards from the rear kitchen door, was observed. The dumpster container had two separate top lids. The dumpster lid on the right side was observed to not be closed and multiple cardboard boxes and filled trash bags were observed inside the dumpster container. No staff were visible in the area at that time. During an interview at that time, Server 3 indicated the dumpster lids were to be kept closed.

On 5/5/25 at 2:05 p.m., the Executive Director provided a copy of the Trash and Waste Handling policy, dated 11/6/19, and indicated it was the current policy in use by the facility. A review of the policy indicated, "...to assure a clean and sanitary environment in the kitchen and dining areas to guard against food borne illness and contamination...garbage containers should be in covered containers...maintain clean area around dumpsters..."

On 5/5/25 at 3:30 p.m., a review of the Retail Food Establishment Sanitation Requirements - Title 410 IAC 7-24, effective November 13, 2004, indicated, "...receptacles and waste handling units for refuse, recyclables and

place or what systemic changes will be made to ensure that the deficient practice does not recur:

It is the responsibility of the dietary staff to make sure the dumpster lid is closed and the area around the dumpster is free of trash.

All dietary staff have been educated about keeping the dumpster lids closed and the area free of trash or debris.

The dietary manager/designee will be responsible for auditing the dumpster lids and the area around the dumpster daily for the next 60 days. Any issues identified will be immediately corrected, 1:1 re-education completed with staff personnel as identified, with disciplinary action completed as determined necessary by the Administrator and/or designee.

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

The

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returnables shall be kept covered with tight-fitting lids or doors if kept outside...accumulation of debris...are minimized...effective cleaning is facilitated around...the unit..."

Based on observation, interview, and record review, the facility failed to ensure the dumpster area was free of debris and lids were closed for 2 of 2 observations.

Findings include:

On 5/5/25 from 9:35 a.m. to 9:40 a.m., during the initial kitchen tour with the Dietary Manager, the dumpster area, located approximately 20 yards from the rear kitchen door, was observed. Multiple used plastic gloves and other debris, including an opened white plastic bag with a soiled adult brief on top of the bag were observed on the ground next to the dumpster container. No staff were visible in the area at that time. During an interview at that time, the Dietary Manager indicated the dumpster area was to be kept clean and free of debris.

On 5/6/25 from 9:20 a.m. to 9:25 a.m., during a follow up observation with Server 3, the dumpster area, located approximately 20 yards from the rear kitchen door, was

Administrator/designee will be responsible for reviewing the completed audits as per the schedule above. Re-education, frequency and/or duration of reviews will be increased if any areas of noncompliance are identified during the auditing process until compliance has been reached. The Administrator and/or designee is responsible for ensuring compliance with this plan of correction.

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observed. The dumpster container had two separate top lids. The dumpster lid on the right side was observed to not be closed and multiple cardboard boxes and filled trash bags were observed inside the dumpster container. No staff were visible in the area at that time. During an interview at that time, Server 3 indicated the dumpster lids were to be kept closed.

On 5/5/25 at 2:05 p.m., the Executive Director provided a copy of the Trash and Waste Handling policy, dated 11/6/19, and indicated it was the current policy in use by the facility. A review of the policy indicated, "...to assure a clean and sanitary environment in the kitchen and dining areas to guard against food borne illness and contamination...garbage containers should be in covered containers...maintain clean area around dumpsters..."

On 5/5/25 at 3:30 p.m., a review of the Retail Food Establishment Sanitation Requirements - Title 410 IAC 7-24, effective November 13, 2004, indicated, "...receptacles and waste handling units for refuse, recyclables and returnables shall be kept covered with tight-fitting lids or doors if kept outside...accumulation of debris...are minimized...effective

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	cleaning is facilitated around...the unit..."			
R 0217	Evaluation - Deficiency 410 IAC 16.2-5-2(e)(1-5) (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows: (1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident. (2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review. (3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request. (4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation	R 0217	R0217 What corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice? Resident 75, Resident 92, Resident 100, Resident 111, Resident 152, Resident 153 didn't have signed service plans. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken: A one-time audit has been completed of all current service plans for signatures. Education has been provided to the Director of Nursing to ensure all service plans are reviewed and signed by residents or guardian/POA.	06/16/2025

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indicate no need for a change in services.

(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.

Based on record review and interview, the facility failed to ensure the service plans were signed by the resident or the resident's representative for 6 of 7 residents reviewed for service plans (Resident 75, Resident 92, Resident 100, Resident 111, Resident 152, Resident 153).

Finding includes:

1. On 5/6/25 at 8:30 a.m., Resident 75's clinical record was reviewed. The diagnoses included, but were not limited to, encephalopathy (a broad term for any brain disease that alters brain function), type 2 diabetes, and idiopathic peripheral autonomic neuropathy (nerve damage affecting the autonomic nervous system).

The Service Plan, revised 3/18/25, lacked a resident or responsible party signature.

2. On 5/6/25 at 8:35 a.m., Resident 92's clinical record was reviewed. The diagnoses included, but were not limited to, repeated falls, anemia, and

What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:

It is the responsibility of the Director of Nursing to make sure service plans are reviewed and completed with signatures. The Director of Nursing will be responsible for auditing service plans and ensuring all are signed by 6/16/25. Director of Nursing will audit service plans upon each new admission for the next 60 days. Any issues identified will be immediately corrected, 1:1 re-education completed with staff personnel as identified, with disciplinary action completed as determined necessary by the Administrator and/or designee.

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

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benign hyperplasia without lower urinary tract symptoms (age-associated prostate gland enlargement).

The Service Plan, revised 4/21/25, lacked a resident or responsible party signature.

3. On 5/6/25 at 8:40 a.m., Resident 100's clinical record was reviewed. The diagnoses included, but were not limited to, dementia and agitation.

The Service Plan, revised 3/8/25, lacked a resident or responsible party signature.

4. On 5/6/25 at 8:45 a.m., Resident 111's clinical record was reviewed. The diagnoses included, but were not limited to, chronic atrial fibrillation, allergic rhinitis, and urinary tract infection.

The Service Plan, revised 10/3/24, lacked a resident or responsible party signature.

5. On 5/6/25 at 8:50 a.m., Resident 152's clinical record was reviewed. The diagnoses included, but were not limited to, essential hypertension (high blood pressure) and atherosclerotic heart disease (damage or disease in the hearts major blood vessels).

The Administrator/designee will be responsible for reviewing the completed audits as per the schedule above. Re-education, frequency and/or duration of reviews will be increased if any areas of noncompliance are identified during the auditing process until compliance has been reached. The Administrator and/or designee is responsible for ensuring compliance with this plan of correction.

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The Service Plan, revised 8/25/24, lacked a resident or responsible party signature.

6. On 5/6/25 at 9:00 a.m., Resident 153's clinical record was reviewed. The diagnoses included, but were not limited to, vascular dementia, psychotic disturbance (a state where an individual experiences a loss of touch with reality), and anxiety.

The Service Plan, revised 6/22/24, lacked a resident or responsible party signature.

During an interview on 5/6/25 at 10:35 a.m., the Director of Nursing and Executive Director indicated that service plans should have had a resident or responsible party signature.

On 5/6/25 at 11:05 a.m., the Executive Director provided the facility policy, "6.08 Service Plan", dated 2/20/24, and indicated it was the policy currently being used by the facility. A review of the policy indicated, "IV. Procedure (s)... The agreed upon service plan shall be signed and dated by the resident, a copy of the service plan shall be given to the resident upon request... "

Based on record review and interview, the facility failed to ensure the service plans were signed by the resident or the resident's representative for 6 of 7 residents reviewed for service

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plans (Resident 75, Resident 92, Resident 100, Resident 111, Resident 152, Resident 153).

Finding includes:

1. On 5/6/25 at 8:30 a.m., Resident 75's clinical record was reviewed. The diagnoses included, but were not limited to, encephalopathy (a broad term for any brain disease that alters brain function), type 2 diabetes, and idiopathic peripheral autonomic neuropathy (nerve damage affecting the autonomic nervous system).

The Service Plan, revised 3/18/25, lacked a resident or responsible party signature.

2. On 5/6/25 at 8:35 a.m., Resident 92's clinical record was reviewed. The diagnoses included, but were not limited to, repeated falls, anemia, and benign hyperplasia without lower urinary tract symptoms (age-associated prostate gland enlargement).

The Service Plan, revised 4/21/25, lacked a resident or responsible party signature.

3. On 5/6/25 at 8:40 a.m., Resident 100's clinical record was reviewed. The diagnoses included, but were not limited to, dementia and agitation.

The Service Plan, revised 3/8/25, lacked a resident or

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responsible party signature.

4. On 5/6/25 at 8:45 a.m., Resident 111's clinical record was reviewed. The diagnoses included, but were not limited to, chronic atrial fibrillation, allergic rhinitis, and urinary tract infection.

The Service Plan, revised 10/3/24, lacked a resident or responsible party signature.

5. On 5/6/25 at 8:50 a.m., Resident 152's clinical record was reviewed. The diagnoses included, but were not limited to, essential hypertension (high blood pressure) and atherosclerotic heart disease (damage or disease in the hearts major blood vessels).

The Service Plan, revised 8/25/24, lacked a resident or responsible party signature.

6. On 5/6/25 at 9:00 a.m., Resident 153's clinical record was reviewed. The diagnoses included, but were not limited to, vascular dementia, psychotic disturbance (a state where an individual experiences a loss of touch with reality), and anxiety.

The Service Plan, revised 6/22/24, lacked a resident or responsible party signature.

During an interview on 5/6/25 at 10:35 a.m., the Director of Nursing and Executive Director

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	indicated that service plans should have had a resident or responsible party signature. On 5/6/25 at 11:05 a.m., the Executive Director provided the facility policy, "6.08 Service Plan", dated 2/20/24, and indicated it was the policy currently being used by the facility. A review of the policy indicated, "IV. Procedure (s)... The agreed upon service plan shall be signed and dated by the resident, a copy of the service plan shall be given to the resident upon request... "			
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, interview, and record review, the facility failed to ensure food was served in a sanitary manner for 3 of 3 kitchen observations. Foods were not covered, labeled, or dated in the refrigerator; a scoop was stored in a bulk food container; during meal service the cook touched multiple foods without washing hands or changing gloves; and	R 0273	R0273 What corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice? No residents were directly affected by deficient practice. Staff failed to ensure food was served in a sanitary manner during observations in the kitchen. How other residents having the potential to be affected by the same	06/16/2025

staff member's hair was not covered while in the kitchen food preparation area. (Dietary Manager, Cook 2)

Findings include:

On 5/5/25 at 9:25 a.m., a sign posted on the kitchen's entrance door was observed. The sign indicated, "Do Not Cross the Yellow Line without a Hairnet!" Inside the kitchen area, approximately three feet from the entrance door, a yellow line was observed on the floor.

1. On 5/5/25 from 9:30 a.m. to 9:45 a.m., during the initial kitchen tour with the DM (Dietary Manager), the following was observed:

- The DM was observed walking through-out the kitchen area and around the food preparation area where the noon meal was being prepared. The DM's hair approximately one inch in length, located in front of both ears was not covered. The hair located between the hair net and the neckline, approximately two inches in length was not covered.

- Two rolling carts, with multiple shelves, were observed inside the walk-in refrigerator unit. Six small bowls that held tossed salads were observed to not be covered or dated when they were placed in the refrigerator. Fifteen small bowls that held

deficient practice will be identified and what corrective action will be taken:

A one-time audit has been completed for the following: Food covered labeled and dated, no food scoopers left in bulk food container, if a cook's hands touch prepared food, they must wash their hands or change gloves before touching other food items, all staff hair is inside of hair net while working in the kitchen.

What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:

It is the responsibility of the dietary manager to make sure dietary staff are doing everything in a sanitary manner. Dietary staff have been educated on ensuring food is covered, labeled and dated, no food scoopers are left in bulk food container, if a cook's hands touch prepared food, they must wash their

various desserts were observed to not be covered or dated when they were placed in the refrigerator. Twenty small blueberry muffins were observed to not be covered or dated when they were placed in the refrigerator. One small baking pan that was half full of coffee cake was observed to not be covered or dated when it was placed in the refrigerator.

- One medium sized plastic bin labeled "rice" was observed in the dry storage room. A plastic scoop was observed inside the "rice" bin and the scoop handle was touching the rice.

During an interview on 5/5/25 at 9:48 a.m., the DM indicated she was not sure when the foods were stored in the refrigerator and that the foods should have been labeled and dated when placed into the refrigerator. The food should have been thrown away. The scoop should not have been left inside the rice food bin.

2. On 5/5/25 from 11:55 a.m. to 12:05 p.m., during a follow-up kitchen observation, the following was observed:

- The DM was observed walking throughout the kitchen area and working at the steam table which held the noon meal foods. The DM was observed taking the starting food temperatures.

hands or change gloves before touching other food items and all staff hair is inside of hair net while working in the kitchen. The dietary manager/designee will be responsible for auditing this daily for the next 60 days. Any issues identified will be immediately corrected, 1:1 re-education completed with staff personnel as identified, with disciplinary action completed as determined necessary by the Administrator and/or designee.

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

The Administrator/designee will be responsible for reviewing the completed audits as per the schedule above. Re-education, frequency and/or duration of reviews will be increased if any areas of noncompliance are identified during the auditing process until compliance has been reached. The Administrator and/or designee is responsible for ensuring compliance with this plan of

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The DM's hair approximately one inch in length, located in front of both ears was not covered. The hair located between the hair net and the neckline, approximately two inches in length was not covered.

- Cook 2 was observed working at the steam table plating the noon meal foods. Cook 2's hair located in front of both ears, approximately 1 inch in length, was not covered. Hair between the hair net and the neckline, approximately 2 inches in length, was not covered.

- Cook 2 was observed wearing plastic gloves while plating the noon meal. Using gloved hands, Cook 2 was observed opening the plastic bags that contained the soft taco shells and the shells were placed on the plates. Cook 2 used a ladle to place taco meat onto the shell. Using the right hand, Cook 2 used to a ladle to place corn on the plate while using the left gloved hand to position (touching) the corn on the plate. Cook 2 then used her right gloved hand and placed shredded cheese and diced tomatoes onto the meat. Cook 2 used both gloved hands to fold the taco shell onto its side. Next, Cook 2 placed the plated food and the meal ticket onto the shelf above the steam table. Cook 2 then retrieved the next

correction.

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meal ticket order and began to plate that meal without washing her hands or changing her gloves. Cook 2 was also observed retrieving hamburger patties from the refrigerator unit and placed them on the grill without washing her hands or changing her gloves.

During an interview on 5/5/25 at 12:00 p.m., Cook 2 indicated it was current practice to wear gloves and to touch the food with her gloved hands without using any kitchen utensils. Staff did not wash hands or change gloves between tasks.

During an interview on 5/5/25 at 12:01 p.m., the DM indicated staff were not to touch the foods with their hands when serving food. The staff were to use appropriate utensils as needed.

3. On 5/5/25 from 1:30 p.m. to 1:35 p.m., during a follow-up kitchen observation, the following was observed:

- The DM was observed walking throughout the kitchen area and working at the steam table which held the noon meal foods. The DM was observed taking the ending food temperatures. The DM's hair approximately one inch in length, located in front of both ears was not covered. The hair located between the hair net and the

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neckline, approximately two inches in length was not covered.

- Cook 2 was observed walking throughout the kitchen area where the noon meal foods were being prepped for storage. Cook 2's hair located in front of both ears, approximately 1 inch in length, was not covered. Hair between the hair net and the neckline, approximately 2 inches in length, was not covered.

During an interview on 5/5/25 at 1:38 p.m., the DM indicated all staff hair was to be covered while in the kitchen area. Staff were to wash hands and to wear gloves as needed when preparing the food. Staff hands were not to touch the foods.

On 5/5/25 at 2:05 p.m., the Executive Director provided a copy of the Dining Services Personal Hygiene Rules policy, date 11/6/19, and indicated it was the current policy in use by the facility. A review of the policy indicated, "...hairnet or hat should be worn as hair covering in the kitchen area..."

On 5/5/25 at 2:05 p.m., the Executive Director provided a copy of the Food Handling and Storage policy, dated 6/19/24, and indicated it was the current policy in use by the facility. A review of the policy indicated,

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OMB NO. 0938-0391

"...be sure that food items are appropriately contained and labeled with date...all food storage requirements from state and local health authorities will be followed...when food handling is necessary, gloves or utensils shall be used...use suitable utensils such as deli tissue, spatulas, tongs, single-use gloves or dispensing equipment..."

On 5/5/25 at 3:25 p.m., a review of the retail Food Establishment Sanitation Requirements Title 10 IAC 7-24, effective November 13, 2004, indicated: "...refrigerated, ready to eat, potentially hazardous food prepared...shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises...discarded...covered containers, or wrappings...wrap food tightly to prevent cross contamination...working containers holding food or food ingredients that are removed from their original packages for use in the retail food establishment, such as...flour...sugars...shall be identified with the common name of the food...handles above the top of the food within containers or equipment that can be closed, such as...sugar...food employees shall wear hair restraints...hair coverings or nets...that are designed and worn to wear

effectively keep their hair from contacting...exposed food..."

This citation relates to Complaint IN00458982.

Based on observation, interview, and record review, the facility failed to ensure food was served in a sanitary manner for 3 of 3 kitchen observations. Foods were not covered, labeled, or dated in the refrigerator; a scoop was stored in a bulk food container; during meal service the cook touched multiple foods without washing hands or changing gloves; and staff member's hair was not covered while in the kitchen food preparation area. (Dietary Manager, Cook 2)

Findings include:

On 5/5/25 at 9:25 a.m., a sign posted on the kitchen's entrance door was observed. The sign indicated, "Do Not Cross the Yellow Line without a Hairnet!" Inside the kitchen area, approximately three feet from the entrance door, a yellow line was observed on the floor.

1. On 5/5/25 from 9:30 a.m. to 9:45 a.m., during the initial kitchen tour with the DM (Dietary Manager), the following was observed:

- The DM was observed walking through-out the kitchen area and around the food preparation

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area where the noon meal was being prepared. The DM's hair approximately one inch in length, located in front of both ears was not covered. The hair located between the hair net and the neckline, approximately two inches in length was not covered.

- Two rolling carts, with multiple shelves, were observed inside the walk-in refrigerator unit. Six small bowls that held tossed salads were observed to not be covered or dated when they were placed in the refrigerator. Fifteen small bowls that held various desserts were observed to not be covered or dated when they were placed in the refrigerator. Twenty small blueberry muffins were observed to not be covered or dated when they were placed in the refrigerator. One small baking pan that was half full of coffee cake was observed to not be covered or dated when it was placed in the refrigerator.

- One medium sized plastic bin labeled "rice" was observed in the dry storage room. A plastic scoop was observed inside the "rice" bin and the scoop handle was touching the rice.

During an interview on 5/5/25 at 9:48 a.m., the DM indicated she was not sure when the foods were stored in the refrigerator and that the foods should have

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been labeled and dated when placed into the refrigerator. The food should have been thrown away. The scoop should not have been left inside the rice food bin.

2. On 5/5/25 from 11:55 a.m. to 12:05 p.m., during a follow-up kitchen observation, the following was observed:

- The DM was observed walking throughout the kitchen area and working at the steam table which held the noon meal foods. The DM was observed taking the starting food temperatures. The DM's hair approximately one inch in length, located in front of both ears was not covered. The hair located between the hair net and the neckline, approximately two inches in length was not covered.

- Cook 2 was observed working at the steam table plating the noon meal foods. Cook 2's hair located in front of both ears, approximately 1 inch in length, was not covered. Hair between the hair net and the neckline, approximately 2 inches in length, was not covered.

- Cook 2 was observed wearing plastic gloves while plating the noon meal. Using gloved hands, Cook 2 was observed opening the plastic bags that contained the soft taco shells and the

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shells were placed on the plates. Cook 2 used a ladle to place taco meat onto the shell. Using the right hand, Cook 2 used to a ladle to place corn on the plate while using the left gloved hand to position (touching) the corn on the plate. Cook 2 then used her right gloved hand and placed shredded cheese and diced tomatoes onto the meat. Cook 2 used both gloved hands to fold the taco shell onto its side. Next, Cook 2 placed the plated food and the meal ticket onto the shelf above the steam table. Cook 2 then retrieved the next meal ticket order and began to plate that meal without washing her hands or changing her gloves. Cook 2 was also observed retrieving hamburger patties from the refrigerator unit and placed them on the grill without washing her hands or changing her gloves.

During an interview on 5/5/25 at 12:00 p.m., Cook 2 indicated it was current practice to wear gloves and to touch the food with her gloved hands without using any kitchen utensils. Staff did not wash hands or change gloves between tasks.

During an interview on 5/5/25 at 12:01 p.m., the DM indicated staff were not to not touch the foods with their hands when serving food. The staff were to use appropriate utensils as

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needed.

3. On 5/5/25 from 1:30 p.m. to 1:35 p.m., during a follow-up kitchen observation, the following was observed:

- The DM was observed walking throughout the kitchen area and working at the steam table which held the noon meal foods. The DM was observed taking the ending food temperatures. The DM's hair approximately one inch in length, located in front of both ears was not covered. The hair located between the hair net and the neckline, approximately two inches in length was not covered.

- Cook 2 was observed walking throughout the kitchen area where the noon meal foods were being prepped for storage. Cook 2's hair located in front of both ears, approximately 1 inch in length, was not covered. Hair between the hair net and the neckline, approximately 2 inches in length, was not covered.

During an interview on 5/5/25 at 1:38 p.m., the DM indicated all staff hair was to be covered while in the kitchen area. Staff were to wash hands and to wear gloves as needed when preparing the food. Staff hands were not to touch the foods.

On 5/5/25 at 2:05 p.m., the

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Executive Director provided a copy of the Dining Services Personal Hygiene Rules policy, date 11/6/19, and indicated it was the current policy in use by the facility. A review of the policy indicated, "...hairnet or hat should be worn as hair covering in the kitchen area..."

On 5/5/25 at 2:05 p.m., the Executive Director provided a copy of the Food Handling and Storage policy, dated 6/19/24, and indicated it was the current policy in use by the facility. A review of the policy indicated, "...be sure that food items are appropriately contained and labeled with date...all food storage requirements from state and local health authorities will be followed...when food handling is necessary, gloves or utensils shall be used...use suitable utensils such as deli tissue, spatulas, tongs, single-use gloves or dispensing equipment..."

On 5/5/25 at 3:25 p.m., a review of the retail Food Establishment Sanitation Requirements Title 10 IAC 7-24, effective November 13, 2004, indicated: "...refrigerated, ready to eat, potentially hazardous food prepared...shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises...discarded...covered containers, or wrappings...wrap

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

food tightly to prevent cross contamination...working containers holding food or food ingredients that are removed from their original packages for use in the retail food establishment, such as...flour...sugars...shall be identified with the common name of the food...handles above the top of the food within containers or equipment that can be closed, such as...sugar...food employees shall wear hair restraints...hair coverings or nets...that are designed and worn to wear effectively keep their hair from contacting...exposed food..."

This citation relates to Complaint IN00458982.

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