STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	07/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CELEBRATION VILLA OF NEWBURGH	5311 ROSEBUD LANE, NEWBURGH, , 47630

(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 complaints IN00463221, IN00462746, and IN00461148. Complaint IN00463221: State deficiencies related to the allegations are cited at R241 and R273. Complaint IN00462746: No deficiencies related to the allegations are cited. Complaint IN00461148: No deficiencies related to the allegations are cited. Survey dates: July 15 & 16, 2025 Facility number: 016891 Residential Census: 54 These State Residential Findings are cited in accordance with 410 IAC 16.2-5.	R 0000	In lieu of revisit, Celebration Villa of Newburgh would like to request a desk review	

	Quality review completed July 23, 2025.			
R 0241	Health Services - Offense 410 IAC 16.2-5-4(e)(1) (e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides. Based on interview and record review, the facility failed to ensure medications were administered by licensed nursing staff or a qualified medication aide (QMA) for 3 of 5 residents reviewed for pharmaceutical services. Medications were documented as administered by a certified nursing assistant (CNA). (Resident B, Resident C, Resident D) Findings include: 1. During a review facility reported incidents on 7/15/25 at 9:30 A.M., a reported incident dated 7/10/25 indicated CNA 5 had been hired by the facility as a QMA. During an audit of employee files, the Facility	R 0241	· What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. -The residents involved were monitored by the nurse for any adverse effects. -Reviewed and confirmed all medications were administered per physician orders. (1) Medication shall be administered by licensed nursing personnel or qualified medication aides. · How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. -An audit of all current residents' MAR/TARs was completed to verify that all medications have been administered by licensed staff or QMAs. -Any discrepancies found were corrected immediately. (2) All residents in the facility have the potential to be affected by alleged deficient practice. The DON or designee will	08/08/2025

	Administrator realized CNA 5 was not a QMA but was a CNA and had been working out of her scope of practice by passing medications. During record review on 7/15/25 at 10:00 A.M., Resident B's medication administration record (MAR) for the month of June 2025 indicated that CNA 5 had documented administering the resident's routine ordered medications on 6/1/25, 6/6/25, 6/8/25, 6/14/25, 6/15/25, 6/20/25, 6/22/25, 6/28/25, and 6/29/25. 2. During record review on 7/15/25 at 10:10 A.M., Resident C's medication administration record (MAR) for the month of June 2025 indicated that CNA 5 had documented administering the resident's routine ordered medications on 6/1/25, 6/6/25, 6/8/25, 6/14/25, 6/15/25, 6/20/25, 6/22/25, 6/28/25, and 6/29/25. 3. During record review on 7/15/25 at 10:20 A.M., Resident D's medication administration record (MAR) for the month of June 2025 indicated that CNA 5 had documented administering the resident's routine ordered medications on 6/28/25 and 6/29/25. During an interview on 7/15/25 at 12:15 P.M., the Facility Administrator indicated while		ensure that all nursing personnel who pass medication are either a licensed nurse or a certified medication aide by verifying their credentials prior to employment. · What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; -Ensured that the facility's Medication Administration Policy was reviewed, up to date and specifies that only licensed nurses/QMAs may administer medications. New hires to receive training during orientation. -Ensured staffing schedule provides qualified staff for all medication passes. 3. An employee audit was completed by the operations specialist on 8/4/2025 to ensure compliance. The administrative assistant or designee will complete monthly audits of all new hires to ensure license compliance x 6 months and report any findings to the executive director or designee. The DON will also complete weekly audits x 6 months of the med pass for the residents that receive medication administration to ensure compliance. Results of the audit will be reported to the executive	

	auditing employee files, it was realized that CNA 5 was not a QMA. CNA 5 had indicated on her resume that she had passed medications at a previous job. During an interview on 7/16/25 at 9:30 A.M., the Facility Administrator indicated a policy for CNA scope of practice or medication administration was not available, and the facility followed the state regulations for qualified staff regarding medication administration. This citation relates to complaint IN00463221. Based on interview and record review, the facility failed to ensure medications were administered by licensed nursing staff or a qualified medication aide (QMA) for 3 of 5 residents reviewed for pharmaceutical services. Medications were documented as administered by a certified nursing assistant (CNA). (Resident B, Resident C, Resident D) Findings include: 1. During a review facility reported incidents on 7/15/25 at 9:30 A.M., a reported incident dated 7/10/25 indicated CNA 5 had been hired by the facility as a QMA. During an audit of employee files, the Facility Administrator realized CNA 5 was not a QMA but was a CNA		director or designee · 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; and 4. The administrative assistant or designee will complete all license screening of any potential new hires and report findings to the executive director or designee prior to sending an offer to any licensed personnel. A monthly audit x 6 months will also be completed by the administrative assistant or designee to ensure compliance. Results of the audit will be reviewed at facility's monthly QAPI meetings. · By what date the systemic changes will be completed. Date of completion- 8/8/2025	

	and had been working out of her scope of practice by passing medications. During record review on 7/15/25 at 10:00 A.M., Resident B's medication administration record (MAR) for the month of June 2025 indicated that CNA 5 had documented administering the resident's routine ordered medications on 6/1/25, 6/6/25, 6/8/25, 6/14/25, 6/15/25, 6/20/25, 6/22/25, 6/28/25, and 6/29/25. 2. During record review on 7/15/25 at 10:10 A.M., Resident C's medication administration record (MAR) for the month of June 2025 indicated that CNA 5 had documented administering the resident's routine ordered medications on 6/1/25, 6/6/25, 6/8/25, 6/14/25, 6/15/25, 6/20/25, 6/22/25, 6/28/25, and 6/29/25. 3. During record review on 7/15/25 at 10:20 A.M., Resident D's medication administration record (MAR) for the month of June 2025 indicated that CNA 5 had documented administering the resident's routine ordered medications on 6/28/25 and 6/29/25. During an interview on 7/15/25 at 12:15 P.M., the Facility Administrator indicated while auditing employee files, it was realized that CNA 5 was not a			

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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. Based on observation, interview, and record review, the facility failed to ensure food was stored and distributed in accordance with professional standards for food service safety during 1 of 1 kitchen observations. Food packages were stored on the dry food storage room floor, food was not labeled on dated in the walk in refrigerator, dust and debris build up was observed on ceiling tiles and vents near food	R 0273	· What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; During state visit, all food items have been removed from the floor and properly stored on designated shelving. Open food packages in the walk-in freezer have been discarded or appropriately dated. The kitchen, including vents, ceiling tiles, and base of walls, has been deep cleaned and sanitized. · How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;	08/08/2025

	preparation and over a three-compartment sink. Finding includes: During an observation on 7/15/25 at 9:30 A.M., a box of potato chips, a box of potatoes, a bag of onions, and a box of bread crumbs were stored on the dry food storage room floor. A walk in refrigerator contained a bowl of what appeared to be tuna salad that was not labeled or dated, a bag of what appeared to be chopped green peppers that was not tabled or dated, and a bag of what appeared to be chopped onions was no labeled or dated. A walk in freezer contained box of mixed vegetables, a box of orange juice, a box of cob corn, and a box of smoked sausage that was stored on the freezer floor. A Ziploc bag of mixed vegetables was not dated. The food preparation area near the dining room door contained a build up of dust on the ceiling and around an overhead vent, a vent above a three-compartment sink contained a build up of dust, and the top of a soda dispensing machine contained a build up of dust and debris. During an interview on 7/16/25 at 9:45 A.M., the Dietary Manager (DM) indicated food should be stored up off the floor, food should be labeled and		All residents have the potential to be affected. The executive director or designee will conduct weekly inspections to ensure compliance. Dietary personnel will follow a daily checklist to ensure compliance with food storage, labeling and kitchen cleaning. The checklist will be monitored and reviewed by the dietary manager or designee. · What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; All dietary staff will be in-serviced by August 8, 2025, regarding proper food storage, sanitation, and hygiene practices. A cleaning schedule has been implemented for vents and ceiling tiles. The director of maintenance will inspect the vents and ceiling tiles monthly x 6 months to ensure compliance and report any findings to the executive director or designee. Results will be reviewed during monthly QA meetings, and any violations will be addressed immediately. · 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; and Monitoring by the executive	

dated, indicated they would add the vents to the cleaning schedule. The DM indicated there were new dietary staff members and additional training was needed.

On 7/16/25 at 9:15 A.M., the Facility Administrator supplied a facility policy titled, Food Storage, dated 12/20/19. The policy included, "...g. If it is not obvious what the food or beverage product is, the product must be labeled and dated... a. All food stored should be dated when it was placed in the storeroom, refrigerator or freezer..."

This citation relates to complaint IN00463221.

Based on observation, interview, and record review, the facility failed to ensure food was stored and distributed in accordance with professional standards for food service safety during 1 of 1 kitchen observations. Food packages were stored on the dry food storage room floor, food was not labeled on dated in the walk in refrigerator, dust and debris build up was observed on ceiling tiles and vents near food preparation and over a three-compartment sink.

Finding includes:

During an observation on 7/15/25 at 9:30 A.M., a box of

director or designee will be completed 3 times a week for 12 weeks, 2 times a week for 8 weeks, and weekly for 4 weeks. QA committee will review results and determine if further action is required. Plan to be updated as indicated. Any violations will be addressed immediately with additional staff training or disciplinary action. Any further monitoring will be discussed with the QA committee monthly to determine further action as necessary.

Date of completion- 8/8/2025

potato chips, a box of potatoes, a bag of onions, and a box of bread crumbs were stored on the dry food storage room floor. A walk in refrigerator contained a bowl of what appeared to be tuna salad that was not labeled or dated, a bag of what appeared to be chopped green peppers that was not tabled or dated, and a bag of what appeared to be chopped onions was no labeled or dated. A walk in freezer contained box of mixed vegetables, a box of orange juice, a box of cob corn, and a box of smoked sausage that was stored on the freezer floor. A Ziploc bag of mixed vegetables was not dated. The food preparation area near the dining room door contained a build up of dust on the ceiling and around an overhead vent, a vent above a three-compartment sink contained a build up of dust, and the top of a soda dispensing machine contained a build up of dust and debris.

During an interview on 7/16/25 at 9:45 A.M., the Dietary Manager (DM) indicated food should be stored up off the floor, food should be labeled and dated, indicated they would add the vents to the cleaning schedule. The DM indicated there were new dietary staff members and additional training was needed.

	On 7/16/25 at 9:15 A.M., the Facility Administrator supplied a facility policy titled, Food Storage, dated 12/20/19. The policy included, "...g. If it is not obvious what the food or beverage product is, the product must be labeled and dated... a. All food stored should be dated when it was placed in the storeroom, refrigerator or freezer..." This citation relates to complaint IN00463221.			

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