

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

PRINTED: 03/31/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 03/05/2025	
NAME OF PROVIDER OR SUPPLIER GENTRY PARK				STREET ADDRESS, CITY, STATE, ZIP COD 901 S HASTINGS DR BLOOMINGTON, IN 47401			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: March 4 and 5, 2025</p> <p>Facility number: 013766</p> <p>Residential Census: 99</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed March 10, 2025.</p>			R 0000			
R 0118 Bldg. 00	<p>410 IAC 16.2-5-1.4(c) Personnel - Deficiency</p> <p>Based on interview and record review, the facility failed to ensure an unlicensed employee providing more than limited assistance with the activities of daily living was certified as a home health aide (HHA) or CNA for 1 of 26 personal care assistants reviewed. (HHA 1)</p> <p>Finding includes:</p> <p>On 3/5/25 at 11:48 p.m., the facility's licenses and certification binder was reviewed. HHA 1's certification was unable to be found.</p> <p>During an interview on 3/5/25 at 12:30 p.m., the Executive Director (ED) indicated the HHA was recently rehired on 2/6/25, and her license expired on 4/29/24. HHA 1 had worked on 2/18/25 and 2/22/25.</p> <p>On 3/5/25 at 1:23 p.m., the ED provided the facility</p>			R 0118	<p>R118</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>No resident was affected by the practice.</p> <p>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.</p> <p>No resident was affected by the practice.</p> <p>What measures will be put into</p>		03/21/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Elizabeth Holstein

Executive Director

03/22/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	job description, "Personal Care Assistant," updated on 1/1/14, and indicated it was the job description currently being used. A review of the job description did not indicate the need for staff to maintain certifications.				<p>place or what systemic changes the facility will make to ensure that the deficient practice does not recur.</p> <p>Each new hire will be reviewed to ensure that their license and certification are current and applicable for the position. The review of each applicant will be completed prior to the employee working in their position.</p> <p>How the corrective action swill be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.</p> <p>The DON, Business Office Manager and ADM will ensure that each applicant has the appropriate credentials for their position to include that the certification is current. All licenses and certifications will be audited on a monthly basis for three months, then quarterly thereafter to ensure that all certifications and licenses are current.</p> <p>By what date the systemic changes will be completed.</p> <p>Effective date of correction is March 21, 2025.</p>		

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R 0273 Bldg. 00	<p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency</p> <p>Based on observation, interview, and record review, the facility failed to ensure food was stored and served in a sanitary manner for 2 of 2 kitchen observations. Staff hair was not covered in the food preparation area food was stored beneath a water line on which water had condensed and frozen.</p> <p>Findings include:</p> <p>1. On 3/4/25 at 11:05 a.m. and 3/5/25 at 10:20 a.m., Employee 1 was observed in the kitchen with hair exposed and no hair net on the exposed hair where food was being prepared.</p> <p>2. During a tour of the facility's walk-in freezer, on 3/5/25 at 10:25 a.m., food was observed to be stored beneath the freezer condenser water line, upon which water had condensed and ice had formed. Beneath the freezer condenser were 2 boxes of sandwich buns covered in ice that originated from the condenser water line.</p> <p>During an interview, on 3/5/25 at 10:30 a.m., the facility Chef indicated food was stored beneath the leaking condenser line, and Employee 1 was working in the kitchen with hair exposed with no hair net covering the hair.</p> <p>On 3/5/25 at 10:45 a.m., a review of the "Retail Food Establishment Sanitation Requirement Manual: 410 IAC 7-24-138, dated November 13, 2004, indicated, "....food employees shall wear hair restraints...", and "...410 IAC 7-24-178 Food storage; prohibited areas Sec. 178. (a) Food may not be stored as follows:...(2) Under the following:...under lines on which water has</p>			R 0273	<p>R273</p> <p>What corrective action will be accomplished for those residents found to have been affected by deficient practice.</p> <p>No residents were found to have been affected.</p> <p>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.</p> <p>No residents were found to have been affected.</p> <p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.</p> <p>Food storage will be maintained in accordance with state and local sanitation and safe food handling standards. Food storage in the freezer will be arranged so that no storage will be placed under the water line.</p> <p>All staff will complete training and instruction on the use of hair nets and hair coverage when in the kitchen and in the food preparation area.</p>		03/21/2025

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	condensed..." On 3/5/25 at 12:10 p.m., the facility Executive Director provided the Infection Control - Hair Policy, undated, and indicated this was the policy currently used by the facility. A review of the policy indicated, "...hair nets are to be worn in the kitchen...the only exception for not wearing a hairnet with an approved hat in the kitchen would be if the employee is completely bald..."				How the corrective action swill be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. The Culinary Director will ensure that appropriate food storage will be monitored to ensure that there is no food storage under the water line and that all food storage complies with safe food storage. The Culinary Director will observe and supervise that all staff entering the kitchen and food preparation areas are appropriately covering their hair. The Administrator will make periodic checks to ensure compliance in food storage. By what date the systemic changes will be completed. The change will be in effect as of March 21, 2025.		