

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

PRINTED: 06/11/2025  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155729		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/28/2025	
NAME OF PROVIDER OR SUPPLIER  ADAMS HERITAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 12011 WHITTERN RD MONROEVILLE, IN 46773			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: May 21, 22, 23, and 27, 2025</p> <p>Facility number: 002549 Provider number: 155729 AIM number: 200289420</p> <p>Census Bed Type: SNF/NF: 37 Total: 37</p> <p>Census Payor Type: Medicare: 2 Medicaid: 24 Other: 11 Total: 37</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed May 28, 2025</p>			F 0000			
F 0812 SS=F Bldg. 00	<p>483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary Based on observation, interview and record review the facility failed to ensure food items were labeled and dated in the kitchen. 37 of 37 residents residing in the facility were served food prepared in the kitchen.</p> <p>Findings include:</p> <p>During an observation, on 5/21/25 at 9:10 AM, about 20 salad dressing packets were observed in</p>			F 0812	<p>Preparation and execution of this plan of correction does not constitute admission or agreement by</p> <p>provider to the truth of the facts alleged or the</p> <p>conclusions set forth in the Statement of Deficiencies</p>		06/09/2025

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

TITLE

(X6) DATE

Natasha Graves

Administrator

06/09/2025

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined 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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	<p>a cooler in the dining room. No expiration dates were observed on the packets. Two open boxes of assorted cheesecake slices, an open box of carrot cake, a plastic container of cupcakes and an open box of cookie dough were observed in the walk-in cooler with no labels or dates. An open bag of shredded cheese had an open date of 4/13/25 with instructions marked on the package to discard on 4/20/25. An open box in the reach in freezer contained an open plastic bag containing hamburger patties with the meat exposed to the air. An open box contained an open plastic bag of hot dogs. The hot dogs were open to air and covered with about 1/2 inch of frost in most places. Neither the hamburgers nor hot dogs were labeled and dated. 9 eggs were observed in a container in the reach-in salad cooler with no label or date.</p> <p>In an interview, on 5/21/25 at 9:12 AM, the Dietary Manager (DM) indicated the dressing packets came from boxes in the dry storage area, but she had no written record of rotation of product to verify each packet coming from the existing boxes in dry storage. She indicated the packets needed to be discarded since the expiration date was unknown. The dietary manager indicated the boxes of cheesecake, carrot cake, cookie dough and container of cupcakes should have been labeled and dated. She indicated the expired cheese should have been discarded.</p> <p>In an interview, on 5/23/25 at 10:53 AM, the Director of Nursing (DON) indicated all 37 residents residing in the facility were served food prepared in the kitchen.</p> <p>A current policy, dated 9/24, provided by the Administrator on 5/21/25 at 2:20 PM indicated all food should be labeled, dated and discarded</p>		<p>rendered by the reviewing agency. The Plan of</p> <p>Correction is prepared and executed solely because</p> <p>is required by the provisions of federal and state law.</p> <p>Adams-Heritage maintains that the alleged</p> <p>deficiencies do not individually or collectively</p> <p>jeopardize the health and/or the safety of the residents</p> <p>nor are they of such character as to limit the</p> <p>provider's capacity to render adequate resident care.</p> <p>Furthermore, Adams-Heritage asserts that it is in</p> <p>substantial compliance with regulations governing the</p> <p>operation of long-term care facilities, and this Plan of</p> <p>Correction in its entirety constitutes this provider's</p> <p>of compliance.</p> <p>Further, we request desk review</p>		

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	<p>appropriately. The policy indicated food should be labeled and dated as soon as the original packaging is broken. Any food manufactured in house and served in individual portions will be labeled with a name and expiration date.</p> <p>3.1-21(i)(2)</p>		<p>(paper compliance)</p> <p>for compliance, if acceptable.</p> <p>Completion dates are provided for procedural</p> <p>processing purposes to comply with federal and state</p> <p>regulations, and correlate with the most recent</p> <p>contemplated accomplished corrective action. These</p> <p>do not necessarily chronologically correspond to the</p> <p>date that Adams Heritage is under the opinion that it</p> <p>the requirements of participation or that corrective action was necessary.</p> <p>F812</p> <p>1. What corrective action will be accomplished for those residents found to have been affected by this alleged deficient practice?</p> <p>All food found in question was discarded immediately. The inspection of all other food was found to be appropriately labeled, dated, and stored.</p>		

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			<p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) be taken?</p> <p>All residents have the potential to be affected by this deficient practice. All food storage areas were inspected to ensure food was labeled and dated according to policy if the original packaging or seal was broken. All foods were inspected to ensure proper packaging if removed from original packaging.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>The dietary manager provided re-education on the correct way to label, date, store, and discard food according to policy (Attachment A). Upon education, associates completed a return demonstration to verify their understanding. Education will be added to the annual skills day for all associates to complete (Attachment A).</p> <p>4. How will the corrective action(s) be monitored to ensure the deficient practice will not recur?</p> <p>The consultant registered dietician</p>		

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			will monitor food labels weekly and submit findings via electronic weekly . The Dietary Manager or designee will monitor all food storage areas daily for the first 30 days, followed by weekly monitoring for 30 days and if documented improvement, change to monthly monitoring moving forward (Attachment B includes audit tool). The policy will continue to be reviewed during orientation for new hires and annual training for all associates. The facility QA/PI committee will oversee the reports monthly to ensure 100% compliance for the next 12 months. This will also be added to annual education for all associates beginning June 27, 2025.  5. By what date will the systemic changes be completed?  Monday, June 9, 2025		