PRINTED: 07/22/2025 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		NSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING <u>00</u>		00	COMPLETED		
			B. WING			07/08/2025		
NAME OF PROVIDER OR SUPPLIER TIMBER CREEK VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 990 PROGRESS PARKWAY SHELBYVILLE, IN 46176				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX TAG		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	ΓE	COMPLETION	
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION				DEFICIENCY)		DATE	
R 0000								
Bldg. 00	This visit was for the Investigation of Complaint IN00461177. Complaint IN00461177 - State deficiency related to		R 0000					
	the allegations is cited at R0273.							
	Survey date: July 8, 2025							
	Facility number: 014548							
	Residential Census: 38		ı					
	This State Residential Finding is cited in accordance with 410 IAC 16.2-5.							
	Quality review completed on July 8, 2025.							
R 0273 Bldg. 00	410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency		R 0273				1	
	Based on observation, interview, and record review, the facility failed to ensure dietary staff preparing and serving food utilized hair restraints for over 30 residents served a meal from the kitchen during 1 of 1 meal observations conducted at the facility. (Cook 2) Findings include:				![if !supportLists]> Coo was educated in real time relat to the expectation for hair restr to include facial hair. Cook 2 v oriented to the location of bear guards, which he donned immediately.	ted raint vas	07/18/2025	
	During a tour of the kitchen on 7-8-25 at 9:54 a.m., Cook 2 indicated he was the only dietary staff person on duty at that time. He was observed to have his head shaved and had a thin beard. No hair or facial hair coverings were observed. On 7-8-25 at 11:31 a.m., Cook 2 was observed to prepare to obtain food temperatures, prior to the				All residents who consurumeals prepared by dietary staf have the potential to be impact by deficient practice.	f		

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

TITLE (X6) DATE

Crystal L Werner Administrator 07/17/2025

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo days 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.

State Form Event ID: 6L6D11 Facility ID: 014548 If continuation sheet Page 1 of 2

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

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CC		ONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING		00	COMPLETED		
			B. WING			07/08/2025		
		<u> </u>	<u> </u>	STDEET A	ADDRESS, CITY, STATE, ZIP COD			
NAME OF F	ROVIDER OR SUPPLIER							
TIMBED CREEK VII I AGE				990 PROGRESS PARKWAY				
TIMBER CREEK VILLAGE				SHELBYVILLE, IN 46176				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE		ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PREFIX CROSS-REFERENCED TO THE APPROP		ГЕ	COMPLETION	
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION			TAG	DEFICIENCY)	DATE		
	lunch meal service. He was observed without a				Dietary Staff Policies have			
	hair or facial hair covering in place. At 11:30 a.m.,			been updated to better refle				
	Cook 2 was queried, regarding a lack of facial hair			regulation related to hair restrain				
	covering for his beard. He indicated he had never			and job specific orientation h				
	been provided with one and was unsure if the			been updated to specifically				
	facility had that available.				the expectation for male dietar	У		
					staff members to utilize beard			
	In an interview on 7-8-25 at 11:45 a.m., with the			guards whenever facial hair				
	Assistant Administrator, she indicated Cook 2				present.			
		nent at the facility about a						
		guess since he is bald, I didn't						
	give any thought to him needing a beard cover.							
	We do have them. We will make sure that				All dietary staff have			
	happens. Our other male dietary employee does				received additional training related			
	use them."	use them."			to this updated policy and job			
					specific orientation. Upon hiring			
	-	.m., the Assistant Administrator			any new dietary staff members			
	provided a copy of a policy, dated 3-2024, and				ADM will ensure by review of t			
	-	aff Policies." This policy			employee file that the policy ha			
		s must be worn by all dietary			been reviewed, signed off and			
	staff when preparing	g or serving food."			the updated job specific training			
		0.17			has also been completed. AD			
		Department of Health's "Retail			or designee will monitor 5 days			
	Food Establishment Sanitation Requirements,"				per week, on an ongoing basis	s, for		
	·	tive 11-13-2004, Section 410			the implementation of this			
	IAC 7-24-138(a), indicates, "Except as provided in subsection (b), food employees shall wear hair restraints, such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting: (1) exposed food;				policy/training update for all			
					dietary staff members, especia	•		
					male dietary staff team membe	ers		
					when facial hair is present.			
	_							
	(2) clean equipment, utensils, and linens; and (3) unwrapped single-service and single-use items." This Residential tag relates to Complaint IN00461177.							
	2.5-5-5.1(f)							
			I		l			

State Form Event ID: 6L6D11 Facility ID: 014548 If continuation sheet Page 2 of 2