

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

PRINTED: 03/19/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155072		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/06/2025	
NAME OF PROVIDER OR SUPPLIER BEECH GROVE MEADOWS				STREET ADDRESS, CITY, STATE, ZIP COD 2002 ALBANY ST BEECH GROVE, IN 46107			
(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
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00454555, IN00454897, and IN00454957.</p> <p>Complaint IN00454555 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00454897 - Federal/State deficiencies related to the allegations are cited at F812.</p> <p>Complaint IN00454957 - No deficiencies related to the allegations are cited.</p> <p>Survey date: March 6, 2025</p> <p>Facility number: 000029 Provider number: 155072 AIM number: 100275200</p> <p>Census Bed Type: SNF/NF: 84 SNF: 7 Residential: 7 Total: 98</p> <p>Census Payor Type: Medicare: 7 Medicaid: 70 Other: 14 Total: 91</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed March 10, 2025.</p>			F 0000	<p>We respectfully request desk review and paper compliance for this issues.</p> <p>Thank You, Jeremiah Johnson Executive Director</p>		
F 0812 SS=F	483.60(i)(1)(2) Food						

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

TITLE

(X6) DATE

Jeremiah Job Johnson

Executive Director

03/18/2025

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 30 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.

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Bldg. 00	<p>Procurement,Store/Prepare/Serve-Sanitary Based on observation, interview, and record review, the facility failed to ensure food was stored in a sanitary manner for 1 of 1 kitchen observations and 1 of 1 pantry observations. Dry food storage room and kitchen were not thoroughly cleaned and food was not labeled and dated.</p> <p>Findings include:</p> <p>1. During the initial tour of the kitchen, on 3/6/25 from 7:11 a.m. until 7:22 a.m., observed the dry food storage room. Inside the dry food storage room the following was observed:</p> <ul style="list-style-type: none"> - On the floor, under the metal shelving units, observed a buildup of dust and debris, two unopened 0.75 ounce bags of cheddar crackers and two unopened 4 ounce containers of unsweetened apple sauce. - Five - 16 ounce boxes of corn starch sitting inside a hard plastic bin with a hard plastic lid. On top of the lid, small, black, mouse-like droppings were observed. - A plastic bag of brown powder was opened and wrapped tightly with plastic wrap. The label indicated it was received on 3/4/25 at 6:53 p.m. The wrapping had a hole that appeared to have been chewed through to the powder. Approximately, one ounce of powder was missing from the wrapping and the brown powder was lying on the shelf and on a box on the shelf below. Small, black, mouse-like droppings were observed on top of the plastic wrapped brown powder and mixed with the powder on the box on the lower shelf. 			F 0812	<p>what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; No Residents were found to be affected. Cheddar crackers, Apple Sauce, Corn starch, Brownie Mix, and all potentially affected product discarded immediately. Dry Food Storage Room, and areas around prep tables and warming tables were cleaned thoroughly to get rid of any and all dust and debris. Refrigerators were cleaned, improperly labeled or stored items in refrigerators were discarded immediately.</p> <p>how other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; All Residents had the potential to be affected. New Cleaning Schedules put in place to ensure thorough cleaning in the kitchen. Increased visits from Ecolab for pest control. Full assessment of facility through Ecolab to address any rodent issues. Pantry Refrigerators will be checked twice daily for cleanliness and improperly stored or labeled items. This will be signed off twice daily on a monitoring tool</p> <p>what measures will be put</p>		03/12/2025

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	<p>- A board, approximately one inch (in.) by four in. by seven foot, ran along the wall approximately three feet from the floor. On the board, small, black, mouse-like droppings were observed.</p> <p>- Under the preparation tables and the warming table in the kitchen, a build-up of dust and debris was observed.</p> <p>During an interview on 3/6/25 at 7:15 a.m., Dietary Cook 1 indicated the kitchen and dry food storage area was cleaned at the beginning and end of every shift. Dietary Cook 1 was not aware of the small, black, mouse-like droppings in the dry food storage room. The kitchen and dry storage should have been cleaned that morning at the beginning of the shift.</p> <p>During an interview on 3/6/25 at 7:22 a.m., Culinary Aide 2 indicated the kitchen was cleaned every shift. The floor under the food preparation tables and cooking area should have been cleaned.</p> <p>2. During the initial tour of the facility on 3/6/25 from 7:30 a.m. until 8:11 a.m., observed the unit pantry refrigerator. Inside the refrigerator the following was observed:</p> <p>- A dried brown substance covered the bottom door shelf and the bottom of the refrigerator.</p> <p>- A large clear plastic cup, undated and unlabeled, was tipped over on its side with approximately 15 ml (milliliters) of brown liquid. The cup was on the bottom shelf of the refrigerator door.</p> <p>- Approximately an eight ounce clear glass container with a plastic lid, that was undated and unlabeled, that contained two strawberries that</p>				<p>into place and what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>Culinary Staff Educated on Cleanliness and Food Storage Culinary manager or designee to monitor cleaning and cleanliness through Cleaning Schedule and Walk Through Checklists. Culinary Manager or designee will monitor daily for proper labelling of all food products.</p> <p>All Staff Educated on Food storage, Pantry Use, and cleaning the refrigerator. Monitoring tool will be used to check for refrigerator cleanliness and product labeling.</p> <p>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 Checklists and monitoring tools will be assessed Bi-monthly in QAPI meetings. The results of these audits will be reviewed by the QAPI committee overseen by the ED. If consistency and visual improvement is not achieved an action plan will be developed to ensure compliance. Deficiency in this practice will result in disciplinary action up to and including termination of the responsible employee.</p>		

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	<p>were cut in half. The strawberries were slimy and turning brown and green.</p> <p>- A square styrofoam container with a plastic fork, corn, mashed potatoes, and meat that was undated and unlabeled.</p> <p>During an interview on 3/6/25 at 8:11 a.m., RN 1 indicated all of the items in the pantry refrigerator should have been dated and labeled with the resident's name.</p> <p>On 3/6/25 at 8:31 a.m., the Administrator provided a copy of a facility policy, titled Food Storage, dated 5/2024, and indicated this was the current policy used by the facility. A review of the policy indicated food was stored to prevent contamination.</p> <p>This citation relates to Complaint IN00454897.</p> <p>3.1-21(i)(2) 3.1-21(i)(3)</p>						