

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

PRINTED: 06/12/2025
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 05/13/2025	
NAME OF PROVIDER OR SUPPLIER ELKHART PLACE ASSISTED LIVING				STREET ADDRESS, CITY, STATE, ZIP COD 2024 COUNTY ROAD 24 ELKHART, IN 46517			
(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 the Investigation of Complaints IN00456267 and IN00457688.</p> <p>Complaint IN00456267- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00457688 - State deficiencies related to the allegations are cited at R0033, R0039, R0156 and R0273.</p> <p>Survey date: May 12 & 13, 2025</p> <p>Facility number: 004353</p> <p>Residential Census: 31</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review completed on 5/16/2025</p>			R 0000			
R 0033 Bldg. 00	<p>410 IAC 16.2-5-1.2(h)(1-2) Residents' Rights - Noncompliance</p> <p>Based on observation, record review and interview, the facility failed to provide a phone number and address at admission for the Indiana Department of Health and for a local mental health service provider for 31 of 31 residents reviewed for resident rights. In addition, the facility failed to post the phone numbers and addresses of advocacy agencies, including the Indiana Department of Health and a local mental health service, in an area accessible for residents for 31 of 31 residents reviewed for resident rights.</p> <p>Findings include:</p>			R 0033	<p>R0033 - Residents of the Community have the potential to be affected by the alleged deficiency. Indiana department of Health and Mental Health contact information was posted in Resident common area in 12-point font and framed on the wall on May 14, 2025 by the Executive Director. Staff training on Resident's Rights, Grievance procedures with designated contact information will be</p>		05/30/2025

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

TITLE

(X6) DATE

Terri McLemore

Executive Director

05/31/2025

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 disclosed 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.

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

PRINTED: 06/12/2025
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 05/13/2025	
NAME OF PROVIDER OR SUPPLIER ELKHART PLACE ASSISTED LIVING				STREET ADDRESS, CITY, STATE, ZIP COD 2024 COUNTY ROAD 24 ELKHART, IN 46517			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>On 5/12/2025 at 8:39 A.M., a tour of the facility was completed. Information for the state's advocacy agencies included a framed posting of the State Ombudsman's information and the entire State's Ombudsman's phone numbers and addresses were noted by the front desk and the facility exit door. However, the document framed was dated 11/16/2022. A white binder was located near the residents' mailboxes titled, "Resident's Rights", which included information on the required state advocacy agencies, but failed to provide information for the Indiana Department of Health and local mental health service phone numbers and addresses. There was no information posted regarding the location of the binder or the contents for resident's to utilize.</p> <p>During an interview, on 5/12/2025 at 11:35 A.M., Resident E indicated he had asked for the Indiana Department of Health information and the Administrative Assistant indicated she could not give out that information.</p> <p>During an interview, on 5/12/2025 at 3:11 P.M., Resident G indicated there were no documents available or phone numbers listed to call for grievances and she could not call the Indiana Department of Health if she needed to voice a grievance. She indicated she had asked for the phone number of the Indiana Department of Health, but was told the number could not be given to her.</p> <p>During an observation and interview, on 5/13/2025 at 10:18 A.M., with the Executive Director of the posted advocacy information, located at the front desk and by the facility exit door, it was determined only the State Ombudsman's information and the local</p>				<p>provided by the Executive Director on May 29, 2025 scheduled staff meeting.</p> <p>A memo will be provided to Residents' of the Community informing them of the required contact information being posted along with updated resident handbooks. Contact information for the Indiana Department of Health, Long-Term Care Ombudsman, and local mental health services is now included in every admission packet, which will be reviewed with residents and/or families at time of admission May 30, 2025 by the Executive Director. Admission packets will be reviewed weekly for 6 months to ensure inclusion of required contact info. These updates will be reviewed in quarterly QA meetings and follow up actions taken as needed.</p> <p>The Executive Director is responsible for compliance of Resident's Rights. Compliance Date May 30, 2025.</p>		

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

PRINTED: 06/12/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/13/2025	
NAME OF PROVIDER OR SUPPLIER ELKHART PLACE ASSISTED LIVING				STREET ADDRESS, CITY, STATE, ZIP COD 2024 COUNTY ROAD 24 ELKHART, IN 46517			
(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
	<p>Ombudsman's phone number and addresses where present. The Executive Director reviewed the white binder that did not include the information for the Indiana Department of Health and local mental health service phone numbers and addresses. She indicated the information should have been posted for the residents of the facility. The Executive Director provided an untitled sheet of phone numbers and addresses for the Indiana Department Health that she indicated was included in the admission packet. The Indiana Department of Health phone numbers and addresses were for the Epidemiology and Prevention division, State Laboratories division, the Center for Deaf and Hard of Hearing Education and the Shadeland Avenue offices. These phone numbers did not include the phone number or the address for filing a complaint with the Long Term Care division of the Indiana State Department of Health.</p> <p>A document titled, "Resident Handbook", was provided on 5/13/2025 at 10:22 A.M. by the Executive Director. She indicated it was the document provided to residents upon admission. The document did not provide advocacy agency numbers or addresses to voice a complaint not resolved by the facility.</p> <p>On 5/13/2025 at 10:22 A.M., a current policy was provided by the Executive Director. The policy titled, "Resident Rights", indicated, " ...Resident rights and responsibilities shall include, but not limited to the following:..The Resident Right's policy did not address the availability of advocacy agencies ...A document titled, "Indiana Resident Rights", indicated, " ...Information and Communication ...information and contact information for state and local advocacy organizations, information about Medicare and</p>						

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

PRINTED: 06/12/2025
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 05/13/2025	
NAME OF PROVIDER OR SUPPLIER ELKHART PLACE ASSISTED LIVING				STREET ADDRESS, CITY, STATE, ZIP COD 2024 COUNTY ROAD 24 ELKHART, IN 46517			
(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 0039 Bldg. 00	<p>Medicaid eligibility and coverage, contact information for the Aging and Disability Resource Center or other No Wrong Door program, contact information for the Medicaid Fraud Control Unit, and information and contact information for filing grievances and complaints about suspected violations of nursing facility regulations"</p> <p>This citation relates to complaint IN00457688</p> <p>410 IAC 16.2-5-1.2(n) Residents' Rights- Deficiency</p> <p>Based on observation, record review and interview, the facility failed to provide the needed information for a resident to voice a grievance to the facility or an agency of their choice for 31 of 31 residents.</p> <p>Finding includes:</p> <p>On 5/12/2025 at 8:39 A.M., a tour of the facility was completed. Information for the state's advocacy agencies included a framed posting of the State Ombudsman's information and the entire State's Ombudsman's phone numbers and addresses were noted by the front desk and the facility exit door. However, the document framed was dated 11/16/2022. A white binder was located near the residents' mailboxes titled, "Resident's Rights", which included information on the required state advocacy agencies, but failed to provide information for the Indiana Department of Health and local mental health service phone numbers and addresses. There was no information posted regarding the location of the binder or the contents for resident's to utilize.</p> <p>During an interview with Resident B, on 5/12/2025 at 10:51 A.M., she indicated she had tried to find</p>			R 0039	<p>R0039 - Residents of the Community have the potential to be affected by the alleged deficiency. Community Grievance Binder is placed at the front desk and mailbox placed in back hallway of the community with blank grievance forms available for residents and/or families to document concerns with the community on May 28, 2025 by the Executive Director. Training on Grievance Policy & Procedures will be provided by the Executive Director on May 29, 2025 scheduled all staff meeting. Residents will receive a letter informing them on the grievance process and updated handbooks reflecting current contact information which will by distributed by May 30, 2025 by the Executive Director. To ensure that the Grievance Policy is followed the Grievance Binder and Mailbox will be</p>		05/30/2025

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

PRINTED: 06/12/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/13/2025	
NAME OF PROVIDER OR SUPPLIER ELKHART PLACE ASSISTED LIVING				STREET ADDRESS, CITY, STATE, ZIP COD 2024 COUNTY ROAD 24 ELKHART, IN 46517			
(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
	<p>grievance forms and could not locate them in the building. She indicated she had to ask staff for assistance with obtaining the forms.</p> <p>During an interview with Resident C, on 5/12/2025 at 10:49 A.M., she indiated she did not know how to file a grievance or voice a complaint and she was unaware of any grievance forms.</p> <p>During an interview, on 5/12/2025 at 3:11 P.M., Resident G indicated there were no documents available or phone numbers listed to call for grievances and she could not call the Indiana Department of Health if she needed to voice a grievance. She indicated she had asked for the phone number of the Indiana Department of Health, but was told the number could not be given to her.</p> <p>On 5/13/2025 at 7:37 A.M., facility grievance forms could not be readily located in the facility for family or residents to voice a grievance.</p> <p>During an interview, on 5/13/2025 at 9:58 P.M., the Administrative Assistant indicated a resident could request a grievance form from her at the front desk but the grievance forms were not available for anonymous submission.</p> <p>.During an observation and interview, on 5/13/2025 at 10:18 A.M., with the Executive Director of the posted advocacy information, located at the front desk and by the facility exit door, it was determined only the State Ombudsman's information and the local Ombudsman's phone number and addresses where present. The Executive Director reviewed the white binder that did not include the information for the Indiana Department of Health and local mental health service phone numbers</p>				<p>monitored in morning meeting M-F with the management team and immediate action will be taken on any grievances that are filed by residents and communication to resident and/or family concerned will be provided by the Executive Director. The grievance process and outcomes will be reviewed during quarterly QA meetings and recommendations will be followed. The Executive Director is responsible for compliance of Grievance Policy.</p> <p>Compliance Date May 30, 2025.</p>		

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

PRINTED: 06/12/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/13/2025	
NAME OF PROVIDER OR SUPPLIER ELKHART PLACE ASSISTED LIVING				STREET ADDRESS, CITY, STATE, ZIP COD 2024 COUNTY ROAD 24 ELKHART, IN 46517			
(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
	<p>and addresses. She indicated the information should have been posted for the residents of the facility. The Executive Director provided an untitled sheet of phone numbers and addresses for the Indiana Department Health that she indicated was included in the admission packet. The Indiana Department of Health phone numbers and addresses were for the Epidemiology and Prevention division, State Laboratories division, the Center for Deaf and Hard of Hearing Education and the Shadeland Avenue offices. These phone numbers did not include the phone number or the address for filing a complaint with the Long Term Care division of the Indiana State Department of Health. There were no grievance forms located near the front desk or exit door for residents to utilize independently.</p> <p>On 5/13/2025 at 10:22 A.M., a policy was provided by the Executive Director. The policy titled, "Complaints and Grievances", indicated, " ...The community seeks to provide each of our residents with an environment in which they can feel valued and fulfill their purpose. In order to create this environment, this community has committed to a system for each resident and/or legal representative to provide feedback regarding their experiences with the community ...In conjunction with 410 IAC 16.2-5-1.2(n) 410 IAC 16.2-5-1.2(0)(4), this community provides a system within which residents and/or legal representatives may voice grievances to an associate of the community or an outside representative of their choice, recommend changes in policies and procedures and receive reasonable responses to their requests without fear of reprisal or interference ...c. Resident and/or their legal representatives or other individuals may also complete a concern form provided at the concierge desk, health services stations, and the resident information bulletin boards. The form</p>						

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

PRINTED: 06/12/2025
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 05/13/2025	
NAME OF PROVIDER OR SUPPLIER ELKHART PLACE ASSISTED LIVING				STREET ADDRESS, CITY, STATE, ZIP COD 2024 COUNTY ROAD 24 ELKHART, IN 46517			
(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 0156 Bldg. 00	<p>should be completed in its entirety and returned to the designated area at the concierge desk ...d. If residents and/or their legal representatives or other individuals are uncomfortable speaking with an associate or leadership member, they may contact the Ombudsman for further intervention at the number posted within the community"</p> <p>This citations relates to complaint IN00457688</p> <p>410 IAC 16.2-5-1.5(m) Sanitation and Safety Standards - Deficiency</p> <p>Based on observation, record review and interview, the facility failed to store and service food under sanitary conditions regarding discarding expired food and labeling food for content and expiration. This practice had the potential to affect 31 of 31 residents who consumed food from the kitchen.</p> <p>Finding includes:</p> <p>A tour of the kitchen was conducted, on 5/12/2025 at 8:14 A.M. Inside the refrigerator the following was observed:</p> <ul style="list-style-type: none"> -Cranberry gel with a labeled use by date of 4/16/2025. -Shredded lettuce with liquid at the bottom of bag with a received by date of 4/28/2025 and use by date of 5/5/2025. -Hard boiled eggs with liquid at the bottom of the container, dated 4/28/2025, with no use by date documented. -A container of potato salad with an open date of 4/28/2025 and use by date of 5/6/2025 was noted on the counter in the kitchen. This container was observed at the lunch meal on 5/12/2025 at 12:17 P.M. on the counter for service with coleslaw for the noon meal. 			R 0156	<p>R0156 - Residents of the Community have the potential to be affected by the alleged deficiency. The Cranberry gel, Shredded lettuce, hard boiled eggs and potato salad were disposed of immediately. The pizza in the pantry refrigerator has been disposed of.</p> <p>On 5/28/2025 The Executive Director and Dietary Manager completed an audit of refrigerated items to ensure proper open and use by dates are in place on items stored in refrigerator. The Executive Director completed an audit of the pantry refrigerator to ensure proper storage of Activity food storage on May 28, 2025. Dietary Manager and Activity Director were provided training by the Executive Director on May 28, 2025 regarding proper storage and monitoring of open food items. Ongoing weekly audits will be completed by the Food Service</p>		05/28/2025

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

PRINTED: 06/12/2025
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 05/13/2025	
NAME OF PROVIDER OR SUPPLIER ELKHART PLACE ASSISTED LIVING				STREET ADDRESS, CITY, STATE, ZIP COD 2024 COUNTY ROAD 24 ELKHART, IN 46517			
(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 0273 Bldg. 00	<p>-A raw used onion, dated 5/1/2025, with no use by date.</p> <p>-A chef salad with no date of preparation.</p> <p>During an facility tour on 5/12/2025 at 8:39 A.M., the pantry refrigerator for the activity department was observed to have a bag of triangular pizza slices in the freezer. The bag was not secured and had no open date on the packaging.</p> <p>During an interview, on 5/12/2025 at 8:30 A.M., the Dietary Manager indicated foods are good from 7 days of preparation. She indicated all foods should have a use by date labeled on the foods.</p> <p>During an interview, on 5/12/2025 at 8:52 A.M., the Activity Director indicated the pizza slices were opened a week ago and she would label the pizza slices.</p> <p>During an observation on 5/13/2025 at 7:37 A.M., the pizza slices continued to not have opened dates, but the bag was secured with a knot at the top of the bag.</p> <p>On 5/13/2025 at 9:09 A.M., a policy was provided by the Executive Director. The policy titled, "Cold Food Storage and Dry Food Storage", indicated, " ...4. All containers must be labeled with the contents and date the food item was placed in storage ...5. Previously cooked foods can be held in refrigeration of 41 degrees F [Fahrenheit] of lower for up to 7 days and then must be discarded"</p> <p>This citations relates to complaint IN00457688</p> <p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency</p>				<p>Manager for proper dating of stored food items, any deficiencies found will be corrected immediately. Audits will be reported to Executive Director in weekly 1-1 meetings between ED and Dietary Manager weekly and random audits by Executive Director ongoing. The Executive Director will be responsible for weekly audits of the Activity Refrigerator ongoing. This will be reviewed in quarterly QA meetings. Recommendations will be followed as appropriate. The Dietary Manager and Executive Director are responsible for compliance.</p> <p>Compliance Date May 28, 2025.</p>		

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

PRINTED: 06/12/2025
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 05/13/2025	
NAME OF PROVIDER OR SUPPLIER ELKHART PLACE ASSISTED LIVING				STREET ADDRESS, CITY, STATE, ZIP COD 2024 COUNTY ROAD 24 ELKHART, IN 46517			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>Based on observation, record review and interview, the facility failed to store and service food under sanitary conditions regarding discarding expired food and labeling food for content and expiration. This practice had the potential to affect 31 of 31 residents who consumed food from the kitchen.</p> <p>Finding includes:</p> <p>A tour of the kitchen was conducted, on 5/12/2025 at 8:14 A.M. Inside the refrigerator the following was observed:</p> <ul style="list-style-type: none"> -Cranberry gel with a labeled use by date of 4/16/2025. -Shredded lettuce with liquid at the bottom of bag with a received by date of 4/28/2025 and use by date of 5/5/2025. -Hard boiled eggs with liquid at the bottom of the container, dated 4/28/2025, with no use by date documented. -A container of potato salad with an open date of 4/28/2025 and use by date of 5/6/2025 was noted on the counter in the kitchen. This container was observed at the lunch meal on 5/12/2025 at 12:17 P.M. on the counter for service with coleslaw for the noon meal. -A raw used onion, dated 5/1/2025, with no use by date. -A chef salad with no date of preparation. <p>During an facility tour on 5/12/2025 at 8:39 A.M., the pantry refrigerator for the activity department was observed to have a bag of triangular pizza slices in the freezer. The bag was not secured and had no open date on the packaging.</p> <p>During an interview, on 5/12/2025 at 8:30 A.M., the Dietary Manager indicated foods are good from 7 days of preparation. She indicated all foods</p>			R 0273	<p>R0273</p> <p>Residents of the Community have the potential to be affected by the alleged deficiency.</p> <p>The Cranberry gel, Shredded lettuce, hard boiled eggs and potato salad were disposed of immediately. The pizza in the pantry refrigerator has been disposed of.</p> <p>On 5/28/2025 The Executive Director and Dietary Manager completed an audit of refrigerated items to ensure proper open and use by dates are in place on items stored in refrigerator. The Executive Director completed an audit of the pantry refrigerator to ensure proper storage of Activity food storage on May 28, 2025. Dietary Manager and Activity Director were provided training by the Executive Director on May 28, 2025 regarding proper storage and monitoring of open food items. Weekly Audits will be completed by the dietary manager for proper dating of stored food items, any deficiencies found will be corrected immediately. Audits will be reported to Executive Director in weekly 1-1 meetings between ED and Dietary Manager weekly and random audits by Executive Director ongoing. The Executive Director will be responsible for ongoing weekly audits of the Activity Refrigerator. This will be reviewed during quarterly QA meetings. Any</p>		05/28/2025

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

PRINTED: 06/12/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/13/2025	
NAME OF PROVIDER OR SUPPLIER ELKHART PLACE ASSISTED LIVING				STREET ADDRESS, CITY, STATE, ZIP COD 2024 COUNTY ROAD 24 ELKHART, IN 46517			
(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
	<p>should have a use by date labeled on the foods.</p> <p>During an interview, on 5/12/2025 at 8:52 A.M., the Activity Director indicated the pizza slices were opened a week ago and she would label the pizza slices.</p> <p>During an observation on 5/13/2025 at 7:37 A.M., the pizza slices continued to not have opened dates, but the bag was secured with a knot at the top of the bag.</p> <p>On 5/13/2025 at 9:09 A.M., a policy was provided by the Executive Director. The policy titled, "Cold Food Storage and Dry Food Storage", indicated, "...4. All containers must be labeled with the contents and date the food item was placed in storage ...5. Previously cooked foods can be held in refrigeration of 41 degrees F [Fahrenheit] of lower for up to 7 days and then must be discarded"</p> <p>This citations relates to complaint IN00457688</p>				<p>necessary recommendations will be implemented.</p> <p>The Dietary Manager and Executive Director are responsible for compliance. Compliance 5/28/2025.</p>		