

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

PRINTED: 03/21/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155022		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/06/2025	
NAME OF PROVIDER OR SUPPLIER WILLOWS OF SHELBYVILLE				STREET ADDRESS, CITY, STATE, ZIP COD 2309 S MILLER ST SHELBYVILLE, IN 46176			
(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 the Investigation of Complaints IN00453912 and IN00454870.</p> <p>Complaint IN00454870 - Federal/State deficiencies related to the allegations are cited at F812.</p> <p>Complaint IN00453912 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: March 5 and 6, 2025</p> <p>Facility number: 000009 Provider number: 155022 AIM number: 100274760</p> <p>Census bed type: SNF/NF: 71 Total: 71</p> <p>Census payor type: Medicare: 12 Medicaid: 45 Other: 14 Total: 71</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 7, 2025.</p>			F 0000			
F 0812 SS=F Bldg. 00	<p>483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary</p> <p>Based on observation, interview, and record review, the facility failed to maintain kitchen</p>			F 0812	<p>What corrective actions will be accomplished for those residents found to have been affected by the</p>		03/20/2025

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

TITLE

(X6) DATE

Mandi

Paul

03/19/2025

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>equipment in a clean manner and ensure a sanitizing bucket was at proper sanitization levels. This had the potential to affect 71 of 71 residents who reside in the facility.</p> <p>Findings include:</p> <p>A tour of the kitchen was conducted with the Dietary Manager (DM) on 3/6/25 at 10:35 a.m. Interviews were conducted with the DM at that time.</p> <p>During the tour, the DM indicated they did not have any test strips to test the stationary sanitization buckets used for wiping cloths. The DM indicated they could not test the solution for proper chemical levels. The DM indicated the facility used Cleanslate Disinfectant and Sanitizer with active ingredients including, dimethyl benzyl ammonium chlorides and ethylbenzyl ammonium chlorides in their sanitization buckets.</p> <p>During an interview with the DM, she indicated the test strips were noted to have been expired the week prior and at that time she notified the Executive Director (ED) that more needed to be ordered.</p> <p>During an interview with the ED on 3/6/25 at 11:00 a.m., she indicated the test strips for the sanitization buckets were noted to be expired a week ago and had expired in 2023. ED indicated they attempted to order some, but the provider they used for supplies was on back order, so they had to put an order in this week through another provider. The ED indicated the testing strips should be here today or tomorrow.</p> <p>During the tour of the kitchen on 3/6/25 at 10:35 a.m., an observation of the walk-in refrigerator was</p>				<p>deficient practice</p> <p>New storage racks were ordered for the walk-in refrigerator, replaced, and installed on 3/19/25. Walk-in refrigerator deep cleaned with appropriate cleaning solution on 3/19/25. Quat test strips were replaced on 3/7/25. Sanitization levels are at proper levels.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken.</p> <p>All residents have the potential to be affected.</p> <p>All dietary staff educated on Cleaning Equipment Policy and Procedure and Dishwasher Policy and Procedure for Chemical Sanitizing Machines.</p> <p>Cleaning schedules to be conducted per facility policy.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur.</p> <p>Dietary Manager/designee will audit cleanliness of racks in walk-in refrigerator weekly x4 weeks then monthly x6 months.</p> <p>Dietary Manager/designee will audit sanitization levels weekly x4 weeks then monthly x6 months.</p> <p>How the corrective actions will be monitored to ensure the deficient</p>		

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	<p>made. A brown fuzzy substance was noted to be all over the storage racks. The DM indicated she was aware of the brown fuzzy substance since she took her position on 2/12/25. The DM indicated she had attempted scrubbing it, but it would not come off. DM indicated she notified maintenance and the ED and supplies for cleaning had been brought in, but she was waiting until it got warmer to do it and wasn't sure when it would be done.</p> <p>During an interview with the ED on 3/6/25 at 11:00 a.m., she indicated the DM notified her that there was a brown fuzzy substance in the refrigerator approximately a week after starting her position in February. The ED indicated they have the cleaning supplies and power washer to clean it but have not gotten around to doing it yet.</p> <p>The Dishwasher Policy and Procedure for Chemical Sanitizing Machines was provided by the ED on 3/6/25 at 11:20 a.m. The policy did not reference sanitization requirements for the sanitary buckets.</p> <p>The Cleaning Equipment Policy and Procedures was provided by the ED on 3/6/25 at 11:20 a.m. The policy indicated, "...not using quat solution in buckets to clean with will spread dirt and bacteria...Walk-in refrigerator and racks are to be cleaned as often as possible. Every day they are to be checked...".</p> <p>This citation relates to Complaint IN00454870.</p> <p>3.1-21(i)(3)</p>				<p>practice will not recur. All results and audits will be reviewed by the QA committee monthly x6 months for substantial compliance and ongoing until 100% compliance is achieved.</p>		