	PARTMENT OF HEALTH AND HUMAN SERVICES NTERS FOR MEDICARE & MEDICAID SERVICES					
STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING		(X3) DATE SURVEY COMPLETED 12/15/2023		
NAME OF	PROVIDER OR SUPPLIE	ER		ADDRESS, CITY, STATE, ZIP COD		
WALKE	R PLACE			BYVILLE, IN 46176		
(X4) ID PREFIX TAG R 0000	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO DEFICIENCY)	BE PRIATE	(X5) COMPLETION DATE
Bidg. 00	Survey. Survey dates: Dec Facility number: Residential Censu These State Resid accordance with 4	s: 23 ential Findings are cited in	R 0000	what corrective action will accomplished for those residents found to have b affected by the deficient practice? Reeducation will be provide dietary staff regarding all p and procedures that reflect tag. How the facility will identii other residents having the potential to be affected by same deficiency practice what corrective action will taken? The facility will check the lo daily to ensure accuracy ar timeliness. Continuous edu as needed for current and to staff. What measures will be pur place or what systemic changes the facility will m to ensure that the deficient practice does not recur? The facility will reeducate the dietary staff regarding the p and procedures of cleanling disinfecting, and sterilizing equipment, as well as prov reeducation of the policies procedures of temp logs. How the corrective action be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be	een ed to the olicies this fy e y the and I be ogs nd iccation new t into nake nt he policies ess, ide and will he	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRES	ENTATIVE'S SIGNATURE TITLE	(X6) DATE		
Julia Berry	Executive Director	01/03/2024		

Any defiencystatement 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. PRINTED:

01/05/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DA	(X3) DATE SURVEY	
		IDENTIFICATION NUMBER	A. BUILDING <u>00</u> B. WING		COMPLETED 12/15/2023			
NAME OF P	ROVIDER OR SUPPLIE	R		2216 N	address, city, state, zip I RILEY HWY BYVILLE, IN 46176	COD		
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		DRRECTION SHOULD BE E APPROPRIATE	(X5) COMPLETION		
R 0157 Bldg. 00	410 IAC 16.2-5-1 Sanitation and Sa n) The facility sha implement writter cleaning, disinfect equipment used li in a common are Based on interview observation, the fa policy for keeping the dishwasher, ref This had the poten Findings include: Observation of the a.m., indicated that temperature logs, i Temperature Log" three refrigeration was no log for Dec date for the Kitche was on 11/17/2023 An interview with 12/14/2023 at 11:1 temperatures daily freezers, and dishy log for December 2	afety Standards - Deficiency all develop, adopt, and o policies and procedures on sting, and sterilizing by more than one (1) person a. v, record review, and cility failed to implement a temperature logs up to date for frigeration units, and freezers. tial to effect 23 of 23 residents. kitchen, on 12/14/2023 at 11:10 t a record book was kept for ncluding a "Kitchen Appliance with boxes for the dishwasher, units, and three freezers. There bember 2023. The last completed n Appliance Temperature Log b. the Dietary Manage on 8 a.m. indicated they check for the refrigeration units, vasher. She had not started a	R 0	<u>TAG</u>	DEFICIENCY into place? The Executive Director Executive Chef will m logs to ensure accuration timely temps. By what date the system changes will be comendational to be affected by the defice practice? Reeducation will be p dietary staff regarding and procedures that reag. How the facility will is other residents having potential to be affected same deficiency practice? The facility will check daily to ensure accuration as needed for current staff. What measures will be affected by the defice practice? Reeducation will be p dietary staff regarding and procedures that reag. How the facility will is other residents having potential to be affected to be affe	onitor the acy and stemic pleted. on will be ose ave been ient provided to the g all policies reflect this identify ng the ted by the ctice and on will be the logs acy and is education and new be put into nic will make	DATE	

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	R MEDICARE & MEDIC					B NO. 0938-039
	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING <u>00</u>		COMPLETED	
		B. WING		12/15/2023		
NAMEOE	PROVIDER OR SUPPLIE	B	STREET	ADDRESS, CITY, STATE, ZIP COD		
			-	I RILEY HWY		
WALKEF	R PLACE		SHELE	BYVILLE, IN 46176		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5)
PREFIX			PREFIX			COMPLETION
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	-	DATE
	at 10:50 a.m. indicated it is her expectation that			practice does not recur?		
	temperatures are ke	ept on the log and up to date.		The facility will reeducate the		
				dietary staff regarding the po		
		DINING OPERATIONS BEST		and procedures of cleanliness,		
		s provided by the Director of		disinfecting, and sterilizing		
		2023 at 1:30 p.m. The policy		equipment, as well as provid		
		mentation and Record keeping:		reeducation of the policies a	ind	
		of accurate and up-to-date		procedures of temp logs.		
		ood safety, including		How the corrective action		
	temperature logs	."		be monitored to ensure the)	
				deficient practice will not		
				recur, i.e., what quality		
				assurance program will be	put	
				into place? The Executive Director and		
				Executive Chef will monitor the		
				logs to ensure accuracy and		
				timely temps.	l de la constante de	
				By what date the systemic		
				changes will be completed		
				12/29/2023	•	

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