

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

PRINTED: 08/05/2024

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 07/02/2024	
NAME OF PROVIDER OR SUPPLIER NORTH WOODS VILLAGE AT EDISON LAKES				STREET ADDRESS, CITY, STATE, ZIP COD 1409 E DAY ROAD MISHAWAKA, IN 46545			
(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	This visit was for a State Residential Licensure Survey. Survey dates: July 1 & 2, 2024 Facility number: 013236 Residential Census: 53 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality Review completed on 7/8/2024.			R 0000			
R 0273 Bldg. 00	410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observations and interviews the facility failed to ensure the kitchen and food preperation equipment was maintained in a manner that met food handling standards in the kitchen and food preparation areas for 2 of 2 observations. This had the potential to affect 53 out of 53 residents who received meals from the kitchen. Finding includes: During a tour of the kitchen on 7/1/2024 at 9:58 A.M., with the Director of Dietary Services (DSS), the following was observed: -The shelf above the stove was dusty and had food crumbs on the surface -The walls behind the stove had food dried food			R 0273	(1,2) Upon review no residents were affected by the citation. All affected areas were immediately cleaned. (3) Systematic changes will be made to daily/weekly/monthly cleaning checklists. (4) These changes will be monitored daily/weekly/monthly and as needed by Director of Dining/Designee. Reeducation of sanitation expectations were immediately provided to staff. These areas will also be reviewed during QA meetings for the following 6 months to ensure		07/25/2024

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

TITLE

(X6) DATE

Deejra Lee

Administrator

07/22/2024

Any defenciency statement ending with an asterisk (*) denotes a defecency 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.

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	<p>splashes on it. The light fixtures had a build up of black/brown colored dust.</p> <p>-The shelf above the food prep area was dirty with a build up of crumbs and dust.</p> <p>During an interview on 7/1/2024 at 10:15 A.M., the DSS indicated the shelves, walls and light fixtures in the kitchen should have been clean.</p> <p>During an observation of the Glades unit kitchen on 7/1/2024 at 12:12 P.M., the microwave had crumbs and dried food spills splashed on the top, walls, and bottom of the inside.</p> <p>During an interview on 7/1/2024 at 12:12 P.M., the DSS indicated the microwave should have been clean.</p> <p>On 7/2/2024 at 11:54 A.M., the ED provided a current, undated policy titled, "Dining Storage Practices." The policy included, but was not limited to, "...A dry storage room should be clean and orderly...." A cleaning schedule was provided but not a sanitation policy.</p>				<p>ongoing compliance.</p> <p>(5) These actions will be completed by 7/25/24 and ongoing.</p>		