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 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 PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		TE	(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 00	000				
R 0273 Bldg. 00	410 IAC 16.2-5-5. Food and Nutrition (f) All food prepara (excluding areas in maintained in accollocal sanitation and standards, including Based on observation failed to ensure the equipment was mainted food handling standards preparation areas for the potential to affer received meals from Finding includes: During a tour of the A.M., with the Direct the following was on-The shelf above the food crumbs on the	1(f) nal Services - Deficiency ation and serving areas n residents ' units) are ordance with state and d safe food handling ng 410 IAC 7-24. ons and interviews the facility kitchen and food preperation ntained in a manner that met lards in the kitchen and food or 2 of 2 observations. This had cet 53 out of 53 residents who in the kitchen. E kitchen on 7/1/2024 at 9:58 cetor of Dietary Services (DSS), bserved: e stove was dusty and had	R 0.	273	(1,2) Upon review no residents were affected by the citation. affected areas were immediate cleaned. (3) Systematic changes will be made to daily/weekly/monthly cleaning checklists. (4) These changes will be monitored daily/weekly/monthl and as needed by Director of Dining/Designee. Reeducation sanitation expectations were immediately provided to staff. These areas will also be review during QA meetings for the following 6 months to ensure	All ely e	07/25/2024	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIG				3	TITLE		(X6) DATE	

Deejra Lee Administrator 07/22/2024

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.

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

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IT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		NSTRUCTION	(X3) DATE SURVEY				
OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING <u>00</u>		00	COMPLETED				
		B. W	ING		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					
SUMMARY STATEMENT OF DEFICIENCIE		ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION		(X5)			
(EACH DEFICIENCY MUST BE PRECEDED BY FULL				(EACH CORRECTIVE ACTION SHOULD BE	TE C	COMPLETION			
REGULATORY OR LSC IDENTIFYING INFORMATION				DEFICIENCY)		DATE			
splashes on it. The black/brown colore -The shelf above th a build up of crumb During an interview DSS indicated the in the kitchen shoul During an observation 7/1/2024 at 12:1 crumbs and dried f walls, and bottom of During an interview DSS indicated the reclean. On 7/2/2024 at 11:5 current, undated po Practices." The poli limited to, "A dry and orderly" A cl	light fixtures had a build up of d dust. e food prep area was dirty with s and dust. o on 7/1/2024 at 10:15 A.M., the shelves, walls and light fixtures d have been clean. on of the Glades unit kitchen 2 P.M., the microwave had food spills splashed on the top, f the inside. o on 7/1/2024 at 12:12 P.M., the microwave should have been should have been side, "Dining Storage cy included, but was not storage room should be clean leaning schedule was provided			ongoing compliance. (5) These actions will be completed by 7/25/24 and ongoing.					
	SUMMARY: (EACH DEFICIEN REGULATORY OR splashes on it. The black/brown colored -The shelf above the a build up of crumb During an interview DSS indicated the si in the kitchen shoul During an observati on 7/1/2024 at 12:1 crumbs and dried for walls, and bottom of During an interview DSS indicated the recean. On 7/2/2024 at 11:5 current, undated por Practices." The polit limited to, "A dry and orderly" A cl	PROVIDER OR SUPPLIER WOODS VILLAGE AT EDISON LAKES SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION splashes on it. The light fixtures had a build up of black/brown colored dust. -The shelf above the food prep area was dirty with a build up of crumbs and dust. 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. 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. During an interview on 7/1/2024 at 12:12 P.M., the DSS indicated the microwave should have been	PROVIDER OR SUPPLIER WOODS VILLAGE AT EDISON LAKES SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION splashes on it. The light fixtures had a build up of black/brown colored dust. -The shelf above the food prep area was dirty with a build up of crumbs and dust. 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. 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. During an interview on 7/1/2024 at 12:12 P.M., the DSS indicated the microwave should have been clean. 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	OF CORRECTION IDENTIFICATION NUMBER A. BUILDING B. WING STREET A 1409 E WOODS VILLAGE AT EDISON LAKES SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION Splashes on it. The light fixtures had a build up of black/brown colored dust. -The shelf above the food prep area was dirty with a build up of crumbs and dust. 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. 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. During an interview on 7/1/2024 at 12:12 P.M., the DSS indicated the microwave should have been clean. 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	PROVIDER OR SUPPLIER WOODS VILLAGE AT EDISON LAKES SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION splashes on it. The light fixtures had a build up of black/brown colored dust. -The shelf above the food prep area was dirty with a build up of crumbs and dust. 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. During an interview 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. During an interview on 7/1/2024 at 12:12 P.M., the DSS indicated the microwave should have been clean. 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	PROVIDER OR SUPPLIER WOODS VILLAGE AT EDISON LAKES SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION splashes on it. The light fixtures had a build up of black/brown colored dust. -The shelf above the food prep area was dirty with a build up of crumbs and dust. 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. During an interview on 7/1/2024 at 12:12 P.M., the DSS indicated the microwave should have been clean. 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			

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