PRINTED: 06/19/2024 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING <u>00</u> B. WING		COMPLETED	
			<u> </u>		05/23/2024	
NAME OF P	ROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP COD		
AZALEA	HILLS			AFAYETTE PKWY OS KNOBS, IN 47119		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
TAG R 0000	REGULATORY OR	LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY	DATE	
K 0000						
Bldg. 00	This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00433178. Complaint IN00433178 - State deficiencies related		R 0000			
	to the allegations are					
	Survey date: May 23, 2024					
	Facility number: 01	2161				
	Residential Census:	44				
	This State Residenti accordance with 410	al Finding is cited in O IAC 16.2-5.				
	Quality review com	pleted on May 31, 2024.				
R 0154 Bldg. 00		5(k) fety Standards - Deficiency Il keep all kitchens,				
	equipment, and ut	nmon dining areas, ensils clean, free from litter naintained in good repair in				
	accordance with 4 Based on observation failed to ensure the eat an appropriate ter and the walk-in free for 4 of 4 kitchen obsanitation and safety practice had the potential	10 IAC 7-24. In and interview, the facility dishwashing equipment was imperature to disinfect dishes exer was free from ice build-up observations related to y standards. This deficient ential to affect 44 of 44 imed meals at the facility.	R 0154	All residents that consume me at the facility have the potentia be affected by this deficient practice. Upon immediate notification o these alleged deficiencies, this facility increased the temperat of the water heater that suppli water to the dietary department and insulated a water line in the freezer. Any other concerns identified were immediately	f sture es nt	
LABORATOR	Y DIRECTOR'S OR PROV	VIDER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE	(X6) DATE	
Melissa			Prenatt		06/14/2024	

Any defiency statement 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 disclodays 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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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING <u>00</u>		COMPLETED	
			B. WING			
			CTD D	ET ADDRESS SITU STATE ZID COD		
NAME OF P	ROVIDER OR SUPPLIER	8		ET ADDRESS, CITY, STATE, ZIP COD		
A 7 A I E A	шце) LAFAYETTE PKWY		
AZALEA HILLS				YDS KNOBS, IN 47119		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX		COMPLETION	
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	DATE	
	1. During an observation on 5/23/24 at 12:44 p.m.,			remedied.		
	the signage on the v	wall behind the dishwasher, by		To ensure ongoing compliand	ce	
	the manufacturer si	gn indicated the water		that the dishwashing equipme	ent	
	temperature should	be between 120 degrees F for		functions at an appropriate		
	the wash cycle and	140 degrees F for the rinse		temperature to disinfect dishe	es	
	cycle.			and the walk-in freezer is free	e from	
				ice build-up, the administrato	r or	
		s observation on 5/23/24 from		designee will be responsible	for	
	12:59 p.m. through	1:08 p.m., the following		conducting audits of the		
	dishwasher cycles a	and temperature gauges were		dishwashing temperatures ar	nd	
	observed:			observation of any ice build-u	ıp.	
				This will occur two times daily	/ for	
	-At 12:59 p.m., the Maintenance Director ran the			a period of two weeks, one tir	me	
	dishwasher with a t	ray standing upright in the		daily for two weeks, three tim	es	
		nperature gauge read 116		weekly for one month, one tir	ne	
		ash cycle, 100 degrees F on the		weekly for four months, and o	one	
	sanitize cycle, and 118 degrees F on the rinse			time monthly for six months.		
	cycle. Further dishwasher temperatures were obtained and indicated the following:			Monitoring shall be		
				reviewed/revised as warrante on the basis of compliance.	ed and	
	-At 1:03 nm the N	Maintenance Director ran the		on the basis of compliance.		
	-	cond time and the temperature				
	gauge read 116 degrees F on the wash					
	degrees F on the sanitize cycle, and 118 degrees					
	on the rinse cycle.					
	-At 1:05 p.m., the Maintenance Director ran the dishwasher for a third time and the temperature					
	read 118 degrees F on the wash cycle and 119					
	degrees on the rinse cycle.					
	-At 1:08 p.m., the lunch dishes were placed					
	through the dishwasher and the gauge read a					
	temperature of 116 degrees F on the wash cycle,					
	115 degrees F for the sanitize cycle, and 119					
	degrees F on the rinse cycle.					
		Temperature Log for May				
	2024, indicated the kitchen staff had documented the dishwasher temperatures as followed:					

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

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		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/23/2024	
NAME OF PROVIDER OR SUPPLIER AZALEA HILLS		STREET ADDRESS, CITY, STATE, ZIP COD 3700 LAFAYETTE PKWY FLOYDS KNOBS, IN 47119				
(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 CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPF DEFICIENCY)	LD BE COMPLETION	
	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL					

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

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING <u>00</u>		COMPLETED			
			B. WING	G		05/23/	/2024	
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP COD				
AZALEA HILLS								
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	1	ID I			(X5)	
PREFIX					PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		COMPLETION	
TAG					CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	DATE	
IAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION During an observation of the kitchen on 5/24/24 at 8:28 a.m., the water temperatures on the dishwasher gauge read 113 degrees F (Fahrenheit) on the wash cycle and 117 degrees F on the rinse cycle. 2. During an observation and interview on 5/23/24 at 1:15 p.m., the Dietary Manager indicated she had not mentioned the ice in the freezer to the Maintenance Director, She called the Maintenance Director, and he entered the freezer and observed the icicles on the freezer pipes. Water had dripped down the icicles onto the garlic bread bags. The Maintenance Director indicated it was probably caused by the missing insulator foam covering the pipes. The Dietary Manager indicated she had not noticed the icicles or the ice on the bags of frozen garlic bread. During an observation of the kitchen on 5/24/24 at 8:28 a.m., inside the back wall freezer there were multiple icicles, measuring 10 inches long and water dripping from the back wall pipes. The water was dripping down the icicles and small mounds of ice were on top of several bags of frozen garlic bread. The current American Dish Service AF/AFC-3D-S Upright Dish Machine Water Temperatures standards, included, but was not limited to, " Supply 120 F Min or 49 C Min [Minimum]"			3700 LAFAYETTE PKWY FLOYDS KNOBS, IN 47119 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD IT CROSS-REFERENCED TO THE APPROP			DATE	
	This citation relates to Complaint IN00433178							

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