

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

PRINTED: 02/28/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 02/07/2025	
NAME OF PROVIDER OR SUPPLIER WOODLAND TERRACE OF NEW PALESTINE LLC				STREET ADDRESS, CITY, STATE, ZIP COD 4400 TERRACE DRIVE NEW PALESTINE, IN 46163			
(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	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: February 6 and 7, 2025</p> <p>Facility number: 013896</p> <p>Residential Census: 85</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on February 12, 2025.</p>			R 0000			
R 0187 Bldg. 00	<p>410 IAC 16.2-5-1.6(k) Physical Plant Standards - Deficiency</p> <p>Based on observation, interview, and record review, the facility failed to maintain water temperatures between 100 and 120 degrees Fahrenheit at point of use for 2 of 3 residents on the memory care unit of the facility, whose room water temperatures were retrieved. (Residents 1 and 6)</p> <p>Findings include:</p> <p>A tour of the facility was conducted with the Executive Director (ED), the Wellness Director (WD), and the Environmental Services Director (ESD) on 2/7/25 at 10:45 a.m. During the tour, the ESD retrieved the water temperature of Resident 1's restroom sink at 127.5 degrees Fahrenheit and Resident 6's restroom sink at 125 degrees Fahrenheit.</p>			R 0187	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>For residents 1 and 6 the water heater was lowered from 145 degrees to 130 degrees. The hot water was purged and the new temperature of 130 was confirmed as set. Resident 6's water temperature was rechecked and was at 118 degrees.</p> <p>How will the facility identify other residents having the potential to</p>		02/24/2025

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

TITLE

(X6) DATE

Crystal Hayden

Executive Director

02/27/2025

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 disclosed 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>An interview was conducted with the ESD, on 2/7/25 at 10:45 a.m., during retrieval of the above water temperatures. He indicated they checked water temperatures from about 15 different rooms every week. He checked temperatures from Resident 1' and Resident 6's unit about two weeks ago. The temperatures he retrieved varied, but were usually 116 to 117 degrees Fahrenheit, though they'd gotten into the 120s before. When he retrieved temperatures into the 120s, he would adjust the mixing valve. The hot water heaters in the facility were set to 145 degrees Fahrenheit, but he adjusted the mixing valve to bring down the temperatures. He stated, "I don't know how to fix it. Every week, I'm turning the mixing valve, trying to get the temperatures right. This is ongoing."</p> <p>Resident 1's 12/2/24 comprehensive assessment indicated she had a diagnosis of dementia, mood disorder, and anxiety. She had neurocognitive concerns that included confusion, disorientation, and memory loss.</p> <p>Resident 1's 12/2/24 level of care assessment/evaluation indicated she was independently mobile.</p> <p>Resident 6's 10/31/24 comprehensive assessment indicated she had a diagnosis of dementia and Parkinson's disease. She had neurocognitive concerns that included confusion, disorientation, and memory loss.</p> <p>The Task Instructions for water temperature retrieval was provided by the ED on 2/7/25 at 12:52 p.m. It indicated, "For burn prevention, federal guidelines advise that you keep domestic water temperatures below 120 degrees Fahrenheit, although this temp [temperature] can still cause</p>				<p>be affected by the same deficient practice and what corrective action will be taken?</p> <p>Water temperatures were tested by Environmental Services Director at a 75% occupied sample, to ensure no other apartments have water temperatures above 120 degrees. Audit indicated no other temperatures outside of parameters.</p> <p>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?</p> <p>The Environmental Services Director will conduct scheduled checking of temperature of main water heater weekly. Random hot water temperature audits will be conducted in 25% of the community at different locations related to distance from the main water heater for 6 months.</p> <p>How will the corrective action(s) be monitored to ensure the deficient</p>		

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R 0273 Bldg. 00	<p>burns if exposure reaches five minutes. Many states have even stricter standards that set maximum temperatures lower than 120 degrees Fahrenheit....Adjust water heater settings as required."</p> <p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency</p> <p>Based on observation, interview, and record review, the facility failed to appropriately store refrigerated and frozen foods in the kitchen. This had the potential to affect 85 of 85 residents in the facility.</p>		R 0273	<p>practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>The Environmental Services Director will check water temperatures at random throughout the community, auditing results with ED monthly during 1:1 to ensure compliance, for 6 months.</p> <p>By what date will the systemic changes be completed?</p> <p>Water temperatures were corrected the day following state inspection of 2/8/25. Random unscheduled water temp checks and water heater temperature checks began 2/24/2025.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The cheesecake and cake</p>		02/08/2025	

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	<p>Findings include:</p> <p>A tour of the kitchen was conducted with the Culinary Services Director (CSD) on 2/7/25 at 9:30 a.m. During the tour, the preparation refrigerator, preparation freezer, walk in refrigerator, and walk in freezer were observed. The preparation refrigerator had a cheesecake inside of a cake container on a shelf. A used cake server spatula was resting on the lid of the cake container. The spatula had remnants of the graham cracker crust from the cheesecake along the edges of the spatula. The preparation freezer had two bags of fries and one bag of potato cakes, not contained, open, and exposed to air. There was one container of chocolate chip cookies, one container of peanut butter cookies, and one container of sugar cookies, open, with no lids, exposed to air. The walk in refrigerator had two pots of chicken and dumpling soup in pots with no lids. The two pots were on the top of a rolling cart that was placed directly below the refrigerator fans. The fan covers had blackish debris within the spaces of the cover. The walk in freezer had two boxes of frozen cookie dough inside of plastic bags. The bags were not contained, open, and exposed to air.</p> <p>An interview was conducted with the CSD on 2/7/25 at 9:30 a.m. during the above tour. He indicated there were usually lids on the cookie containers in the preparation freezer; maintenance staff cleaned the fan covers monthly; and staff were "just rushing" in and out of the walk in freezer and not closing the cookie bags.</p> <p>The Flow of Food/Receiving Orders policy was provided by the ED (Executive Director) on 2/7/25 at 12:52 p.m. It indicated, "The CSD or a designee will: ...4. Write the delivery date (MM/DD/YY) on</p>				<p>container have been properly covered. The spatula used has been removed and cleaned. The open bags of fries and potato cakes have been discarded. The two pots of chicken and dumpling soup have been covered with proper lids. Fan covers have been cleaned. The open bags of frozen cookie dough have been sealed in appropriate food-safe containers.</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>A food storage audit conducted by the Culinary Services Director found no other food had been found stored without a lid. All frozen foods are also found to be appropriately covered and stored.</p> <p>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?</p> <p>Upload of the food storage policy</p>		

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	each item that was received in good condition- using an appropriate sticker-and store as appropriate."			<p>to our continued education program. This will be required for all kitchen staff; servers and cooks; to read and sign that it was reviewed and understood. This will be completed by March 15.</p> <p>How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>The Culinary Services Director will dietitian and request special auditing during her monthly visits to the facility for six months. The Executive Director will conduct an internal walkthrough weekly for 90 days with the Culinary Services Director specifically reviewing food storage policies.</p> <p>By what date will the systemic changes be completed?</p> <p>The Culinary Services Director was able to correct deficiencies and audits began 2/8/25.</p>			