

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 05/10/2024
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NAME OF PROVIDER OR SUPPLIER HERITAGE WOODS OF NOBLESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9600 E 146TH STREET NOBLESVILLE, IN 46060
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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: May 8, 9 & 10, 2024</p> <p>Facility number: 014213</p> <p>Residential Census: 120</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed May 16, 2024.</p>	R 0000		
R 0273 Bldg. 00	<p>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.</p> <p>Based on observation, interview, and record review, the facility failed to ensure sanitation and safe food handling practices were maintained.</p> <p>Findings include:</p> <p>During an initial tour of the kitchen on 5/8/24 at 10:07 a.m., a large metal pan of frozen soup was observed in the freezer, uncovered, without a date, or label. A bowl of chopped salad greens was in the refrigerator next to the cook station uncovered, without a date or label.</p> <p>During an interview, at the time of the observation, the Dietary Manager indicated the soup and salad greens should be covered and be</p>	R 0273	<p>The corrective action that will be accomplished for those residents found to have been affected by the alleged deficient practice: No residents were affected. No adverse occurrences noted. The food items were immediately discarded.</p> <p>How the facility will identify other residents having the potential to be affected by the alleged deficient practice and the corrective action that will be taken: All AL and AL memory care residents who consume food prepared by the community have</p>	06/07/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jillian Pickett	Executive Director	05/31/2024

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>dated.</p> <p>A current facility policy, undated, titled, "Refrigerated Storage Policy," provided by the Corporate Nurse on 5/8/24 at 11:20 a.m., included the following: "...Policy: It is this community's policy to store and cool down food properly. a) Potentially hazardous food requiring refrigeration after preparation shall be labeled or tagged with the date, time, discard date, initials of the person who made it..."</p>		<p>the potential to be affected by the alleged deficient practice.</p> <p>The measures put in place and systemic changes the facility will make to ensure that the alleged deficient practice does not recur: Dietary Manager or designee will provide education covering the topics of sanitation and safe food handling practices and the "Refrigerated Storage Policy" for all dietary staff on 5/8/2024. Dietary Manager or designee will provide education to all staff upon hire and annually thereafter.</p> <p>The corrective action will be monitored to ensure the alleged deficient practice will not recur: As a measure of ongoing compliance, the monthly QA committee will review the Dietary Manager or designee audit of freezer and refrigerator for items that are stored and tagged properly daily for 4 weeks, 2x a week for 4 weeks, then monthly for 4 months.</p>	