

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 05/02/2025
NAME OF PROVIDER OR SUPPLIER  WOODLAND TERRACE OF DANVILLE		STREET ADDRESS, CITY, STATE, ZIP COD  200 S ARBOR LANE DANVILLE, IN 46122		
(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 the Investigation of Complaint IN00456659.</p> <p>Complaint IN00456659 - State deficiencies related to the allegations are cited at R273.</p> <p>Survey date: May 2, 2025</p> <p>Facility number: 014518</p> <p>Residential Census: 61</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on May 15, 2025.</p>	R 0000		
R 0273  Bldg. 00	<p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency</p> <p>Based on observations and interviews, the facility failed to wear hairnets, cover trash cans, and date opened food products for 1 of 1 kitchen observations.</p> <p>Findings include:</p> <p>During an observation on 5/2/25 at 10:32 a.m., it was noted that Chef 2 was wearing a ball cap and a beard cover pulled down beneath his beard. Server 4 was not wearing a hair net.</p> <p>There were 4 trash cans without lids on them.</p> <p>There was food items not dated. They included: bacon, peeled garlic, gouda cheese, American cheese, mayo, sweet relish, and biscuit dough.</p>	R 0273	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>No residents were affected by the deficient practice of beard net and hair net usage, as the practice was not in the food preparation area, nor in the process of food preparation. The items not dated had the potential to affect all residents and items listed not dated were discarded.</p> <p>How will the facility identify other residents having the potential to</p>	05/09/2025

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

TITLE

(X6) DATE

Cole Stites

Regional Director of Operations

06/02/2025

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>During an interview with Chef 2 on 5/2/25 at 10:45 a.m., he indicated Server 4 had just returned from his break. He indicated he was new and working on getting the kitchen together and dating items as he went. He indicated he was going to get lids for the trash cans.</p> <p>A policy was not provided at the time of exit.</p> <p>This citation relates to Complaint IN00456659.</p>		<p>be affected by the same deficient practice and what corrective action will be taken?</p> <p>Residents were monitored for any change in condition and non-dated foods were discarded. 100% of all culinary team members were re-trained and checked off on proper labeling, dating, and rotation of products. Additionally, to minimize contamination, hair and beard net usage was changed from food prep area and in process of food prep to usage required upon entering the kitchen.</p> <p>How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <p>The Community is now utilizing the use of a QR code internal survey system that allows audits to take place with results going to the Executive Director and Culinary Services Director. The executive director will audit with the assistance of the Culinary Service Director weekly for a 6 month period. The regional level culinary services director will audit with the use of the QR code survey system monthly for 6 months.</p> <p>By what date will the systemic changes be completed?</p> <p>Changes and trainings were</p>	

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

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			completed by May 9th, 2025.	