

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155729	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/28/2025
NAME OF PROVIDER OR SUPPLIER Adams Heritage		STREET ADDRESS, CITY, STATE, ZIP CODE 12011 Whittern Rd Monroeville, IN 46773	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview and record review the facility failed to ensure food items were labeled and dated in the kitchen. 37 of 37 residents residing in the facility were served food prepared in the kitchen.</p> <p>Findings include:</p> <p>During an observation, on 5/21/25 at 9:10 AM, about 20 salad dressing packets were observed in a cooler in the dining room. No expiration dates were observed on the packets. Two open boxes of assorted cheesecake slices, an open box of carrot cake, a plastic container of cupcakes and an open box of cookie dough were observed in the walk-in cooler with no labels or dates. An open bag of shredded cheese had an open date of 4/13/25 with instructions marked on the package to discard on 4/20/25. An open box in the reach in freezer contained an open plastic bag containing hamburger patties with the meat exposed to the air. An open box contained an open plastic bag of hot dogs. The hot dogs were open to air and covered with about 1/2 inch of frost in most places. Neither the hamburgers nor hot dogs were labeled and dated. 9 eggs were observed in a container in the reach-in salad cooler with no label or date.</p> <p>In an interview, on 5/21/25 at 9:12 AM, the Dietary Manager (DM) indicated the dressing packets came from boxes in the dry storage area, but she had no written record of rotation of product to verify each packet coming from the existing boxes in dry storage. She indicated the packets needed to be discarded since the expiration date was unknown. The dietary manager indicated the boxes of cheesecake, carrot cake, cookie dough and container of cupcakes should have been labeled and dated. She indicated the expired cheese should have been discarded.</p> <p>In an interview, on 5/23/25 at 10:53 AM, the Director of Nursing (DON) indicated all 37 residents residing in the facility were served food prepared in the kitchen.</p> <p>A current policy, dated 9/24, provided by the Administrator on 5/21/25 at 2:20 PM indicated all food should be labeled, dated and discarded appropriately. The policy indicated food should be labeled and dated as soon as the original packaging is broken. Any food manufactured in house and served in individual portions will be labeled with a name and expiration date.</p> <p>3.1-21(i)(2)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 155729
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