

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155022	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Willows of Shelbyville		STREET ADDRESS, CITY, STATE, ZIP CODE 2309 S Miller St Shelbyville, IN 46176	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50436</p> <p>Based on observation, interview, and record review, the facility failed to maintain kitchen equipment in a clean manner and ensure a sanitizing bucket was at proper sanitization levels. This had the potential to affect 71 of 71 residents who reside in the facility.</p> <p>Findings include:</p> <p>A tour of the kitchen was conducted with the Dietary Manager (DM) on [DATE] at 10:35 a.m. Interviews were conducted with the DM at that time.</p> <p>During the tour, the DM indicated they did not have any test strips to test the stationary sanitization buckets used for wiping cloths. The DM indicated they could not test the solution for proper chemical levels. The DM indicated the facility used Cleanslate Disinfectant and Sanitizer with active ingredients including, dimethyl benzyl ammonium chlorides and ethylbenzyl ammonium chlorides in their sanitization buckets.</p> <p>During an interview with the DM, she indicated the test strips were noted to have been expired the week prior and at that time she notified the Executive Director (ED) that more needed to be ordered.</p> <p>During an interview with the ED on [DATE] at 11:00 a.m., she indicated the test strips for the sanitization buckets were noted to be expired a week ago and had expired in 2023. ED indicated they attempted to order some, but the provider they used for supplies was on back order, so they had to put an order in this week through another provider. The ED indicated the testing strips should be here today or tomorrow.</p> <p>During the tour of the kitchen on [DATE] at 10:35 a.m., an observation of the walk-in refrigerator was made. A brown fuzzy substance was noted to be all over the storage racks. The DM indicated she was aware of the brown fuzzy substance since she took her position on [DATE]. The DM indicated she had attempted scrubbing it, but it would not come off. DM indicated she notified maintenance and the ED and supplies for cleaning had been brought in, but she was waiting until it got warmer to do it and wasn't sure when it would be done.</p> <p>(continued on next page)</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
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview with the ED on [DATE] at 11:00 a.m., she indicated the DM notified her that there was a brown fuzzy substance in the refrigerator approximately a week after starting her position in February. The ED indicated they have the cleaning supplies and power washer to clean it but have not gotten around to doing it yet.</p> <p>The Dishwasher Policy and Procedure for Chemical Sanitizing Machines was provided by the ED on [DATE] at 11:20 a.m. The policy did not reference sanitization requirements for the sanitary buckets.</p> <p>The Cleaning Equipment Policy and Procedures was provided by the ED on [DATE] at 11:20 a.m. The policy indicated, .not using quat solution in buckets to clean with will spread dirt and bacteria .Walk-in refrigerator and racks are to be cleaned as often as possible. Every day they are to be checked .</p> <p>This citation relates to Complaint IN00454870.</p> <p>3XXX,d+[DATE](i)(3)</p>		