STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155072	A. Building B. Wing	03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beech Grove Meadows	2002 Albany St Beech Grove, IN 46107

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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 44849 Based on observation, interview, and record review, the facility failed to ensure food was stored in a sanitary manner for 1 of 1 kitchen observations and 1 of 1 pantry observations. Dry food storage room and kitchen were not thoroughly cleaned and food was not labeled and dated. Findings include: 1. During the initial tour of the kitchen, on 3/6/25 from 7:11 a.m. until 7:22 a.m., observed the dry food storage room. Inside the dry food storage room the following was observed: - On the floor, under the metal shelving units, observed a buildup of dust and debris, two unopened 0.75 ounce bags of cheddar crackers and two unopened 4 ounce containers of unsweetened apple sauce. - Five - 16 ounce boxes of corn starch sitting inside a hard plastic bin with a hard plastic lid. On top of the lid, small, black, mouse-like droppings were observed. - A plastic bag of brown powder was opened and wrapped tightly with plastic wrap. The label indicated it was received on 3/4/25 at 6:53 p.m. The wrapping had a hole that appeared to have been chewed through to the powder. Approximately, one ounce of powder was missing from the wrapping and the brown powder was lying on the shelf and on a box on the shelf below. Small, black, mouse-like droppings were observed on top of the plastic wrapped brown powder and mixed with the powder on the box on the lower shelf. - A board, approximately one inch (in.) by four in. by seven foot, ran along the wall approximately three feet from the floor. On the board, small, black, mouse-like droppings were observed. - Under the preparation tables and the warming table in the kitchen, a build-up of dust and debris was observed. During an interview on 3/6/25 at 7:15 a.m., Dietary [NAME] 1 indicated the kitchen and dry food storage area was cleaned at the beginning and end of every shift. Dietary [NAME] 1 was not aware of the small, black, mouse-like droppings in the dry food storage room. The kitchen and dry storage should have been cleaned that morning at the beginning of the shift. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 3/6/25 at 7:22 a.m., Culinary Aide 2 indicated the kitchen was cleaned every shift. The floor under the food preparation tables and cooking area should have been cleaned. 2. During the initial tour of the facility on 3/6/25 from 7:30 a.m. until 8:11 a.m., observed the unit pantry refrigerator. Inside the refrigerator the following was observed: - A dried brown substance covered the bottom door shelf and the bottom of the refrigerator. - A large clear plastic cup, undated and unlabeled, was tipped over on its side with approximately 15 ml (milliliters) of brown liquid. The cup was on the bottom shelf of the refrigerator door. - Approximately an eight once clear glass container with a plastic lid, that was undated and unlabeled, that contained two strawberries that were cut in half. The strawberries were slimy and turning brown and green. - A square styrofoam container with a plastic fork, corn, mashed potatoes, and meat that was undated and unlabeled. During an interview on 3/6/25 at 8:11 a.m., RN 1 indicated all of the items in the pantry refrigerator should have been dated and labeled with the resident's name. On 3/6/25 at 8:31 a.m., the Administrator provided a copy of a facility policy, titled Food Storage, dated 5/2024, and indicated this was the current policy used by the facility. A review of the policy indicated food was stored to prevent contamination. This citation relates to Complaint IN00454897. 3.1-21(i)(2) 3.1-21(i)(3)