

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155328	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2025
NAME OF PROVIDER OR SUPPLIER Park Terrace Village		STREET ADDRESS, CITY, STATE, ZIP CODE 25 S Boehne Camp Rd Evansville, IN 47712	
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 - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure food was served in a sanitary manner for 2 of 2 kitchen observations. (Kitchen) Finding includes: On 11/18/25 at 8:57 a.m., an observation was made of the kitchen. The following was observed: Dirt and debris on the floor, behind the stove, fryer, convection oven, and steamer. Dirt and debris under stainless steel tables and under racks. Debris and grease on top of the stove, sides of the stove, and sides of the fryer. Dirt and debris behind the ice machine, steam table, and plate warmer debris observed on surfaces. Dirt and debris on the floor and under the racks in the dry pantry. On 11/18/25 at 11:11 a.m., the same was observed. On 11/18/25 at 11:13 a.m., the Dietary Manager indicated the kitchen is cleaned daily, floors are usually cleaned at night, but did not get done last night due to being short-staffed. The staff follow a cleaning schedule. On 11/18/25 at 11:29 a.m., the Administrator provided the current policy on kitchen cleanliness with an original date of 06/25. The policy included, but was not limited to: A clean, sanitary, and safe kitchen environment will be maintained at all times to ensure the health and well-being of our residents, staff, and visitors. All kitchen areas, including food preparation surfaces, equipment, storage areas, walls, and floors, must be cleaned regularly and kept free of debris, spills, and potential contaminants. This citation relates to Intake 2669490. 3.1-21(i)(2)3.1-21(i)(3)		

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