

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155426	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2025
NAME OF PROVIDER OR SUPPLIER Signature Healthcare of Terre Haute		STREET ADDRESS, CITY, STATE, ZIP CODE 3500 Maple Ave Terre Haute, IN 47804	

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 - Some</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 and interview, a facility dietary staff member failed to don gloves prior to handling sandwich bread during preparation of sandwiches during an initial tour of the kitchen. This deficient practice had the potential to affect 10 of 10 residents consuming the prepared sandwiches. Findings include: An observation of the facility's kitchen was completed on 8/4/25 at 10:10 a.m., accompanied by the Dietary Manager. Dietary Aide 2 was observed standing at a preparation table with bread laid out in a row. He held one piece of bread in a bare hand and had a knife with peanut butter in the other. He began to spread peanut butter onto the piece of bread. Dietary Aide 2 indicated he was preparing peanut butter and jelly sandwiches for lunch service and for snacks during the day. He indicated he should be wearing gloves and not touching food with his bare hands. He began to don gloves, when he was stopped by the Dietary Manager and asked to perform hand hygiene prior to donning the gloves. During an interview on 8/6/25 at 11:03 a.m., the Dietary Manager indicated the kitchen staff usually prepared around 10 peanut butter and jelly sandwiches a day for use as snacks and/or meals. They were usually all consumed throughout the day. Dietary Aide 2 should have been using gloves to touch food after washing hands and applying the gloves. The sandwiches he had been preparing during the observation were discarded. A current facility policy, revised 9/2017, titled, Food: Preparation, provided by the Corporate Nurse Consultant on 8/6/25 at 9:15 a.m., included the following: Policy Statement All foods are prepared in accordance with the FDA Food Code . Procedures 1. All staff will practice proper hand washing techniques and glove use This citation relates to Complaint 1385466.3.1-21(i)(3)</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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