

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155607	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2025
NAME OF PROVIDER OR SUPPLIER Bethel Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 6015 Kratzville Rd Evansville, IN 47710	

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 - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>35733</p> <p>Based on observation, interview, and record review, the facility failed to ensure food was served in a sanitary manner in accordance with professional standards for food service safety for 2 of 2 observations of the kitchen. Floors and equipment were soiled. (Kitchen)</p> <p>On 3/4/25 at 9:30 a.m., the kitchen was observed to have the following:</p> <ol style="list-style-type: none"> 1. The burners on the stove had grease and food build up. 2. Debris was observed on the floor under the two and three compartment sinks, under the racks that held the pots and pans, under stainless steel prep tables, in the dishwasher area, around the hot water heater, under the stove and steam table. 3. The hot water heater had dirt/dust on the top of heater and on the pipes. 4. Five food carts had debris on the surfaces. 5. The side of the steamer unit had debris. <p>The same was observed on 3/5/25 at 11:05 a.m.</p> <p>On 3/5/25 at 11:07 a.m. Dietary Aide 2 indicated night staff are supposed to sweep and mop the floors, including under equipment, all staff have a schedule for what is supposed to be cleaned.</p> <p>On 3/5/25 at 12:01 p.m., the Dietary Manager provided the current policy food safety requirements with a revision date of February 2023. The policy included, but was not limited to: It is the policy of the facility to procure food from sources approved or considered satisfactory by federal, state and local authorities. Food will be stored, prepared, distributed and served in accordance with professional standards for food service safety .</p> <p>On 3/5/25 at 11:59 a.m., the Dietary Manger provided the current kitchen cleaning schedules. The schedule included, but was not limited to: .clean the 2 & 3 compartment sink areas .clean stove top area .clean both cooks tables including tops & underneath Clean all regular 3 tier carts .</p> <p>This citation relates to Complaint IN00453432.</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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3.1-21(i)(3) 3.1-21(i)(2)