

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155635	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/24/2024
NAME OF PROVIDER OR SUPPLIER  Grace Village Health Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE  337 Grace Village Dr Winona Lake, IN 46590	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38845</b></p> <p>Based on observation, interview and record review, the facility failed to ensure foods were stored appropriately and not expired and failed to ensure dishes and equipment was clean and in good working condition in 1 of 1 kitchens and 1 of 1 kitchenette observed. This deficient practice had the potential to affect 46 of 46 residents who receive meals from the kitchen and/or were served from the kitchenette.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. During an observation of the kitchen on [DATE] at 9:50 A.M., with the Dietary Manager, the following was observed: in the refrigerator: 3 containers of drinks with a used by date of [DATE].</li> <li>2. During a revisit of the kitchen, on [DATE] at 10:02 A.M., with the Dietary Manager, the following was observed: <ul style="list-style-type: none"> <li>3 mini bowls with dried foods substances on them</li> <li>a dirty scoop</li> <li>a microwave with dried food on the sides and the ceiling of it</li> <li>2 of 2 refrigerators with cracked seals along the bottom of the 2 top doors.</li> </ul> <p>During an interview, on [DATE] at 10:04 A.M., the Dietary Manager indicated the dishes should not be dirty, the microwave should be cleaned and the seals to the refrigerators should be repaired.</p> </li> <li>3. During an observation of the kitchenette on [DATE] at 10:02 A.M., with Dietary Staff 4, the following was observed: <ol style="list-style-type: none"> <li>a. Refrigerator: <ul style="list-style-type: none"> <li>-An opened and undated package of lunch meat not sealed and with a clear liquid coming from the package.</li> <li>-A package of sliced cheese not sealed.</li> </ul> </li> </ol> <p>(continued on next page)</p> </li> </ol>

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 - Some</p>	<p>-Another package of cheese slices not dated with a liquid substance on it.</p> <p>-An opened stick of butter, with no date and not sealed tightly.</p> <p>-The refrigerator had a broken door on the left side with a hanging plastic part.</p> <p>-A container of pineapple chunks with no date.</p> <p>-A container of parmesan cheese with no date</p> <p>b. Pantry:</p> <p>-Two (2) buns in a bag that was not sealed tightly in the cabinet.</p> <p>During an interview, on [DATE] at 10:10 A.M., Dietary Staff 4 indicated the meat should have be thrown out, the foods should have a date on them, the buns should not be stored in that manner.</p> <p>On [DATE] at 2:51 P.M., the Dietary Manager provided the policy titled. Production, Purchasing, Storage, Food and Supply Storage, dated ,d+[DATE], and indicated the policy was the one currently used by the facility. The policy indicated . Foods past the used by, sell-by, best-by, or enjoy by date should be discarded. Cover, and label and date unused portions and open packages .Unused portions of canned fruits and vegetables must be transferred to clean, approved storage containers .Label the container</p> <p>On [DATE] at 2:53 P.M., the Dietary Manager provided the policy titled, Safety and Equipment Maintenance Equipment Inspection Program, dated ,d+[DATE], and indicated the policy was the one currently used by the facility. The policy indicated .Complete the Equipment Inspection Checklist monthly .Identify repairs needed . Refrigerators: Fans working. Condenser Clean. Seals on door in good repair</p> <p>3XXX,d+[DATE](i)(3)</p>		