

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155714	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/08/2025
NAME OF PROVIDER OR SUPPLIER  Oak Village		STREET ADDRESS, CITY, STATE, ZIP CODE 200 W Fourth St Oaktown, IN 47561	

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>39130</p> <p>Based on observation, interview, and record review, the facility failed to ensure food was stored and distributed in accordance with professional standards for food service safety during 1 of 1 kitchen observations and failed to complete hand hygiene during meal service. Food was stored in a reach in freezer in the kitchen open to air, undated, and unlabeled. The kitchen equipment and spaces contained dust and debris, and the staff failed to complete hand hygiene after coming in contact with residents while assisting in the dining room. (Resident D, Resident F, Resident G)</p> <p>Findings include:</p> <p>1. During a kitchen observation on 5/8/25 at 10:55 A.M., a standing reach in freezer contained a box of peas that were open to air, a box of broccoli open to air, a box of cookie dough open to air, an undated bag of pancakes open to air, an unlabeled and undated bag of meat patties, and an unlabeled and undated bag of frozen (what appeared to be) hashbrowns.</p> <p>The kitchen floor under the stove and around the base of the walls had a build up of dust an debris, the ceiling vents and panels contained a build up of dust above food prep areas, and the top of the dishwasher had a build up of dust, debris, and what appeared to be food crumbs.</p> <p>During an interview on 5/8/25 at 1:35 P.M., the Dietary Manager (DM) indicated stored frozen food should be labeled and dated, and should be sealed properly in the freezer.</p> <p>During an interview on 5/8/25 at 2:05 P.M., RN 3 indicated kitchen staff had recently completed a deep clean of the kitchen, but did not document routine cleaning in a cleaning log.</p> <p>2. During meal service in the main dining room on 5/8/25 at 12:05 P.M., [NAME] 4 was talking with resident D and touched the resident's hair with her right right hand, then touched Resident F's right shoulder with her right hand. [NAME] 4 then attempted to assist Resident G and placed her right hand on the top of Resident G's cup. No hand hygiene was completed between coming in contact with Resident D, Resident F, and Resident G's cup.</p> <p>During an interview on 5/8/25 at 1:45 P.M., CNA 7 indicated while assisting during meal service, staff should perform hand hygiene after delivering each tray of food and complete a hand wash after every third tray. Staff should perform hand hygiene after coming in contact with a resident.</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 - Some	<p>On 12/31/24 at 2:10 P.M., RN 3 supplied a facility policy titled, Storage Areas, dated, 11/2024. The policy indicated, .13. Leftover food is stored in covered containers or wrapped carefully and securely. Each item is clearly labeled and dated . All foods should be covered, labeled, and dated .</p> <p>A facility policy titled, Cleaning and Sanitation of Food Services Areas, dated 07/2023, included, The food service staff will maintain the sanitation of the dining and food service areas through compliance with a written, comprehensive cleaning schedule . 1. The food service manager will record all cleaning and sanitation tasks needed for the department .</p> <p>A facility policy titled, Hand Washing, dated 07/2023, included, Staff will wash hands as frequently as needed through out the day . 1. When to wash hands: After touching bare human body parts . 2. After engaging in other activities that contaminate the hands .</p> <p>This citation relates to complaint IN00458070.</p> <p>3.1-21(i)(2)</p> <p>3.1-21(i)(3)</p>		