

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155745	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/25/2024
NAME OF PROVIDER OR SUPPLIER Holy Cross Village at Notre Dame Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 54515 State Road 933 North Notre Dame, IN 46556	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>38845</p> <p>Based on record review and interview, the facility failed to revise a care plan for an anti-anxiety medication for 1 of 15 residents whose care plans were reviewed. (Resident 8)</p> <p>Finding includes:</p> <p>A record review was completed on 3/21/2024 at 9:11 A.M. Resident 8's diagnoses included, but were not limited to hypertension, anxiety, depression, psychotic disorder, hemiplegia, and seizures.</p> <p>A Quarterly MDS (Minimum Data Set) Assessment, dated 2/16/2024, indicated the resident received antipsychotics, antidepressants, and hypnotic medication.</p> <p>A current Care Plan, dated 9/10/2022, indicated Resident 8 utilized Ambien (a hypnotic) related to inability to sleep.</p> <p>A current Care Plan, dated 11/14/2023, indicated the resident had expressed feeling sad about not being able to use her left hand and losing her abilities. Interventions included, but were not limited to, staff will educate her regarding benefits, adverse effects, and risks of Ambien use. Monitor for adverse effects of Ambien use including but not limited to: rapid heart rate, nausea, vomiting, diarrhea, appetite loss, vision changes, low respiratory rate, new onset muscle cramps, nightmares, dizziness, and confusion. Follow with prescriber upon identification.</p> <p>Resident 8's current medication orders indicated the Ambien had been discontinued on 10/3/2023.</p> <p>During an interview on 3/21/2024 at 2:22 P.M., the Director of Nursing indicated the Care Plan should have been updated.</p> <p>On 3/21/2024 at 1:30 P.M., the Director of Nursing provided the policy titled, Comprehensive Care Planning, dated 12/2022, and indicated the policy was the one currently used by the facility. The policy indicated . 5. The comprehensive care plan will be reviewed and revised by the interdisciplinary team after each comprehensive and quarterly MDS assessment</p> <p>3.1-35(d)(2)(B)</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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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>38845</p> <p>Based on observation, record review, and interview, the facility failed to prevent the development of pressure areas for 1 of 3 residents reviewed for pressure areas. (Resident 9)</p> <p>Finding includes:</p> <p>During an interview, on 3/19/2024 at 10:36 A.M., Resident 9 indicated he had 3 open areas on his buttocks and he had developed them at the facility.</p> <p>A record review was completed on 3/20/2024 at 11:18 A.M. His current diagnoses included, but were not limited to diabetes, chronic kidney disease stage 3, bladder neck obstruction, and benign prostatic hyperplasia.</p> <p>A Quarterly MDS (Minimum Data Set) assessment, dated 2/20/2024, indicated Resident 9 was cognitively intact. Resident 9 required extensive assist of 2 staff for bed mobility and was totally dependant for transfers and toileting. The resident was incontinent of bladder and bowel and had 2 stage 2 pressure areas.</p> <p>A current Care Plan, dated 6/19/2023, indicated the resident had an ADL (activities of daily living) deficit and needed assistance with bed mobility, transfers, and toileting. Interventions included, but were not limited to, toilet Use: the resident is incontinent of bowel and bladder. Please provide incontinence care as soon after event as possible, including cleansing, application of barrier cream, clean brief and clothing change if needed.</p> <p>A current Care Plan, dated 9/18/2023, indicated the resident was incontinent of bladder and bowel and required assistance with toileting. Interventions included, but were not limited to change after each incontinent episode and as needed. Incontinent of bladder and bowel. At those times, please provide incontinence care as soon after episode as possible including cleansing, application of barrier cream, clean brief and clothing change if needed.</p> <p>A current Care Plan, dated 12/3/2023, indicated the resident had MASD (moisture associated skin damage) and had a history of multiple pressure areas. Interventions included, but were not limited to follow facility policies and protocols for the prevention of skin breakdown. Provide incontinence care as soon after event as possible including cleansing, application of barrier cream, clean brief and clothing change if needed, Check and change per facility protocol.</p> <p>A Braden Scale for Predicting Pressure Ulcer Risk, dated 2/19/2024, indicated the degree to which skin was exposed to moisture was documented as very moist: skin is often but not always moist. Degree of physical activity was documented as chairfast: Ability to walk severely limited or non existent. Cannot bear own weight and/or must be assisted into chair or wheelchair. The score of the risk form totaled 15, indicating the resident was at mild risk for pressure ulcers.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A current Care Plan, dated 2/24/2024, indicated Resident 9 had Stage II pressure areas to the right buttock and gluteal fold and remains at risk for continued pressure ulcer development related to decreased mobility, problem with friction/shearing, and incontinence. Had a history of multiple pressure areas. Interventions included, but were not limited to Braden assessment quarterly, with condition change and as needed. Brief un-taped/open when in bed. Provide incontinence care as soon after event as possible including cleansing, application of barrier cream and/or ordered treatment.</p> <p>A Wound/Skin Healing Record, dated 1/11/2024 through 3/21/2024, indicated Resident 9 had a pressure area to the right upper thigh/lower buttocks.</p> <p>A Wound/Skin Healing Record, dated 1/11/2024 through 3/8/2024, indicated Resident 9 had a pressure area to the right buttocks near the coccyx, which had healed on 3/8/2024.</p> <p>A Wound/Skin Healing Record, dated 3/21/2024, indicated Resident 9 had a DTI (deep tissue injury) measuring 0.5 x 0.5 to the right buttocks.</p> <p>During an observation, on 3/22/2024 at 9:10 A.M., Resident 9 was observed in his wheelchair in the dining room.</p> <p>During an observation, on 3/22/2024 at 9:13 A.M., Resident 9 was in his room in his wheelchair reading papers.</p> <p>During an interview, on 3/22/2024 at 9:28 A.M., Resident 9 indicated he usually did not get checked for incontinence until he went to bed after lunch around 1:00 P.M. Resident 9 inquired, am I supposed to tell them every time I go?</p> <p>During an observation, on 3/22/2024 at 1:05 P.M., Resident 9 was up in his wheel chair.</p> <p>On 3/22/2024 at 1:20 P.M., Resident 9 was observed being transferred to his bed via a Hoyer Lift by CNA's 6 and 7. CNA 6 removed the brief from the resident, which was saturated with urine and had a strong smell. An area was observed to the right gluteal fold that was scabbed over, and open areas observed to the left gluteal fold, and also one to the coccyx which measured 3 x 2 cm.</p> <p>During an interview, on 3/22/2024 at 1:22 P.M., CNA 6 indicated the resident had been changed when he was assisted out of bed this morning. CNA 6 indicated he had been sitting up on the soaked brief since getting up this morning and should have been checked more.</p> <p>A Nurses' Note, dated 3/22/2024 at 4:25 P.M., indicated a re-assessment of the wound to the right upper buttock observed that area had opened up and was a stage 2 which measured 1 x 1.5 x <0.1.</p> <p>During an interview, on 3/25/2024 at 9:44 A.M., the ADON (Assistant Director of Nursing) indicated the resident should have been checked more for incontinence.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/22/2024 at 2:17 P.M., the ADON provided the policy titled,Pressure Injury Prevention, dated 11/2023, and indicated the policy was the one currently used by the facility. The policy indicated . This facility is committed to the prevention of avoidable pressure injuries, unless clinically unavoidable, and to provide treatment and services to heal the pressure ulcer/injury, prevent infection and the development of additional pressure ulcers/injuries . 3. Assessment of Pressure Risk .b . Examples of risk factors include, but are not limited to: .vii. Exposure of skin to urinary and fecal incontinence . 4. Interventions for Prevention and to Promote Healing .b. Interventions will be based on specific factors identified in the risk assessment, skin assessment, and any pressure injury assessment (e.g. moisture management) .c. Evidence- based interventions fro prevention will be implemented for all residents who are assessed at risk or who have a pressure injury present . ii. Minimize exposure to moisture and keep skin clean, especially of fecal contamination.</p> <p>3.1-40</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>38845</p> <p>Based on observation, record review, and interview, the facility failed to provide timely incontinent care, for 1 of 2 residents who were reviewed for urinary incontinence. (Resident 9)</p> <p>Finding includes:</p> <p>A record review for Resident 9 was completed on 3/20/2024 at 11:18 A.M. His current diagnoses, included, but were not limited to diabetes, chronic kidney disease stage 3, bladder neck obstruction, and benign prostatic hyperplasia.</p> <p>A Quarterly MDS (Minimum Data Set) Assessment, dated 2/20/2024, indicated Resident 9 was cognitively intact. He required extensive assist of 2 staff for bed mobility and was totally dependant for transfers and toileting. The resident was incontinent of bladder and bowel, and had 2 stage 2 pressure areas.</p> <p>A current Care Plan, dated 6/19/2023, indicated the resident had an ADL (activities of daily living) deficit and needed assistance with bed mobility, transfers and toileting. Interventions included, but were not limited to toilet Use: the resident is incontinent of bowel and bladder. Please provide incontinence care as soon after event as possible, including cleansing, application of barrier cream, clean brief and clothing change if needed.</p> <p>A current Care Plan, dated 9/18/2023, indicated the resident was incontinent of bladder and bowel and required assistance with toileting. Interventions included, but were not limited to change after each incontinent episode and as needed. Incontinent of bladder and bowel. At those times, please provide incontinence care as soon after episode as possible including cleansing, application of barrier cream, clean brief and clothing change if needed.</p> <p>A current Care Plan, dated 2/24/2024, Resident 9 had Stage II pressure areas to the right buttock and gluteal fold and remains at risk for continued pressure ulcer development related to decreased mobility, problem with friction/shearing, and incontinence. Provide incontinence care as soon after event as possible including cleansing, application of barrier cream and/or ordered treatment.</p> <p>During an observation, on 3/22/2024 at 9:10 A.M., Resident 9 was observed in his wheelchair in the dining room.</p> <p>During an observation, on 3/22/2024 at 9:13 A.M., Resident 9 was in his room in his wheelchair reading papers.</p> <p>During an interview, on 3/22/2024 at 9:28 A.M., Resident 9 indicated he usually did not get checked for incontinence until he went to bed after lunch around 1:00 P.M. Resident 9 inquired, am I supposed to tell them every time I go?</p> <p>During an observation, on 3/22/2024 at 1:05 P.M., Resident 9 was up in his wheel chair.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/22/2024 at 1:20 P.M., Resident 9 was observed being transferred to his bed via a Hoyer Lift by CNA's 6 and 7. CNA 6 removed the brief from the resident, which was saturated with urine and had a strong smell. An area was observed to the right gluteal fold that was scabbed over, an open area was observed to the left gluteal fold, and also one to the coccyx which measured 3 x 2 cm.</p> <p>During an interview, on 3/22/2024 at 1:22 P.M., CNA 6 indicated the resident had been changed when he was assisted out of bed this morning. CNA 6 indicated he had been sitting up on the soaked brief since getting up this morning and should have been checked more.</p> <p>During an interview, on 3/25/2024 at 9:44 A.M., the ADON (Assistant Director of Nursing) indicated the resident should have been checked more for incontinence.</p> <p>On 3/25/2024 at 9:50 A.M., the ADON provided the policy titled, Incontinence Policy, dated 11/2023, and indicated the policy was the one currently used by the facility. The policy indicated . Based on the resident's comprehensive assessment, all residents that are incontinent will receive appropriate treatment and services</p> <p>3.1-41(a)(2)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>48145</p> <p>Based on observation, interview, and record review, the facility failed to ensure medication storage areas were free of expired medications, expired glucose testing solution, failed to ensure medications had resident identifiers, and failed to store medications in a safe/sanitary manner in a medication refrigerator, for 1 of 2 medications carts and 1 of 2 medication rooms observed. (Dujarie Medication Cart and Dujarie Medication Storage Room)</p> <p>Findings include:</p> <p>1. An observation of the medication cart on the Dujarie Unit was completed with LPN 2 on 3/21/2024 at 9:07 A.M.</p> <p>a. The following medications and glucose testing solution were expired:</p> <ul style="list-style-type: none"> - A bottle containing antacid tablets had an opened on date of 11/24/2023 and an expiration date of 9/2019 - An opened bottle containing vitamin D3 tablets had an expiration date of 2/2024 - An opened box of EvenCare G 2 solution (glucose testing solution) had an expiration date of 4/9/2021 <p>b. The following medications did not have resident identifiers:</p> <ul style="list-style-type: none"> - An opened box of anti-diarrheal tablets - An opened box of personal lubricant - An opened bottle of Vitamin D3 <p>During an interview, on 3/21/2024 at 9:08 A.M., LPN 2 indicated the antacid tablets, Vitamin D3, and glucose control solution were expired and should not have been in the medication cart. The anti-diarrheal tablets, Vitamin D3, and personal lubricant were not labeled with a resident identifier, but should have a resident identifier.</p> <p>2. During an observation of the medication storage room on the Dujarie Unit with LPN 2 on 3/21/2024 at 9:12 A.M., the medication refrigerator had a heavy build-up of ice on the back of the refrigerator.</p> <p>An interview with LPN 2 was completed, on 3/21/2024 at 9:15 A.M. LPN 2 indicated the medication refrigerator should not have an ice build-up.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/21/2024 at 10:00 A.M., the Director of Nursing provided a policy, dated 5/2023, and titled, Medication Storage and Labeling Policy The Director of Nursing indicated it was the current policy used by the facility. The policy indicated, It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and/or medication rooms according to to the manufacturer's recommendations and sufficient to proper sanitation, temperature, light, ventilation, moisture control, segregation and security . 9. All medications will be labeled in accordance with applicable federal and state requirements</p> <p>On 3/22/2024 at 9:40 A.M., the Director of Nursing provided a policy, dated 2/2024, and titled, Medication Administration Policy The Director of Nursing indicated it was the current policy used by the facility. The policy indicated, .12. Identify expiration date. If expired, notify nurse manager</p> <p>3.1-25 (l)(1)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38845</p> <p>Based on observation, interview, and record review, the facility failed to ensure food items in a cooler were sealed securely after opening, failed to have clean cooking utensils and skillets without missing Teflon, failed to ensure microwaves were clean and free of food debris, failed to remove expired foods, and failed to date foods when opened, in 1 of 1 kitchens and 1 of 3 pantries observed. This had the potential to affect the 47 of 48 residents who received meals from the kitchen. (Main Kitchen)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. During an initial tour of the kitchen, on [DATE] at 10:00 A.M., with the Regional Director, the following was observed: <ul style="list-style-type: none"> - Cooking utensils with specs of dried foods. - Spatula with a burnt side. - Measuring cup with dried foods. - A microwave with a brown substance on the interior top, and another microwave with stuck on dried foods to the top of the inside. - A small cooler with cheese slices and a hunk of cheese not sealed appropriately/tight. - On a shelf were 5 skillets of various sizes with missing Teflon to the bottom and sides of the skillets. <p>During an interview, on [DATE] at 10:15 A.M., the Regional Staff indicated the skillets would be thrown out, the utensils should have been cleaned, and the cheeses should have been sealed.</p> <p>49994</p> <ol style="list-style-type: none"> 2. During an observation of the kitchen, on [DATE], at 9:45 A.M. with the Regional Manager, there was an expired container of cottage cheese observed in the walk in cooler with a discard date of [DATE]. There were also 2 packages of expired lunch meat and 1 package of expired salad mix. <p>During an interview, on [DATE], at 09:51 A.M., with the Regional Manager, he indicated the expired foods should have been discarded.</p> <ol style="list-style-type: none"> 3. An observation of the Dujarie party was completed on [DATE] at 10:32 A.M. with LPN 2. The following was observed: one opened and undated container of a yellow substance in the freezer. Two opened and undated bottles of thick and easy. The refrigerator shelves and door compartments had food substances and dried liquids. The microwave had a thick black film on its roof. <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview, on [DATE] at 10:35 A.M., LPN 2 indicated the shelves, compartments, and microwave should have been cleaned and the open items should have been dated.</p> <p>On [DATE] at 1:05 P.M., the Regional Manager provided the policy titled, Food and Supply Storage, dated , d+[DATE], and indicated the policy was the one currently used by the facility. The policy indicated . Procedures: Cover, label and date unused portions and open packages. Products are good through close of business on the date noted on the label. Dry Storage: Store dry and staple items at least 6 above the floor and 18 below sprinklers .</p> <p>On [DATE] at 1:05 P.M. the Regional Manager provided the policy titled, Cleaning of Food and Nonfood Contact Surfaces, dated ,d+[DATE], and indicated the policy was the one currently used by the facility. The policy indicated . Food Contact Surfaces: Where equipment and utensils are used for the preparation of potentially hazardous on a continuous or production line basis, utensils and the food contact surfaces shall be washed, rinsed, and sanitized before and after each use with raw animal products; when changing from raw to ready eat products. The food contact surfaces of all cooking equipment shall be kept free of encrusted grease deposits and other accumulated soil. Discard any food contact surfaces with chips, nicks, or broken pieces, such as fryer baskets or skimmers that have damaged, loose, or broken wires, strainers, pans, skillets, and knives, which cannot be cleaned properly. Ware-washing sinks must be equipped with detergent and sanitizer. Nonfood Contact Surfaces: The cavities and door seals of microwave ovens shall be cleaned at least once a day</p> <p>3XXX,d+[DATE](i)(l)</p> <p>3XXX,d+[DATE](i)(3)</p>		