

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155813	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2025
NAME OF PROVIDER OR SUPPLIER Villages at Historic Silvercrest The		STREET ADDRESS, CITY, STATE, ZIP CODE 1 Silvercrest Drive New Albany, IN 47150	

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 - 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>15251</p> <p>Based on observation, interview, and record review, the facility failed to ensure kitchen equipment, related to the ovens, were properly cleaned and maintained to prevent a fire from occurring. This deficient practice had the potential to affect 36 of 36 residents currently residing on the skilled nursing units.</p> <p>Findings include:</p> <p>Review of the State Complaint Report, dated 4/3/25, indicated at 5:00 a.m., a fire occurred in the right-side oven in the first-floor main kitchen. A hand-held fire extinguisher was utilized by the cook and the fire was put out. The local Fire Department arrived a few minutes later.</p> <p>Upon inspection of the oven, it was clean, but the Director of Food Services discovered a panel in the bottom of the oven that could be removed and cleaned. Some grease was seen on the panel and the bracket which held the panel.</p> <p>During an interview, on 4/15/25 at 9:45 a.m., the [NAME] 1, who was also present the day of the fire, indicated the fire happened the day after all the big storms at around 5:15 a.m. Due to the storms, the convection ovens and range hood were not able to be used. She turned on the ovens to be able to bake what was on the menu for the day and went into the freezer. When she came back out a few minutes later, she saw smoke coming from the oven and called a security guard to come to the kitchen. When she opened the oven door, she saw fire on the left side and in the back of the oven. She grabbed a fire extinguisher and put out the fire. The fire department then came in because of the alarms which were going off all over. When [NAME] 1 checked the oven, she noticed a panel on the bottom of the oven that could be removed. She removed it and saw just a little bit of grease on the panel and on the bracket that held the panel.</p> <p>During an interview, on 4/15/25 at 9:50 a.m., the Director of Food Service (DFS) indicated the fire started early in the morning, and the cook called her and told her what was happening. It happened in the first-floor kitchen and no residents were in the dining room. She checked the oven and noticed there was a panel on the bottom of the oven which could be removed. Very little grease was on the pan and bracket when she removed it, but she went ahead and scraped and cleaned the oven. The panel was always supposed to be removed when deep cleaning the oven, but guessed the staff just forget to remove and clean it.</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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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>An observation of the kitchen, on 4/15/25 at 10:10 a.m., indicated the ovens were not in use and when the DFS pulled out the oven panel, a small amount of grease was observed on the bracket which held the panel.</p> <p>During an interview, on 4/15/25 at 10:40 a.m., the Director of Plant Operations (DPO) indicated he got a call early in the morning on 4/3/25, maybe 5:00 a.m. to tell him there was a fire in the kitchen oven. By the time he got to the facility, around 6:00 a.m., the cook had already put the fire out with a manual fire extinguisher. There was still some smoke left in the air. The checking of the oven equipment was not on the maintenance checklist, he relied on the dietary staff to tell him know if there were any problems.</p> <p>Review of the County Health Department report, dated 4/3/25, indicated the fire in the facility kitchen was believed to have started by oil or grease on bottom tray of the oven.</p> <p>The past noncompliance began on 4/3/25. The deficient practice was corrected on 4/7/25 after the facility implemented a systemic plan that included dietary staff education, development of additional duties to the cleaning schedule by the cooks, professional checking of the ovens, and the monitoring by the DFS of the cleaning schedules being completed prior to the start of the survey and was therefore Past Non-Compliance.</p> <p>This Federal tag relates to Complaint IN00456878.</p> <p>3.1-21(i)(3)</p>		