STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	04/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
GREEN OAKS OF VALPARAISO	2550 MORTHLAND DRIVE VALPARAISO, IN 46383

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R 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00456153 and IN00456896. Complaint IN00456153 - State deficiencies related to the allegations are cited at R0041 and R0116. Complaint IN00456896 - State deficiencies related to the allegations are cited at R0041 and R0116. Unrelated deficiency is cited. Survey date: April 7 and 8, 2025 Facility number: 015426 Residential Census: 115 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on 4/14/25.	R 0000		
R 0041 Bldg. 00	410 IAC 16.2-5-1.2(o)(4) Residents' Rights - Deficiency Based on record review and interview, the facility failed to implement grievance policies related to follow up not provided to residents after they filed a grievance for 4 of 5 residents reviewed for grievances. (Residents D, E, B, and F) Findings include: 1. Record review for Resident D was completed on 4/7/25 at 10:56 a.m. A grievance was filed by Resident D on 1/13/25.	R 0041	R041- Residents' Rights-Deficiency Based on record review and interview, the facility failed to implement grievance policies related to follow up not provided to residents after they filed a grievance for 4 of 5 residents reviewed for grievances. Community has in-serviced all staff on 4/25/25 on the grievance policy and procedures.	05/16/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jarrett Mitchell	Executive Director	04/27/2025

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclo 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.

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	The resident indicated he was missing a pair of sweat pants. The results indicated they were unable to locate the sweat pants. The corrective action taken indicated the resident was informed the Executive Director (ED) would replace the items. The ED asked for a receipt and a clearer description of the sweat pants with the price. The grievance indicated the resident found the corrective action to be satisfactory and the grievance was signed by the ED. The grievance was dated as completed on 1/15/25. There was no signature on the grievance that indicated the resident received the outcome and was satisfied with the outcome. A second grievance related to the missing sweat pants was filed by Resident D on 2/2/25. The results indicated the ED notified the resident that if he produced a receipt for the missing pants he would reimburse him for the pants. The resident acknowledged the resolution and would bring the receipt for reimbursement. The grievance was signed by the ED and dated as completed on 2/9/25. There was no signature on the grievance that indicated the resident received the outcome and was satisfied or unsatisfied with the outcome. During an interview on 4/7/25 at 2:00 p.m., Resident D indicated he had filed a grievance for his missing sweat pants in January. He had never heard anything back about it. The facility then asked him to file another grievance in February because he was still missing his sweat pants. They asked him to provide a receipt when he filed his second grievance. He had since provided the receipt and had still not heard any information related to the outcome of his grievances.		(Attachment A) Community has established a Grievance committee to meet twice monthly in conjunction with QAPI committee for 6 months; then monthly thereafter. Any and all deficiencies, if found, will be corrected immediately and continued education will continue with all staff. (Attachment B) Grievances will be reviewed weekly on Mondays in the morning meeting by Executive Director/Appointee and Department heads to make sure they are resolved and documented per policy. (Attachment C) Audits and compliance will be reviewed during monthly QI meetings for the next 6 months.	

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	2. Record review for Resident E was completed on 4/7/25 at 11:05 a.m. A grievance was filed by Resident E on 1/6/25. The resident indicated he was not getting his required double portions at meal times depending on the cooks. The results indicated the staff was educated to provide extra portions. The grievance indicated the resident found the corrective action to be satisfactory and the grievance was signed by the ED. The grievance was dated as completed on 1/8/25. There was no signature on the grievance that indicated the resident received the outcome and was satisfied with the outcome. During an interview on 4/17/25 at 2:50 p.m., Resident E indicated he had filed a grievance with the facility because he was not getting his physician-ordered double portions at meal times. He said he had never received a response related to the grievance he filed and a few cooks still did not give him his second portions unless he asked multiple times for them. 3. Record review for Resident B was completed on 4/7/25 at 11:30 a.m. A grievance was filed by Resident B on 3/19/25. The resident indicated she was missing two bottles of aspirin and one large pair of toe nail clippers. The results indicated to replace the items and the resident declined the offer of replacement. The grievance was signed by the ED and dated as completed on 3/20/25.			

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	There was no signature on the grievance that indicated the resident received the outcome and was satisfied or unsatisfied with the outcome. During an interview on 4/7/25 at 3:14 p.m., Resident B indicated she had filed a grievance related to missing aspirin and toe nail clippers. The facility had never followed back up with her as to if they found the items or were replacing them. 4. Record reviewed for Resident F was completed on 4/7/25 at 1:06 p.m. A grievance was filed by Resident F on 2/10/25. The resident indicated there were residents who smoked outside his window. He would like to crack his window for fresh air and felt he could not do so. The smokers were outside until late at night. He was asking if the smoking area could be moved. The results of the grievance indicated the ED would begin transitioning the smoking area to a different area of the facility by the end of April. The grievance was signed by the ED and dated as completed on 2/28/25. There was no signature on the grievance that indicated the resident received the outcome and was satisfied or unsatisfied with the outcome. During an interview on 4/7/25 at 2:38 p.m., Resident F indicated there was a smoking section for residents outside his window. He was unable to crack his window for fresh air because the smoke would come in his window. The residents were out there until late at night. The residents looked into his window while they were smoking and he didn't feel like he had any privacy. He had never heard anything back related to his			

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	grievance and was unsure if they were going to do anything about it. During an interview on 4/8/25 at 2:00 p.m., the Executive Director indicated the residents were informed of the results of the grievances. He should have had the residents sign the grievance form. He could not provide any documentation the grievance outcomes were given to the residents. A facility policy titled, "Resident Grievance Policy and Procedure" and received as current from the facility indicated, "...The Administrator shall oversee and ensure that a comprehensive investigation of the matter is conducted, corrective action is taken, if necessary, and a report is provided to the Resident within 10 days of filing the complaint..." This citation relates to Complaints IN00456153 and IN00456896.			
R 0116 Bldg. 00	410 IAC 16.2-5-1.4(a) Personnel - Noncompliance Based on record review and interview, the facility failed to ensure reference checks and a criminal background check were obtained for employees prior to starting employment at the facility for 3 of 5 employee files reviewed. (Cook 1, Cook 2, and CNA 1) Findings include: The employee files were reviewed on 4/7/25 at 4:25 p.m. 1. Cook 1's start date was 1/16/25. There were no reference checks completed prior to employment.	R 0116	R116- Personnel-Noncompliance Based on record review and interview, the facility failed to ensure reference checks, and a criminal background check was obtained for employees prior to starting employment at the facility for 3 of 5 employee files reviewed. Employee files audit were conducted by BOM/Appointee on 4/14/25 and any discrepancies found were corrected. (Attachment D)	05/16/2025

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	2. Cook 2's start date was 11/4/24. There was no criminal background check or reference checks completed prior to employment. 3. CNA 1's start date was 12/6/24. There were no reference checks completed prior to employment. During an interview on 4/8/25 at 11:54 a.m., the Executive Director indicated the reference checks and criminal background checks were not completed until today. A facility policy titled, "Personnel Records" and received as current from the facility, indicated, "...Procedure: A. Upon employment, a personnel file will be established. The Administrator or his/her designee will assure that all documents are signed prior to but no later than the completion of the person's first day of employment..." "E. The following documents will be retained in the personal file or separate file as appropriate: 2. Reference inquiry..." This citation relates to Complaints IN00456153 and IN00456896.		Employee files will be audited by BOM/Appointee twice monthly for six months then monthly thereafter starting 4/14/25. (Attachment D) Audits and compliance will be reviewed during monthly QI meetings for the next 6 months.	
R 0273 Bldg. 00	410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency Based on observation, interview, and record review, the facility failed to maintain a safe and sanitary kitchen related to improper thawing of raw meat, expired food in the walk in refrigerator and freezer, build up of dirt and grease on the kitchen floor and stove grates, and dirty trays on which clean dishes were stored upright for 1 of 1 kitchen observed. This had the potential to affect all 115 residents who received meals prepared in the kitchen. (Kitchen)	R 0273	R273 – Food and Nutritional Services – Deficiency Based on observation, interview, and record review, the facility failed to maintain a safe and sanitary kitchen related to improper thawing of raw meat, expired food in the walk-in refrigerator and freezer, buildup of dirt and grease on the kitchen floor	05/16/2025

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	Findings include: The Kitchen tour was completed on 4/8/25 at 9:08 a.m. with the Dietary Manager (DM) and the following was observed: a. There was a bowl of raw chicken on the counter uncovered and next to the handwashing sink. The DM indicated the cook was going to prepare the chicken that day for lunch. The cook should have had the chicken covered and stored in the refrigerator until he was ready to prepare it. b. In the walk-in refrigerator, there was a container labeled stir fry with a use by date of 3/9/25. The DM indicated the stir fry should have been thrown out awhile ago. c. In the walk-in freezer, there was a container labeled sausage gravy with a use by date of 3/31/25. The DM indicated the gravy should have been thrown out already. d. There was a build up of dirt and grease on the floors around the appliances and counters. The DM indicated the mops they had been using were not the best and they were supposed to be ordering different mops. e. There was a large build up of grease on the stove grates. The DM indicated she told the staff not to use the stove top. The brush to clean the grease out had broken and it had not yet been replaced. f. There were trays on shelves at each end of the food prep table. The trays were dirty with food spillage and crumbs. The trays contained clean plates, cups, and bowls stored upright. The DM		and stove grates, and dirty trays on which clean dishes were stored upright for 1 of 1 kitchen observed. This had the potential to affect all 115 residents who received meals prepared in the kitchen. Community has in-serviced all dietary staff to provide education on proper dating of food, proper thawing of food and proper disposal of expired food on 4/9/2025. (Attachment E) Community has in-serviced all dietary staff cleanliness of the kitchen, including floor, stove grates and proper storage of clean dishes on 4/9/2025. (Attachment F) Community Dietary Director and ED will complete weekly audits for proper dating of food, proper thawing of food, disposal of expired food, and cleanliness of the kitchen for 8 weeks. Any and all deficiencies, if found, will be corrected immediately and continued education with dietary staff will continue. (Attachment G) Audits and compliance will be reviewed during monthly QI meetings for the next 6 months.	

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	indicated the trays should not have been dirty and the dishes should be stored inverted. A facility policy titled, "Cleaning Frequency" and received as current from the facility, indicated, "...d)...The food-contact surfaces of all cooking equipment shall be kept free of encrusted grease deposits and other accumulated soil. e) Non-food contact surfaces of equipment shall be cleaned as often as is necessary to keep the equipment free of accumulation of dust, dirt, food particles, and other debris." A facility policy titled, " Dishes, Tableware, Utensils, and Equipment Storage Policy and Procedure" and received as current from the facility indicated, "...Clean and sanitize trays and carts used to carry clean tableware and utensils daily or as often as necessary..." "...Glasses and cups should be stored inverted and in their racks..." No other policies related to the above concerns were provided.			