STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	09/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JEWEL PLACE SENIOR LIVING	607 VIRGINIA AVE, MADISON, , 47250

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for a State Residential Licensure Survey. Survey date: September 30, 2026 Facility number: 004352 Residential Census: 38 These State Residential Findings are cited in accordance with 410 IAC (Indiana Administrative Code) 16.2-5. Quality review completed on October 6, 2026.	R 0000		
R 0145	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(b) (b) The facility shall maintain equipment and supplies in a safe and operational condition and in sufficient quantity to meet the needs of the residents.	R 0145	**Please accept this plan of correction as our credible allegation of compliance.** **The filing of this plan of correction does not constitute that the alleged deficiency did in fact exist. This Plan of correction is filed as evidence of the facility's desire to comply with the**	10/13/2026

	Based on observation and interview, the facility failed to ensure the resident call system was functioning correctly for 4 of 7 rooms observed for resident summoning of staff. (Rooms 122, 121, 123, and 126) Findings include: During an observation, on 9/30/26 at 9:29 a.m., resident rooms were toured with the Maintenance Director. The residents' call cords were tested and indicated the following concerns were observed with the resident call cords: -Room 122, the resident call cords in the resident's bathroom and bedroom were not functioning. -Room 121, the resident call cords in the resident's bedroom and bathroom were not functioning. -Room 123, the resident's call cord in the resident's living room was not functioning. -Room 126, the resident's call cord in the resident's bathroom was not functioning. During an interview, on 9/30/26 at 9:45 a.m., the Maintenance Director indicated the batteries must not be working and he felt it was that batteries that were causing the issue. Even if a		**regulatory requirements and continue to provide quality care.** R145 The facility shall maintain equipment and supplies in a safe and operational condition and in sufficient quantity to meets the needs of the residents It is important to note that the residents also have a means to call for assistance via pendants that go directly to staff pagers. **1.** Immediate action Regarding room 122 call cord unit was replaced and function was confirmed Regarding room 121 call cord batteries were replaced and function was confirmed Regarding room 123 call cord unit was replaced and function was confirmed Regarding room 126 call cord batteries were replaced and function was confirmed **2.** Others identified 100% of all call cords in rooms	

	resident didn't use the call cord, the battery would not function after a while. The staff should document in the work order book issues with the call cords not functioning. It fell through the cracks when they didn't contact him with the call cords not working. During a follow up interview and observation, on 9/30/26 at 10:50 a.m., the Maintenance Director demonstrated the call cords in the previous rooms found to not work. The call cord in Room 122 was still not operating in the resident's bedroom after he had changed the battery; in Room 126 the resident's call cord operated after the battery was changed; and in Room 123 the battery was replaced during the observation and the resident's call cord was still not functioning in the bathroom. During an interview and observation, on 9/30/26 at 11:09 a.m., the Maintenance Director presented the changed call cord for Room 123. The resident's call cord was now functioning. During an interview, on 9/30/26 at 1:00 p.m., Certified Nurse Aide (CNA) 6 indicated she didn't know if CNAs checked the call cords for function. If a resident's call cord wasn't functioning, they would report it to the maintenance staff.		were tested and confirmed function. **3.** System in place In addition to the current preventative maintenance checks, The Maintenance Director with replace all pull station batteries on an every three month schedule. The Maintenance Director was re-in serviced on the updated battery change program as well as and confirmation each room for functioning call system. When staff/residents identify a concern with the call system or cord, this will continue to be communicated to the maintenance director to be addressed immediately. Residents in the facility will continue to be offered an additional option for the use of pendants for the need to call for assistance. **4.** Monitoring Maintenance Director will be completing weekly nurse call system checks for 4 weeks, bi weekly for 4 weeks, then monthly ongoing. Should concern(s) be identified, immediate corrective action shall be taken at the	

	During an interview, on 9/30/26 at 1:02 p.m., Qualified Medication Aide (QMA) 3 indicated the maintenance staff was the one who checked the residents' call cords. The current Daily/Weekly Rounds Checklist, indicated with initials, that the Maintenance Director had completed the September 30, 2026 round to "...Check Nurse Call/Wander Management system for any overnight problems..." The September 2026 Assisted Living Concepts Property Management Maintenance Checklist included, but was not limited to, "... Check exit alarms and call system..." A check mark indicated this was completed.		time of the observation/audit. These weekly audits will be presented in the monthly QAPI meeting by the Maintenance Director. The results of these audits and any necessary corrective actions will be discussed during the monthly QAPI meetings with additional education, disciplinary action and/or revision of the plan made on the basis of findings. The Maintenance Director will be responsible for the coordination and monitoring of this QAPI program.	
R 0273	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(f) (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, record review, and interview, the facility failed to ensure the kitchen, dry storage room, and equipment were maintained in a clean and	R 0273	**Please accept this plan of correction as our credible allegation of compliance.** **The filing of this plan of correction does not constitute that the alleged deficiency did in fact exist. This Plan of correction is filed as evidence of the facility's desire to comply with the regulatory requirements and continue to provide quality care.**	10/15/2026

	sanitary manner; facial and beard were properly covered, food items were dated when opened, and expired foods were removed during 2 of 2 kitchen observations. This deficient practice had the potential to affect 30 of 30 residential residents who received meals from the kitchen. Findings include: 1. During the initial tour with Chef 5 on 9/30/26 between 9:05 a.m. and 9:40 a.m., the following concerns were identified: - The chef had no beard guard on to cover his thick 8 inch beard. He indicated that he thought it was only needed to be worn when he was in contact with food, not while he was cleaning the kitchen. - The ice scoop was inside the ice maker on top of the ice. - The eye wash station had a sticky to the touch heavy light brown coating the inside sink with a few coffee grounds in it also. - The microwave had a heavy build up of reddish splatters inside. - One of two containers of coffee in filters was open to the air. The ventilation fans were		R 273 All food preparation and serving areas (excluding areas in residents' units) are maintained in accordance with state and local sanitation and safe food handling standards **1. Immediate action** -education provided to all staff, including chefs on the use of hair nets and beard guards -ice scoop cleansed, ice machine cleansed and refilled, education provided to staff to ensure that scoop in on holder inside the machine, not laying on ice-pic included -eye wash station cleaned-picture included -Microwave cleaned-picture included -Coffee discarded and refilled-education provided to staff to ensure that the lids are secured at times of not utilizing -refrigerator#1 cleaned, picture included	

	running at this time. - The left one door refrigerator (#1) had a moderate amount of brown spills on the bottom inside. - The middle two door refrigerator (#2) had a tray of 8 cups of fruit cocktail with an open date of 9/24/26 and a used by date of 9/27/26. The bottom inside had a moderate amount of brown spills and food particles. - The right 2 door freezer (#3) had a heavy amount of food debris on the bottom shelf. - The far right refrigerator (#4) had a heavy amount of food debris on the bottom shelf inside. There was a 1/2 bowl of tomatoes on the middle shelf with an open date of 9/27/26 and a used by date of 9/29/26. - There was a 1/2 five pound container of sour cream with a used by date of 8/27/26 also on this shelf. - The Turbo freezer (#5) had a large box of beef patties inside which was open to the air. - Two of two toasters had a heavy accumulation of brown toast crumbs on top and on the counter underneath. - The hot and cold water faucet		-refrigerator #2- all expired food discarded and cleaned-picture included -freezer #3-cleaned-picture included -refrigerator #4 cleaned-picture included -sour cream discarded -freezer #5- patties discarded and staff educated on proper storage of meat -toasters cleaned-picture included -Hot and cold water faucet repaired-picture included -garbage disposal cleaned-picture included -bananas discarded -elbow macaroni and spaghetti discarded and education provided to staff on receive dates/open dates/expiration dates -rice discarded-education provided on proper storage -floor cleaned-picture attached -gravy mix/biscuit mix/rolls discarded-staff educated on labeling of food items -sesame seed rolls	

	to the 3 compartment sink was loose from the wall approximately 1 inch. - The outside of the garbage disposal unit under the sink and dishwasher was caked with a beige dried crusty substance. In the dry storage room: - There was a medium box of bananas which were very ripe and very soft to the touch with a large amount of small brown spots on the peels with several bananas having had bruised spots. - On one shelving unit, there was 1/2 of a ten pound bag of elbow macaroni and a 3/4 of a ten pound bag of spaghetti with no open date. - On a second shelving unit, there was a 1/3 full 25 pound box of rice open to the air. - On a third shelving unit, there was a 1/2 full 15 ounce bag of gravy mix and a 1/2 full 5 pound bag of biscuit mix with no open date. On a lower shelf of the same shelving unit, there was a bag of 8 hamburger rolls with no used by date. In an interview with the chef at this time, he indicated that the date the rolls were brought in was marked on the bags and were then put into the freezer. When they were brought out to thaw, the marker		discarded-education provided on storage -crisp rice cereal/toasted oats discarded-education provided on storage -Floor cleaned-picture provided -education provided to staff regarding handwashing, glove use, hair net usage, beard guards -stove burners cleaned-picture included -can opener cleaned-picture included **2. Others identified** No other deficiencies were identified. **3. System in place** Cleaning logs and schedules have been placed in binder to be completed by the assigned kitchen staff. Any omissions will result in re-education/Disciplinary action, the area omitted will be addressed. Weekly, monthly and daily schedules for cleaning have been assigned to staff for completion on designated days/shifts. Any omissions will result	

usually rubbed off.

Also on this shelf, there were 2 bags of soft white rolls with sesame seeds - one bag had a used by date of 9/3/26 and another bag with a used by date of 9/15/26.

- On a fourth shelving unit, there was 1/2 of a 35 ounce bag of crisp rice cereal, a 3/4 of a 35 ounce bag of toasted oats, and 1/4 of a 35 ounce bag of raisin bran with no open dates.

- The floor underneath all of the shelving units was black and sticky to the touch.

2. During the lunch service on 9/30/26, between 12:00 p.m. and 12:30 p.m., the following was observed:

- The same issues identified at 9:00 a.m. remained. The ice scoop was now observed in a holder inside the right side of ice maker.

- The chef was observed to touch his beard guard and pull it over his mustache and beard several times with gloved hands. He was not observed to change his gloves and wash his hands after doing this. He continued to serve the meal and had reached into a large bag of potato chips and place them on a resident's plate for lunch. He opened the container of cooked

in re-education/disciplinary action, the area omitted will be addressed
immediately.

Inspection of the Dietary Department will be completed by the Executive Director following the scheduled cleaning of those areas to ensure proficiency of cleaning. Any issues
identified during the inspection regarding the cleaning of the area will be
addressed upon review, the staff member with the assigned cleaning will be
re-educated or disciplinary action will be imposed up to including termination.

4. Monitoring

The Dietary Manager/Designee will
be responsible for the coordination and Monitoring.

The facility will
monitor during the daily scheduled audits of the kitchen by the Dietary Manager/Designee 5xweekly.

Should concern(s) be identified, immediate corrective action shall be taken.

The results of these
audits and any necessary corrective actions will be discussed during the

	baked potatoes and took one out and placed it into the microwave which remain soiled as seen at 9:05 a.m. - The Qualified Medication Assistant (QMA) 3 was observed to return to the kitchen from the dining room and resumed passing food plates to the Certified Nurse Aides (CNAs). He was not wearing a hairnet to cover his hair. When he did put a hairnet on, he continued to pass the plates to the CNAs and dip up condiments into little cups. No handwashing was observed after he put his hairnet on. - The stove burners had black crusty pieces of food around all of them. The chef indicated, at this time, that the stove was usually cleaned on Sundays. - There was a heavy black build up on the can opener and the blade that went into the can when opened. Review of the as-completed cleaning schedules between 9/15/26 and 9/30/26, the following duties were signed as having been completed every day: - Daily: Stove top and grill; toaster after use; can opener (blade, handle, rod, and table mount); microwave inside and outside; and sweep and mop all		monthly QAPI meetings with additional education, disciplinary action and/or revision of the plan made on the basis of findings. Monthly Kitchen Sanitation QAPI will continue for a minimum of six months then will be stopped after two consecutive months of finding no issues with kitchen sanitation.	

floors.

- Extras: Mondays - clean inside refrigerators and freezer.

Sundays - catch up day.

The cleaning schedules failed to address the inside of the refrigerators and freezers, eye wash station, disposal of expired foods, and date food items when opened.

Review of the facility's policy titled "Safe Food Handling.", dated 11/2023, included, but was not limited to, "Policy: All foods will be handled using safe-handling practices, using appropriate methods for preparation, and cleaning. Process:..Dietary staff must have good personal hygiene and will adhere to appropriate work habits, which maintain a sanitary environment. Good handwashing techniques will be used, using only the handwashing sinks..."

Review of the facility's policy titled "Kitchen Sanitation, Equipment Maintenance and Safety", dated 11/2023, included, but was not limited to, "Policy: Utensils, equipment, preparation surfaces and the kitchen must be clean at all times and must be maintained so as to be easily cleaned at any time. Process: Freezer, refrigerators and ice machines

should be cleaned on a regular schedule...Staff is responsible for recognizing safety hazards in the kitchen."

Review of the facility's policy titled "Hand Hygiene Policy", dated 11/23, included, but was not limited to, "Policy: The facility follows the Centers for Disease Control and Prevention (CDC) guidance for hand hygiene, which includes the use of Alcohol Based Hand Rub *ABHR) and handwashing. Procedure: Staff should perform hand hygiene in the following situations, including but not limited to: 1) Before:..c) Preparing, serving or eating foods...2) After:..f) Removing gloves...i) Cleaning..."

Review of the facility's policy titled "Infection Control and DNH Dress Code", dated 11/23, included, but was not limited to, "Policy: Infection control and dress code procedures are to be followed to decrease any risk for injury or food contamination. Process: Hair restraints will be worn in the food preparation areas at all times. Hair restraints include hair nets, Chef hats, or skull caps. Note: these restraints must cover all hair; there may not be any hair outside of the restraint...Dietary employees with facial hair must wear beard/mustache restraints. It is preferable for Dietary

	employees to not have facial hair..."			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATUREAlice Owens	TITLEAdministrator	(X6) DATE10/19/2026