

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/03/2025
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NAME OF PROVIDER OR SUPPLIER PROVIDENCE HOME BY FIR	STREET ADDRESS, CITY, STATE, ZIP CODE 1410 DEER RUN DRIVE MISHAWAKA, IN 46545
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: January 2 and 3, 2025</p> <p>Facility number: 015429</p> <p>Residential Census: 22</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review completed on 1/7/2025</p>	R 0000		
R 0154 Bldg. 00	<p>410 IAC 16.2-5-1.5(k) Sanitation and Safety Standards - Deficiency</p> <p>Based on observation, record review and interview, the facility failed to ensure food was stored properly and dated when received. This had the potential to affect 22 out of 22 residents who consumed food prepared in the kitchen.</p> <p>Finding includes:</p> <p>During a tour of the kitchen on 1/2/2025 at 9:30 A.M. with the Executive Director (ED) and Cook 2, a cardboard box that contained an opened bag of cereal was noted on the floor in the dry storage area and undated individual cups of frozen sorbet were noted in the reach in freezer.</p> <p>During an interview on 1/2/2025 at 9:42 A.M., the ED indicated the box with the bag of cereal should not have been on the floor and the sorbet should have been dated.</p>	R 0154	<p>R154 What Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Immediately all food inventory was inspected to ensure food was stored properly, had received dates on them and all items that were not labeled or stored correctly were discarded. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken: All current residents had the potential to be affected. Effective</p>	01/04/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Leah Bennett	Executive Director	01/17/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards 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 disclosed 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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	On 1/3/2025 at 11:15 A.M. the ED provided a current policy, dated 2/20/2023 and titled, "Proper Food Storage." The policy indicated, "...Label and date all stored food- date received, date opened and use by date...." and "...Store all dry food away from walls and at least 6 inches from the floor...."		1/4/25 dietary staff were re-educated on kitchen sanitation policies, including the policies on how to store and label food correctly. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur: The Dietary Manager/Designee will audit the cooler, freezer and dry storage areas to ensure all items are properly labeled and stored correctly 2 times a week for 2 months, then 1 time a week for 2 months and then monthly for 2 months. How the corrective action will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place: The Executive Director will complete weekly random checks of the cooler, freezer and dry storage areas for six months to ensure standards are being met. What date the systemic changes will be completed: 1/4/2025	