STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 06/29/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOM AT EAGLE CREEK	5045 W 52ND ST INDIANAPOLIS, IN 46254

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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	This Visit was for a State Residential Licensure Survey. Survey date: June 29, 2016 Facility number: 003915 Provider number: 003915 AIM number: NA Residential Census: 56 Sample: 7 These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-5. Quality review completed by 29479.	R 0000		
R 0273 Bldg. 00	410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (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, interview, and record review, the facility failed to ensure foods were stored under sanitary conditions, included labels with dates, and was disposed of when out dated, and failed to maintain cleanliness of the	R 0273	Itis the intent of this facility to ensure all food preparation and serving areas(excluding areas in residents' units) are maintained in accordance with stateand local sanitation and safe food handling standards, including 410 IAC	07/15/2016

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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.

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	kitchen for 2 of 2 observations. This deficient practice had the potential to affect 56 out of 56 residents who ate from the kitchen. Finding includes: The kitchen was observed on 6/29/2016 at 9:55 a.m. with Chef #1. A container of salsa, a gallon of orange juice, and a container of whipped topping were observed without labels or open dates. A gallon of unopened milk was observed with an expiration date of 6/18/2016. Two leftover apple pies with a prepared date of 6/25/2016 and no removal date, were observed in the refrigerator. Dry splattered foods were observed on the wall near the dishwasher, brown build-up was observed along the pipe below the dishwasher sink, and food particle build up was observed on the top and sides of the dish rolling cart. During an interview on 6/29/2016 at 10:00 a.m., Chef #1 indicated prepared foods should be discarded after 3 days, expired foods should be discarded by the expiration date, and all opened foods should be labeled and dated. During an interview on 6/29/2016 at 12:00 p.m., Chef #1 indicated the kitchen staff were required to perform daily		7-24. 1-Allresidents were observed for adverse effects related to this deficientpractice. No concerns were noted by anyresident. The dietary staff members wereeducated on 7/15/2016 on the proper procedures for labeling, dating, andstorage. The kitchen was thoroughlycleaned including the removal of dry splattered foods and food particles fromthe walls, pipes, and dish rolling carts. New and revised cleaning schedules were provided to the dietarystaff. Additionally, the Food ServiceDirector has labeled, dated, and properly stored all items presently in stock. 2-Allresidents have the potential to be affected by this deficient practice. The dietary staff members were educated on7/15/2016 on the proper procedures for labeling, dating, and storage. The kitchen was thoroughly cleaned includingthe removal of dry splattered foods and food particles from the walls, pipes,and dish rolling carts. New and revised cleaningschedules were provided to the dietary staff. Additionally, the Food Service Director has labeled, dated, and properlystored all items presently in stock. 3-Thedietary staff members were educated on 7/15/2016 on the correct practices forlabeling, dating, and storage. New andrevised cleaning schedules	

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	cleaning tasks. During an interview on 6/29/2016 at 1:53 p.m., the Executive Director indicated the "Cleaning List for June 2016" should not have gaps in documentation and he expected kitchen staff to perform the daily cleaning tasks. A document titled, "Cleaning List for June 2016," was provided by the Executive Director on 6/29/2016 at 1:51 p.m. This documented had missed documentation of cleaning tasks from June 1 to June 29, 2016. A policy titled, "Infection Control- Food Storage," dated September 2011 was provided by the Executive Director on 6/29/2016 at 1:37 p.m., indicated, "...Leftovers are placed in containers that allow chilling in a short period of time. They are covered, labeled and dated...." A policy titled, "Leftovers," dated September 2001 was provided by the Executive Director on 6/29/2016 at 1:37 p.m., indicated, "POLICY: It is the policy of the Dining Services Department to manage leftover foods responsibly and efficiently in order to minimize waste and to control costs...Leftover food is to be checked daily by the Dietary Service Director, or designee, to determine its		were provided to the dietary staff. The administrator or his designee willconduct observations five times weekly for one month, then weekly observationsof the dietary department on going for up to one year. All staff will be educated on correctpractices and facility policies and procedures related to these deficiencies by7/15/2016. 4-Forquality assurance purposes and to ensure that all food preparation and servingareas (excluding areas in residents' units) are maintained in accordance withstate and local sanitation and safe food handling standards, including 410 IAC7-24, the administrator or his designee will conduct observations five timesweekly for one month, then weekly observations of the dietary department ongoing for up to one year. Theadministrator or his designee will observe for food being stored under sanitaryconditions, including labels with dates, and that food is disposed of when outdated. The administrator or his designeewill also ensure that cleanliness of the kitchen is maintained and conductaudits of the kitchen cleaning schedules. A copy of the audits and the cleaning schedules will be maintained bythe administrator. 5-Allstaff will be educated on correct practices and facility policies andprocedures related to these deficiencies by 7/15/2016.	

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	usage as soon as possible...."			