

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 02/26/2013
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NAME OF PROVIDER OR SUPPLIER  LAFAYETTE BICKFORD COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 3633 REGAL VALLEY DR LAFAYETTE, IN 47901
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R000000	<p>This visit was for a State Licensure survey.</p> <p>Survey dates: February 25 and 26, 2013.</p> <p>Facility number: 004503 Provider number: 004503 AIM number : N/A</p> <p>Survey team : Rita Mullen RN, TC Michelle Carter RN ( February 25, 2013) Bobette Messman RN</p> <p>Census bed type Residential: 14 Total: 14</p> <p>Census payor type: Other: 14 Total: 14</p> <p>Sample: 7</p> <p>This State Residential finding is in accordance with 410 IAC 16.2.</p> <p>Quality Review was completed by Tammy Alley RN on February 26, 2013.</p>	R000000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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.

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R000273	<p>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.</p> <p>Based on observation and interview, the facility failed to ensure food items were marked with opening dates. This deficient practice had the potential to affect 14 of 14 residents residing in the facility.</p> <p>Findings include:</p> <p>During the kitchen tour on 2/25/13 at 10:00 A.M., food items were not marked with dates the items were opened. The following items were not dated:</p> <ol style="list-style-type: none"> <li>3 opened packages of bread, stored in a cabinet</li> <li>1 opened package of frozen peas, stored in the freezer</li> <li>1 opened package of frozen wax beans, stored in the freezer</li> <li>1 opened package of frozen spinach, stored in the freezer</li> </ol> <p>During an interview with the kitchen manager on 2/25/13 at 10:10 A.M.,</p>	R000273	<p>Corrective Action for residents affected: No resident was negatively affected by this deficiency. Corrective Action taken: All deficiencies were corrected at the time of observance. Measures to ensure issues do not recur: The kitchen staff received in-service on appropriate storage of all food. A special wet surface pen was purchased to allow staff members ease of compliance with this deficiency. Monitoring to ensure issue does not recur: Director and kitchen manager will monitor for compliance by all staff members. This will be documented for three months as food shipments are received for compliance with kitchen staff. After the three months of documented compliance, an in-service with staff will be given again to reinforce the importance of this practice.</p>	02/27/2013			

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	she indicated food items should be dated with the date the item(s) were opened.						