

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 12/08/2015
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NAME OF PROVIDER OR SUPPLIER CENTURY FIELDS RETIREMENT COMMUNITY LP	STREET ADDRESS, CITY, STATE, ZIP CODE 825 N MERIDIAN ST GREENTOWN, IN 46936
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(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	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey date: December 8, 2015</p> <p>Facility number: 013128 Provider number: 013128 Aim number: N/A</p> <p>Census bed type: Residential: 29 Total: 29</p> <p>Census payor type: Private: 29 Total: 29</p> <p>Sample: 9</p> <p>These state findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed by 21662 on December 10, 2015.</p>	R 0000		
R 0273 Bldg. 00	<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</p>			

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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	<p>maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>Based on observation, record review and interview, the facility failed to ensure food was labeled and dated in 1 of 1 kitchens in the facility. This deficient practice had the potential to affect 29 of 29 residents.</p> <p>Findings include:</p> <p>During the kitchen tour on 12/08/2015 at 8:45 a.m., the following observations were made:</p> <p>The freezer was observed with the following undated items:</p> <ul style="list-style-type: none"> a. 1 bag of frozen chicken livers b. 4 bags of frozen zucchini sticks c. 3 boxes of frozen mini chicken tacos d. 2 bags of frozen cheese cubes e. 1 bag of frozen chicken pot pie soup f. 3 frozen apple pies g. 3 frozen pecan pies h. 4 frozen sugar cream pies <p>During an interview with the Dietary Manager on 12/08/15 at 12:25 p.m., she indicated all items should be labeled when arrived at the facility with a received date and dated when opened with a use by date.</p>	R 0273	<p>1. No residents were affected by this deficient practice.2. No residents were affected by this deficient practice.3. A new form has been introduced. Foods are delivered weekly to the facility. When an item is opened it will be removed from the box (if applicable), dated & put away. The dietary person responsible for opening, dating & putting away will place his/her initials at the appropriate date.4. The Dietary Manager will monitor weekly & initial the form. The form will be completed weekly for 3 months, or longer if needed. Should there be no issues, monitoring will go to one time per month for 3 months the be discontinued if no further issues noted. Findings will be reviewed in each quarterly quality assurance meeting.</p>	01/07/2016

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	Review of facility policy titled "Food Storage" received from the Dietary Manager on 12/08/15 at 12:25 p.m., indicated "...5. All stored food products will be covered, identified, and dated..."						