

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 11/24/2015
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NAME OF PROVIDER OR SUPPLIER LAKE PARK RESIDENTIAL CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2075 RIPLEY ST LAKE STATION, IN 46405
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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
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00187038.</p> <p>Complaint IN00187038 - Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey date: November 24, 2015</p> <p>Facility number: 001136 Provider number: 001136 AIM number: N/A</p> <p>Census bed type: Residential: 127 Total: 127</p> <p>Census payor type: Other: 127 Total: 127</p> <p>Sample: N/A</p> <p>These state findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed by 26143, on November 28, 2015.</p>	R 0000		
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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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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 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 safe food handling standards were maintained related to serving fruit cups uncovered and serving meals on a food serving cart uncovered for 1 of 2 dining rooms. (The Small Dining Room)</p> <p>Finding includes:</p> <p>During a meal observation on 11/24/15 at 12:00 p.m., the following was observed:</p> <ol style="list-style-type: none"> 1. Three trays of fruit cups were served uncovered. The residents helped themselves to these fruit cups. 2. Dietary Aide #1 was observed pushing a serving cart with uncovered meals from the servery in the Main dining room, down a hallway, and into the Small dining room. Interview at the time with the Dietary Aide indicated she had prepared her serving cart with the plates of food to be delivered to the residents who were seated in the Small Dining Room. She further indicated the meals 	R 0273	<ol style="list-style-type: none"> 1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice. The meals served to the residents were served at proper temperature and all other meals were served properly covered. The fruit cups were covered immediately when made aware they were uncovered. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. All residents in the facility have the potential to be affected by the alleged deficient practice. 3. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. All meals served in a separate dining room will be covered by the dietary staff server before being served to the resident. All food on the trayline that is self service will be covered by the dietary staff and monitored during trayline service. 4. How the corrective action will be monitored to ensure the deficient practice will not recur. 	01/29/2016

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	<p>were uncovered and she had passed several residents in the hallway as they stood in line waiting to be served.</p> <p>Interview with the Dietary Manager on 11/24/15 at 12:40 p.m., indicated the residents' fruit cups should have been covered and the residents' meals should have been covered before leaving the Main Dining Room.</p>		<p>Dietary Cooks and Aides will be in-serviced by Dietary Manager about the proper procedure for serving meals in separate dining rooms. Dietary Staff will be disciplined if found not following proper procedures for meal service. Dietary Supervisor and/or designee will monitor at random weekly for at least 10 meals per week for compliance for six months. If compliance is 90 percent or more, Dietary Supervisor will monitor at random weekly for at least 5 meals. Dietary Supervisor and/or designee will monitor meals chosen from start to finish of service. 5. By what date the systemic changes will be completed. January 29, 2016</p>				