STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
1019 BELLE'S PLACE OF WABASH	3037 W DIVISION RD, WABASH, , 46992

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for a State Residential Licensure Survey. Survey dates: May 20 and 21, 2026 Facility number: 003466 Residential Census: 24 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed May 29, 2026.	R 0000		
R 0273	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(f) (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 and	R 0273	Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the facility with the facts alleged or conclusions set forth in the Statement of Deficiencies. This Plan of Correction is prepared and submitted to comply with State requirements.	06/02/2026

	interview, the facility failed to ensure food for resident consumption was stored and prepared in a sanitary manner. This deficient practice had the potential to affect 24 of 24 residents who received meals from the facility kitchen. Findings include: During a kitchen observation, accompanied by the Dietary Manager (DM), on 5/20/26 at 9:35 a.m., the following was observed: Two deep fryers were on the countertop to the right of the serving window. The walls behind and to the right of the deep fryers were splashed with honey colored, sticky residue halfway up the walls. The DM indicated the deep fryers and walls should be cleaned daily. The cooking stove's grease trap, directly under the burners, had a thin layer of aluminum foil on it. The aluminum foil was covered with a thick buildup of grease along with dark brown/ black food particles and two crinkle cut fries. The DM indicated the grease trap should be cleaned daily. Inside the double door refrigerator were various food items including cheese, produce, and thawing meat. On the bottom shelf, there were		Deficiency: The facility failed to ensure food for resident consumption was stored and prepared in a sanitary manner in accordance with state and local sanitation and safe food handling standards. Corrective Action for Residents and Areas Identified: 1. The walls surrounding the deep fryer area were immediately cleaned and sanitized. 2. The deep fryers were cleaned and added to the daily kitchen cleaning schedule. 3. The stove grease trap and foil covering were removed, cleaned, and replaced. All grease and food debris were removed. 4. The lettuce stored beneath thawing meat was discarded. All food items in the refrigerator were reorganized to ensure proper storage hierarchy and prevention of cross-contamination. 5. The dented cans of black-eyed peas were removed from inventory and returned to the supplier. 6. The five-gallon container of graham cracker	

	packages of thawing meat on a cookie sheet. A sealed, hard-sided plastic container of chopped lettuce was wedged underneath a plastic-sealed thawing cut of beef round. The DM indicated that lettuce should not have been stored underneath the thawing meat. In the dry storage area, two cans of black-eyed peas had dented top seals. One of the two cans had two dented spots on the top seal. The DM indicated dented cans were removed from use and sent back for credit. On the bottom shelf, a five-gallon plastic container of graham cracker crumbs was not labeled or dated. To the left of the graham cracker crumbs, an open plastic bag of graham cracker crumbs had a foam cup inside the bag. The bag was open to air. The DM indicated that the plastic container should have been labeled and dated. The plastic bag should have been sealed and the scoop stored separately. During an interview, on 5/21/26 at 9:30 a.m., the Administrator indicated the facility followed state guidelines regarding food handling and storage. Dented cans were to be set aside and sent back for credit, or donated.		crumbs was discarded. 7. The open bag of graham cracker crumbs was discarded. A new container was properly sealed, labeled, and dated. Scoops are stored outside food containers in a sanitary manner. Systemic Changes: 1. The Dietary Manager re-educated all dietary staff on: 1. Proper food storage practices. 2. Prevention of cross-contamination. 3. Proper labeling and dating of food items. 4. Handling and disposition of dented cans. 5. Dry storage requirements. 6. Daily cleaning and sanitation requirements for all food preparation equipment and surrounding surfaces. 7. Safe food handling requirements in accordance with state regulations. 1. The facility revised and implemented a daily	

kitchen sanitation checklist that includes:

1. Deep fryer cleaning.
2. Cleaning of walls and splash areas.
3. Cleaning of stove grease traps.
4. Refrigerator storage monitoring.
5. Dry storage inspections.
6. Verification of labeling, dating, and proper storage of food products.

Monitoring:

1. The Dietary Manager or designee will conduct weekly inspections of all food storage and preparation areas daily to verify compliance with sanitation and food safety standards.
2. The Dietary Manager or designee will complete and document daily sanitation audits five days per week for four weeks, then weekly for two months, then continue monthly.
3. The Administrator will review audit results weekly to ensure compliance.

			4. Any identified concerns will be corrected immediately and staff re-educated as needed. All corrective actions will be completed by June 9th 2026. Responsible Person: Dietary Manager and Administrator.	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATUREJordan Keeling	TITLERCA	(X6) DATE06/09/2026