STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	04/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK PLACE II, LLC	4411 PARK PLACE DR, FORT WAYNE, , 46845

(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: April 20 and 21, 2023. Facility number: 012582 Residential Census: 147 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed April 26, 2023	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,	R 0273	What corrective actions will be accomplished for those residents found to have been affected by the finding: -The kitchen staff will be in-serviced on proper dating and labeling of all food items and proper temperature recording of all refrigerator’s and freezers. How will you identify other	05/19/2023

	interview, and record review, the facility failed to ensure food items were dated upon opening in the kitchen. 147 of 147 residents residing in the facility ate food prepared in the kitchen. During a kitchen tour with Cook 2 beginning at 9:07 AM on 4/20/23 the following was observed: In the walk-in freezer, two partially used containers of ice cream were observed with no open date visible on the container. Cook 2 indicated the ice cream containers should have been dated when opened. In the walk-in refrigerator, no thermometer was found inside the refrigerator. Cook 2 indicated a thermometer inside the refrigerator should be used to obtain temperature readings. Cook 2 indicated he believed temperatures had been obtained by the digital device on the refrigerator door. A container of strawberries was observed covered with plastic wrap with no visible date. A container of chicken base dated 3/17/23 and a container of minced garlic dated 4/7/23 were observed. Cook 2 indicated these items should have been discarded 6 days after the open date. A reach in cooler contained uncovered items including sliced		residents having the potential to be affected by the same finding and what corrective action will be taken: -All residents had the potential to be affected. The employees will be in-serviced on proper labeling and dating and proper thermometer recording. Future new employees will be educated on our policy and procedures for labeling/dating and thermometer recording. What measures will be put in place or what systemic changes the facility will make to ensure that the deficient practice does not recur: -The Executive Director scheduled a mandatory staff in-service to be attended by staff to provide education on our dating and labeling policy and temperature recording. Inservicing will be conducted weekly for 3 months and monthly for 9 months. Percentage goal for compliance will be observed through random checks 5 times per month by ED or designee. 100% compliance should be observed for appropriate labeling/dating and temperature recording. QA team will monitor labeling and dating procedures and temperature recording monthly for 12 months. How the corrective action(s) will	

	meat, cheese, tomatoes, and onions. No visible date was found on these containers. The reach in cooler had no internal thermometer. Inside the cooler, a covered tray of individual salads was observed with no visible date. A tour of the kitchenette in the dementia unit was conducted with the Dietary Manager (DM) beginning on 4/20/23 at 10:45 AM. A container of yogurt was observed with no visible open date. A container partially filled with a thick white liquid was observed with no label or date. During an interview on 4/20/23 at 10:45 AM, the DM indicated the container of yogurt should have been dated when opened. He also indicated the unlabeled, undated container contained ranch dressing from the previous evening and should have been labeled and dated. A policy titled Dating and Labeling Food, last revised 1/23, indicated all food items should have an open date clearly written on them. A policy titled Temperature Checks- Refrigerators and Freezers, last revised 10/22, indicated refrigerator and temperature logs should be completed with corrective action taken for any variances. The policy did not specify where the		be monitored to ensure the finding will not recur: -Documentation of attendance will be retained in in-service binder in the Executive Directors office. We will continue to educated new employees on dating/labeling and proper thermometer recording. Scheduled on 5/16/23 from 10-11 and on 5/18 from 4-5pm.	

thermometer to obtain the readings should be located.

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A reach in cooler contained uncovered items including sliced meat, cheese, tomatoes, and onions. No visible date was found on these containers. The reach in cooler had no internal thermometer. Inside the cooler, a covered tray of individual salads was observed with no visible date.

A tour of the kitchenette in the dementia unit was conducted with the Dietary Manager (DM) beginning on 4/20/23 at 10:45 AM. A container of yogurt was observed with no visible open date. A container partially filled with a thick white liquid was observed with no label or date.

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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 SIGNATURE	TITLE	(X6) DATE