STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GEORGETOWN PLACE	1717 MAPLECREST ROAD, FORT WAYNE, , 46815

(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: February 10, 11, and 12, 2026. Facility number: 013463 Residential Census: 136 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed February 16, 2026	R 0000		
R 0156	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(m) (m) The facility's food supplies shall meet the standards of 410 IAC 7-24. Based on observation, interview and record review, the facility failed to ensure proper storage	R 0156	This Plan of Correction is submitted as required under State law. The submission of this Plan of Correction does not constitute an admission on the part of Georgetowne Place as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. The submission of this Plan of Correction does not constitute	03/06/2026

	and handling of food. 136 of 136 residents residing in the facility consumed food prepared in the kitchen. Findings include: On 2/10/26 at 9:15 AM, a tour of the kitchen was conducted with Cook 2. Cook 2 indicated they were in charge of the kitchen due to the Dietary Manager (DM) working at another facility. On a tray cart, inside the cooler, a pan of 4 sealed plastic sealed beef roasts was observed to be thawing. A puddle of brown and pink drainage was observed under the beef roasts. A tray directly below the beef roasts, was observed to contain cheesecake. The cheesecake was open to air. The cheesecake was observed to not be labeled with a date. Cook 2 removed the tray of beef roasts and placed the tray on the bottom level of the cart. Cook 2 indicated the tray of beef roasts should have been on the lower shelves to thaw. In an interview, on 2/10/26 at 1:45 PM, the Administrator indicated they were aware meat was to be placed on bottom shelves to thaw. The Administrator indicated they were aware all open food items required a label with the open date. The Administrator indicated the Dietary Manager		an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and procedures should be considered subsequent remedial measures, as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any judicial and/or administrative proceeding on that basis. The Community also submits this Plan of Correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies. 1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice 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 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 4. How the corrective action(s) will be monitored to	

	(DM) had been working at another facility. The Administrator indicated a new DM was to begin employment soon. In an interview, on 2/10/26 at 2:30 PM, the DM indicated the cheesecake should have been covered and labeled with a date. The DM indicated the open freezer bags without dates were acceptable due to the items getting used in 1 day as residents place orders all day. In an interview, on 2/10/26 at 2:44 PM, the DM indicated the beef roasts had been fully cooked. A current facility policy, dated 7/1/22, indicated all prepared food items were to be securely covered and labeled with a date. The policy indicated prepared food should be stored on higher shelves. The policy indicated meat should be placed on lower shelves.		ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place 5. By what date the systemic changes will be completed. R 156 1. The Dietary Director or designee to in-service all dietary staff on food storage, food handling, and labeling by March 6, 2026. In addition, food that was not labeled was disposed of. 2. The Community reviewed each resident's record to determine which residents, if any, could be affected by the alleged deficient practice. 3. The Dietary Director or designee to in-service all dietary staff on food storage and labeling by March 6, 2026. 4. The Dietary Director or designee, will audit and review food storage in the cooler and all open items 3x's weekly in the afternoon for 6 weeks and then weekly thereafter for 5 months. Any observed storage of items outside of standards will be immediately corrected and or disposed of. 5. The Dietary Director, or designee, will audit and review food storage in the cooler and all open items 3x's weekly in the	

			afternoon for 6 weeks and then weekly thereafter for 5 months. Any observed storage of items outside of standards will be immediately corrected and/or disposed of. 6. Systemic changes will be completed and in effect by March 6, 2026.	
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, interview and record review, the facility failed to ensure proper kitchen sanitation and food handling. 136 of 136 residents residing in the facility consumed food prepared in the kitchen. Findings include: On 2/10/26 at 9:15 AM, a tour of the kitchen was conducted with Cook 2. Cook 2 indicated they were in charge of the kitchen due to the Dietary Manager (DM) was working at another facility. A freezer next to the deep fryer	R 0273	R273 The Dietary Director or designee to in-service all dietary staff on facility schedules for daily, weekly, and monthly cleaning by March 6, 2026. The Dietary Director or designee to in-service all dietary staff on proper food handling and kitchen sanitization system, and utilizing test strips by March 6, 2026 The Community reviewed each resident's record to determine which residents, if any, could be affected by the alleged deficient practice .. The Dietary Director or designee will audit and review daily cleaning logs daily for 3 weeks, and then weekly thereafter. Any missing staff initials will be addressed immediately. The Dietary Director or designee will audit and review weekly cleaning logs for 3 weeks and then monthly	03/06/2026

	was observed to have clear, open bags of frozen food. None of the open bags were labeled with an open date. Cook 2 indicated dates were on the boxes the clear plastic bags had originally been shipped in. Cook 2 indicated they had not been trained to label the individual bags once the bags were out of the box. On a cooler shelf, 2 trays of cheesecake were observed to be open to air. The trays were not labeled with a date. Cook 2 indicated the cheesecake had been prepared on 2/9/26. Cook 2 indicated the cheesecake should have been placed on plates and individually wrapped with plastic. A dishwasher temperature log, dated 2/1/26 through 2/28/26 was observed. The dates of 2/6/26, 2/7/26, 2/8/26, 2/9/26 and 2/10/26 were observed to be blank. A feathery, light substance with numerous multicolored crumb sized debris was observed covering the top of the dishwasher. The foot pedal of a trash bin was observed to be covered in a dark gray substance with numerous multicolored crumb sized debris. Cook 2 was observed as they filled a sanitation bucket and placed a test strip in the solution in the bucket. The test strip was		thereafter. The Dietary Director will audit the condition of the kitchen, equipment, or storage areas and address staff who initiated the cleaning logs if problems are noted. All problems with documentation as well as the cleanliness of the kitchen, equipment, or storage areas will be addressed immediately. The Dietary Director or designee to in-service all dietary staff on facility schedules for daily, weekly, and monthly cleaning by March 6, 2026. The Dietary Director or designee to in-service all dietary staff on food handling and the proper use of kitchen sanitization system and utilizing test strips by March 6, 2026 Systemic changes will be completed and in effect by March 6, 2026.	

observed to have no change in the color when placed in the sanitation solution.

In an interview on 2/10/26 at 9:24 AM, Cook 2 indicated there had been no sanitation test log sheets since the first of this year. Cook 2 indicated the sanitation system had not been functioning properly and had been repaired a week or two ago. Cook 2 indicated they believed the test strips were faulty. The test strips were observed to have an expiration date of 2/2027.Cook 2 indicated they did not know where the cleaning logs were kept.

In an interview, on 2/10/26 at 1:45 PM, the Administrator indicated they had not been aware of the kitchen concerns related to sanitation and log sheets. The Administrator indicated the DM had been working at another facility. The Administrator indicated a new DM was to begin employment soon.

In an interview, on 2/10/26 at 2:30 PM, the DM indicated the sanitation system had been serviced on 1/29/26 and was working correctly. The DM indicated Cook 2 had failed to prime the system prior to filling the sanitation bucket. The DM indicated all kitchen employees had been made aware of the need to prime the system prior

to filling the sanitation sink. The DM indicated the kitchen employees had not been educated formally by a training in-service. The DM indicated all kitchen employees had been made aware of the need to prime the system with verbal instructions. The DM indicated there was no sign in sheet for the verbal instructions.

The DM provided a sanitation log sheet dated 2/1/26 through 2/28/26. The entries from 2/1/26 through 2/6/26 indicated the test strip reading was 200. The entries from 2/1/26 through 2/6/26 indicated the same employee had initialed all the entries. The dates from 2/7/26 through 2/10/26 were blank. The DM provided cleaning lists titled tickets, drink bar and salad bar. None of the provided lists indicated cleaning directions for trash bins or the dishwasher were included. The DM indicated the facility did not use cleaning log sheets that were signed upon the completion of each task.

In an interview, on 2/10/26 at 2:38 PM, the DM indicated they were unable to locate a facility policy related to sanitation and/or cleaning.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURERenee Kreienbrink	TITLEExecutive Director	(X6) DATE02/27/2026