STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	10/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN LIFE VILLAGES	8075 GLENCARIN BOULEVARD, FORT WAYNE, , 46804

(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: October 22, 23 and 24, 2025 Facility number: 013612 Residential Census: 51 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed October 27, 2025	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	Please accept this as our credible allegation of compliance to our recent ISDH Annual Recertification and State Licensure Survey that was completed on October 25, 2025. Submission of this Plan of Correction does not constitute an admission of agreement by the provider of the truth of facts	11/07/2025

	interview, and record review the facility failed to ensure adequate sanitation and safe food handling practices were maintained. 51 of 51 residents residing in the facility ate food prepared in the kitchen. Findings include: During an observation, on 10/22/25 at 10:00 AM, the following was observed: The low temperature dishwasher solution was tested for chlorine concentration. The measurement test strip was tan in color. The tan color indicated the chlorine was too low, and out of range for adequate sanitation. A Dish Machine Temperature Log, posted on the wall in the dishwasher area, indicated missing temperature measurements for dinner on 10/2/2025, 10/5/25, 10/6/25, 10/8/25, 10/16/25, 10/20/25. 10/21/25, and breakfast on 10/22/25. Sanitizer parts per million, PPM, for the dishwasher were not recorded on the log from 10/1/25 to 10/21/25. During an observation, on 10/22/25 between 10:15-10:20 AM, the following was observed: In a locked pantry, the freezer had a box of white chocolate		alleged or the corrections set forth on the statement of deficiencies. Please also consider this Plan of Correction for paper compliance. **41 C** **16.2-5-5.1(f) Food and Nutritional Services**	

	frozen cookies without a received or use by date labeled on the container. 1of 2 Dairy Queen cups of ice cream like substance, and 2 of 2 Steak and Shake cups were not labeled with a date or resident name. The pantry cabinet had a partial loaf of bread without a use by date. In the second pantry observed, a bread bag with two heels of bread had an illegible date. In an interview, on 10/22/25 at 10:05, the Dining Services Director indicated the dishwasher temperatures should be checked every day, but the facility didn't have documentation form for PPM in the sanitizer baucket. In an interview, on 10/23/25 at 9:55 AM, the Administrator indicated new testing strips were purchased after the observation on 10/22/25 at 10:00 AM. The test strips were measuring more accurately than the previous strips. In an interview, on 10/23/25 at 2:20 PM, the Administrator indicated all 51 residents ate food prepared in the kitchen. In an interview, on 10/24/25 at 10:16 AM, LPN 3 indicated the staff would label food that was placed in the pantry with the resident's name, date of arrival.		1On 10/22/25, new chlorine test strips were obtained and put into use to ensure accuracy of chlorine sanitizer ppm readings with confirmation from Dining Services Director that sanitizer ppm was at appropriate level. A full inspection of all kitchen, refrigerator/freezer, and pantry areas was completed by Dining Services Director to identify and discard any other items that did not meet labeling and sanitation standards. No other items identified for discarding with all standards per policy met. On 10/23/25, the dish machine was tested by Innoserve technician to ensure proper chlorine sanitizer concentration levels. Technician confirmed that ppm levels were at necessary confirmation. 2Other Residents: Because all residents consume meals prepared in the central kitchen, all 51 residents had the potential to be affected. All 51 residents continue to receive meals prepared under sanitary conditions that meet state and local standards. 3Education: On 10/23/25, Dish	

	A current policy, dated 12/5/16, provided by the Administrator, titled Dining Services Food brought from Outside the Facility, indicated food requiring cooling will be labeled, dated, and placed in an appropriate refrigerator or freezer. A current policy, dated 7/11/24, provided by the Administrator, titled Dish Machine Operation and Cleaning, indicated when the start-up occurs for the day, check chemical to ensure correct levels during wash. Check and record temps on dishwashing log. Report any abnormal temps to the Director of Dining Services. Based on observation, interview, and record review the facility failed to ensure adequate sanitation and safe food handling practices were maintained. 51 of 51 residents residing in the facility ate food prepared in the kitchen. Findings include: During an observation, on 10/22/25 at 10:00 AM, the following was observed:		Machine Operation and Cleaning policy was reviewed and revised. Dining Services Director provided in-service to all dining staff on the updated Dish Machine Operation and Cleaning Policy regarding checking and logging sanitizer ppm levels and dishwasher temperature checks and logging. Food Brought in From Outside Facility policy reviewed with no changes necessary. Dining Services Director facilitated in-service training with review of this policy on 10/29/25 and 10/30/25 with community staff regarding proper sanitation, storage and labeling with date of all food in resident food storage areas. 4Quality: A Dish Machine Sanitizer Log was created and implemented on 10/22/25. The Dining Services Director will perform audits of dish machine logs daily for 4 weeks, weekly for 1 month, and then monthly for a total of 6 months. The Dining Services Director or designee will conduct sanitation and food labeling audits in all food storage areas daily for 6 months. Audit results will be reported monthly during the QAA meeting by the	

	The low temperature dishwasher solution was tested for chlorine concentration. The measurement test strip was tan in color. The tan color indicated the chlorine was too low, and out of range for adequate sanitation. A Dish Machine Temperature Log, posted on the wall in the dishwasher area, indicated missing temperature measurements for dinner on 10/2/2025, 10/5/25, 10/6/25, 10/8/25, 10/16/25, 10/20/25. 10/21/25, and breakfast on 10/22/25. Sanitizer parts per million, PPM, for the dishwasher were not recorded on the log from 10/1/25 to 10/21/25. During an observation, on 10/22/25 between 10:15-10:20 AM, the following was observed: In a locked pantry, the freezer had a box of white chocolate frozen cookies without a received or use by date labeled on the container. 1of 2 Dairy Queen cups of ice cream like substance, and 2 of 2 Steak and Shake cups were not labeled with a date or resident name. The pantry cabinet had a partial loaf of bread without a use by date.		DON/designee. (See attached audit logs) All corrective actions and systemic changes will be fully implemented and in place by November 7, 2025.	

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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 SIGNATUREDerek Jones	TITLEExecutive Director	(X6) DATE11/07/2025