STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	06/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIVE STAR RESIDENCES OF LAFAYETTE	250 SHENANDOAH DRIVE, LAFAYETTE, , 47905

(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. This visit included the Investigation of Intake 470340. Intake 470340-No deficiencies related to the allegations are cited. Survey dates: June 26 and 29, 2026 Facility number: 014015 Residential Census: 79 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review was completed on June 30, 2026	R 0000		
R 0272	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(e) (e) All food shall be served at a	R 0272	The document used to record food temperatures has been changed as of 7/1/2026. The new temperature log is a week at a glance which makes	07/01/2026

	safe and appropriate temperature. Based on interview and record review, the facility failed to ensure meal temperature logs were maintained and kept up to date in 1 of 1 kitchen reviewed for meal temperatures. Findings include: During a record review, on 6/26/26 at 10:47 a.m., the meal service temperature log had missing for temperatures for the following months: 1. August 2025 had missing food temperatures for 2 out of 93 meals. 2. September 2025 had missing food temperatures for 6 out of 90 meals. 3. October 2025 had missing food temperatures for 13 out of 93 meals. 4. November 2025 had missing food temperatures for 5 out of 90 meals. 5. December 2025 had missing food temperatures for 2 out of 93 meals. During an interview, on 6/26/26 at 11:13 a.m., the Dietary Manager indicated the temperature records should have been completed prior to serving the meals. She did not		temperature documentation easier to monitor throughout the work day. In order to ensure our documentation has been recorded properly, starting the week of 7/12/2026 (week 1), the Executive Director or designee will audit the food temperature log for completion 4 times. In the week beginning 7/19/2026 (week 2), the Executive Director or designee will audit the food temperature log for completion 3 times. In the week beginning 7/262026 (week 3), the Executive Director or designee will will audit the food temperature log for completion 2 times. In the week beginning 8/2/2026 (week 4), the Executive Director or designee will audit the food temperature log for completion 1 time.	

	know why the documentation was incomplete. A current facility policy, titled "Safe Food Handling", dated 9/1/21 and received from the Vice President of Operations on 6/29/26 at 10:15 a.m., indicated "...All foods are prepared in accordance with the FDA Food Code...The Dining Services/Cook(s) will be responsible for food preparation techniques which minimize amount of time food items are exposed to temperatures...per state regulation...Temperature for TCS foods will be recorded at the time of service and monitored periodically during meal service periods...."			

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 SIGNATURETiffany	TITLETribble	(X6) DATE07/09/2026