

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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| STATEMENT OF DEFICIENCIES AND<br>PLAN OF CORRECTIONS                  |                                                                                                                                                                                                                                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:                                       |                                                                                                                                                                                                    | (X2) MULTIPLE<br>CONSTRUCTION<br><br>A. BUILDING<br><br>B. WING |  | (X3) DATE SURVEY<br>COMPLETED<br><br>07/15/2025 |  |
| NAME OF PROVIDER OR SUPPLIER<br><br>FIVE STAR RESIDENCES OF LAFAYETTE |                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP<br>CODE<br><br>250 SHENANDOAH DRIVE, LAFAYETTE,<br>, 47905 |                                                                                                                                                                                                    |                                                                 |  |                                                 |  |
| (X4) ID<br>PREFIX TAG                                                 | SUMMARY STATEMENT OF<br>DEFICIENCIES...                                                                                                                                                                                                                                                                                                    | ID PREFIX<br>TAG                                                                            | PROVIDER'S PLAN OF CORRECTION...                                                                                                                                                                   |                                                                 |  | (X5)<br>COMPLETION<br>DATE                      |  |
| R 0000                                                                | <p>INITIAL COMMENTS</p> <p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: July 14 and 15, 2025.</p> <p>Facility number: 014015</p> <p>Residential Census: 80</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review was completed on July 18, 2025.</p> | R 0000                                                                                      |                                                                                                                                                                                                    |                                                                 |  |                                                 |  |
| R 0273                                                                | <p>Food and Nutritional Services - Deficiency</p> <p>410 IAC 16.2-5-5.1(f)</p> <p>(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.</p> <p>Based on interview and record</p>         | R 0273                                                                                      | <p>The food temperature logs will be filled out before each meal in completion. The log will be audited 4 times weekly for 4 weeks, 3 times weekly for 3 weeks and 2 times weekly for 2 weeks.</p> |                                                                 |  | 08/01/2025                                      |  |

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FORM APPROVED

OMB NO. 0938-0391

review, the facility failed to ensure food, refrigerator, freezer and dishwasher temperature logs were maintained and kept up to date in 1 of 1 kitchen reviewed for temperature logs.

Findings include:

1. During a record review, on 7/15/25 at 3:12 p.m., the meal service temperature log had the following missing dates:

On 8/26/24, there were no food temperatures documented for breakfast or lunch.

On 8/29/24, there were no food temperatures documented for lunch.

On 9/4/24, there were no food temperatures documented for breakfast or lunch.

On 9/5/24, there were no food temperatures documented for lunch.

On 9/8/24, there were no food temperatures documented for lunch or dinner.

On 9/9/24, there were no food temperatures documented for breakfast or lunch.

On 9/10/24, there were no food temperatures documented for dinner.

On 9/11/24, there were no food temperatures documented for

The refrigerator temperature logs will be filled out twice daily, once before and once after the noon hour.

The log will be audited 4 times weekly for 4 weeks, 3 times weekly for 3 weeks and 2 times weekly for 2 weeks.

The freezer temperature logs will be filled out twice daily, once before and once after the noon hour.

The log will be audited 4 times weekly for 4 weeks, 3 times weekly for 3 weeks and 2 times weekly for 2 weeks.

The dishwasher temperature log will be filled out twice daily, once before and once after the noon hour. The log will be audited 4 times weekly for 4 weeks, 3 times weekly for 3 weeks and 2 times weekly for 2 weeks.

The four quality control audits will begin on August 1, 2025 and continue for 10 weeks. This quality control audit will be completed by the Executive Director or designee. The audit log will be retained by the Executive Director.

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| breakfast or lunch.                                                                                                            |  |  |  |
| On 9/12/24, the were no food temperatures documented for dinner.                                                               |  |  |  |
| On 9/16/24, the were no food temperatures documented for dinner.                                                               |  |  |  |
| On 9/18/24, the were no food temperatures documented for dinner.                                                               |  |  |  |
| On 9/19/24, the were no food temperatures documented for breakfast.                                                            |  |  |  |
| On 9/22/24, the were no food temperatures documented for dinner.                                                               |  |  |  |
| On 9/23/24 through 9/30/24, there were no records found which documented any food temperatures.                                |  |  |  |
| In October, November and December 2024, there were no records found which documented any food temperatures.                    |  |  |  |
| 2. During a record review, on 7/15/25 at 3:20 p.m., the refrigerator temperature log had the following missing dates:          |  |  |  |
| In September, October, November and December 2024, there were no records found which documented the refrigerator temperatures. |  |  |  |

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3. During a record review, on 7/15/25 at 3:23 p.m., the freezer temperature log had the following missing dates:

In September, October, November and December 2024, there were no records found which documented the freezer temperatures.

4. During a record review, on 7/15/25 at 3:25 p.m., the dishwasher temperature log had the following missing dates:

In September, October, November and December 2024, there were no records found which documented the dishwasher temperatures.

During an interview, on 7/15/25 at 3:35 p.m., the Culinary Director indicated the temperature records should have been completed prior to serving the meals. The kitchen refrigerator, freezer and dishwasher logs should have been completed daily. She did not know why the documentation was incomplete. There was no policy and procedure for temperature documentation.

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Based on interview and record review, the facility failed to ensure food, refrigerator, freezer and dishwasher temperature logs were maintained and kept up to date in 1 of 1 kitchen reviewed for temperature logs.

Findings include:

1. During a record review, on 7/15/25 at 3:12 p.m., the meal service temperature log had the following missing dates:

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On 9/4/24, there were no food temperatures documented for breakfast or lunch.

On 9/5/24, there were no food temperatures documented for lunch.

On 9/8/24, there were no food temperatures documented for lunch or dinner.

On 9/9/24, there were no food temperatures documented for breakfast or lunch.

On 9/10/24, there were no food temperatures documented for dinner.

On 9/11/24, there were no food

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On 9/12/24, there were no food temperatures documented for dinner.

On 9/16/24, there were no food temperatures documented for dinner.

On 9/18/24, there were no food temperatures documented for dinner.

On 9/19/24, there were no food temperatures documented for breakfast.

On 9/22/24, there were no food temperatures documented for dinner.

On 9/23/24 through 9/30/24, there were no records found which documented any food temperatures.

In October, November and December 2024, there were no records found which documented any food temperatures.

2. During a record review, on 7/15/25 at 3:20 p.m., the refrigerator temperature log had the following missing dates:

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In September, October, November and December 2024, there were no records found which documented the refrigerator temperatures.

3. During a record review, on 7/15/25 at 3:23 p.m., the freezer temperature log had the following missing dates:

In September, October, November and December 2024, there were no records found which documented the freezer temperatures.

4. During a record review, on 7/15/25 at 3:25 p.m., the dishwasher temperature log had the following missing dates:

In September, October, November and December 2024, there were no records found which documented the dishwasher temperatures.

During an interview, on 7/15/25 at 3:35 p.m., the Culinary Director indicated the temperature records should have been completed prior to serving the meals. The kitchen refrigerator, freezer and dishwasher logs should have been completed daily. She did not know why the documentation was incomplete. There was no policy and procedure for temperature documentation.

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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<br>PROVIDER/SUPPLIER REPRESENTATIVE'S<br>SIGNATURE | TITLE | (X6) DATE |
|-----------------------------------------------------------------------------|-------|-----------|