STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	01/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROVIDENCE HOME BY FIR	1410 DEER RUN DRIVE, MISHAWAKA, , 46545

(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: January 2 and 3, 2025 Facility number: 015429 Residential Census: 22 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality Review completed on 1/7/2025	R 0000		
R 0154	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(k) (k) The facility shall keep all kitchens, kitchen areas, common dining areas, equipment, and utensils clean, free from litter and rubbish, and maintained in good repair in accordance with 410 IAC 7-24.	R 0154	**R154** **What Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice**: Immediately all food inventory was inspected to ensure food was stored properly, had	01/04/2025

Based on observation, record review and interview, the facility failed to ensure food was stored properly and dated when received. This had the potential to affect 22 out of 22 residents who consumed food prepared in the kitchen.

Finding includes:

During a tour of the kitchen on 1/2/2025 at 9:30 A.M. with the Executive Director (ED) and Cook 2, a cardboard box that contained an opened bag of cereal was noted on the floor in the dry storage area and undated individual cups of frozen sorbet were noted in the reach in freezer.

During an interview on 1/2/2025 at 9:42 A.M., the ED indicated the box with the bag of cereal should not have been on the floor and the sorbet should have been dated.

On 1/3/2025 at 11:15 A.M. the ED provided a current policy, dated 2/20/2023 and titled, "Proper Food Storage." The policy indicated, "...Label and date all stored food- date received, date opened and use by date...." and "...Store all dry food away from walls and at least 6 inches from the floor...."

Based on observation, record review and interview, the facility failed to ensure food was stored properly and dated when

received dates on them and all items that were not
labeled or stored correctly were discarded.

**How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective
actions will be taken:**

All current residents had the potential to be affected.
Effective 1/4/25 dietary staff were
re-educated on kitchen sanitation policies, including the policies on how to
store and label food correctly.

**What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not
recur:**

The Dietary Manager/Designee will audit the cooler, freezer and dry storage areas to ensure all items are properly labeled and stored correctly 2
times a week for 2 months, then 1 time a week for 2 months and then monthly for 2
months.

	received. This had the potential to affect 22 out of 22 residents who consumed food prepared in the kitchen. Finding includes: During a tour of the kitchen on 1/2/2025 at 9:30 A.M. with the Executive Director (ED) and Cook 2, a cardboard box that contained an opened bag of cereal was noted on the floor in the dry storage area and undated individual cups of frozen sorbet were noted in the reach in freezer. During an interview on 1/2/2025 at 9:42 A.M., the ED indicated the box with the bag of cereal should not have been on the floor and the sorbet should have been dated. On 1/3/2025 at 11:15 A.M. the ED provided a current policy, dated 2/20/2023 and titled, "Proper Food Storage." The policy indicated, "...Label and date all stored food- date received, date opened and use by date...." and "...Store all dry food away from walls and at least 6 inches from the floor...."		**How the corrective action will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place:** The Executive Director will complete weekly random checks of the cooler, freezer and dry storage areas for six months to ensure standards are being met. **What date the systemic changes will be completed:** 1/4/2025	

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