

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

PRINTED: 07/09/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 06/17/2025	
NAME OF PROVIDER OR SUPPLIER  ST PAUL'S				STREET ADDRESS, CITY, STATE, ZIP COD 3602 SOUTH IRONWOOD DRIVE SOUTH BEND, IN 46614			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
R 0000  Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: June 16 - 17, 2025.</p> <p>Facility number: 014602</p> <p>Residential Census: 98</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review completed on 6/23/2025</p>		R 0000	<p>This plan of correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by State and Federal law. St. Paul's respectfully requests the Plan of Correction and supporting documentation be considered by Desktop review. We declare the date of compliance is 7/3/25.</p>			
R 0147  Bldg. 00	<p>410 IAC 16.2-5-1.5(d) Sanitation and Safety Standards - Deficiency</p> <p>Based on observation, record review and interviews, the facility failed to ensure fire safety measures were followed in 1 of 1 kitchens.</p> <p>Finding includes:</p> <p>During an observation of the kitchen, conducted on 6/16/2025 at 9:50 A.M. with the Dietary Services Manager (DSD), various packages and boces of food items were noted to be stored above the 18 inch marked line on the wall of the dry storage room. The dry storage room was noted to be equipped with fire sprinklers in the ceiling.</p> <p>During an interview with the DSD, on 6/16/2025 at 9:50 A.M., he indicated nothing should have been</p>		R 0147	<p><b>1). What corrective action will be accomplished for those residents who have been affected by the deficient practice?</b> <b>Answer:</b> No residents were affected by the deficient practice.</p> <p><b>2). How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken.</b> <b>Answer:</b> All residents have the potential to be affected. There were no residents identified as having been negatively affected. The dry storage area was audited</p>		07/03/2025	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Jeff Billhimer

Administrator

07/02/2025

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	stored above the designated fire safety line in the dry storage area.  Review of a policy, titled "Food and Supply Storage," provided on 6/17/2025 at 1:20 P.M. by the DSD and indicated as the current policy, included the following: "...Store dry and staple items at least 6 " (inches) above the floor and 18" below the sprinklers.				and any items stored above the 18" marked line on the wall were moved. <b>3). What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur?</b> <b>Answer:</b> All team members of the Food and Nutrition Department have completed an in-service on proper storage of food items and boxes (See attachment 1) & (Attachment 2). Specifically, all food items are stored 18 inches below the ceiling. <b>4). How the corrective action will be monitored to ensure the deficient practice will not recure, i.e., what quality assurance program will be put into place?</b> <b>Answer:</b> A Sanitation Checklist audit/QA & A Audit form (See attachment 3) has been created to confirm that no food items are stored 18 inches or closer to the ceiling. The checklist will be done twice weekly for the next 8 weeks, then weekly for 1 month, then monthly for 3 months or until which time QAPI has deemed the process as in compliance. Findings will be reported to QAPI monthly. <b>5). By what date the systematic changes will be completed?</b> <b>Answer:</b> 7/3/2025.		

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R 0273  Bldg. 00	<p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency</p> <p>During an observation of the walk-in freezer on 6/16/2025 at 9:42 A.M., a box containing frozen Italian sausage crumbles had a large amount of ice formed on the side.</p> <p>Based on observation, interview and record review the facility failed to store and service food in a clean and sanitary manner for 1 of 1 kitchens. This deficient practice had the potential to affect 98 of 98 residents who consumed food from the kitchen</p> <p>Findings include:</p> <p>During an observation of the kitchen, conducted on 6/16/2025 at 9:50 A.M. with the Dietary Services Director, a loaf of bread was opened and undated. In addition, steam table pans, stored as clean on a shelf were noted to be dusty and grimy film.</p> <p>During an observation of the walk-in freezer on 6/16/2025 at 9:42 A.M., a box containing frozen Italian sausage crumbles had a large amount of ice covering the side of the box.</p> <p>During an interview on 6/16/2025 at 9:42 A.M., the Dietary Services Director (DSD) indicated the cooling unit above the box leaked water and it had froze. He further indicated the unit should not have leaked and the unit would be replaced when the approval from the corporate office was obtained.</p> <p>During an interview on 6/16/2025 at 9:50 A.M., the Dietary Services Director (DSD) indicated the bread should have been closed and dated and the</p>		R 0273	<p><b>1). What corrective action will be accomplished for those residents who have been affected by the deficient practice?</b> <b>Answer:</b> No residents were affected by the deficient practice.</p> <p><b>2). How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken.</b> <b>Answer:</b> All residents have the potential to be affected. There were no residents identified as having been negatively affected.</p> <p><b>3). What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur?</b> <b>Answer:</b> All team members of the Food and Nutrition Department have completed an In-service training (See Attachments 1, 2, 3 &amp; 4) &amp; on proper labeling and dating and proper storage of pots and pans.</p> <p><b>4). How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put</b></p>		07/03/2025	

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	<p>shelves, pans and utensils should have been cleaned.</p> <p>On 6/17/2025 at 1:20 P.M. a current policy, dated 1/24 and titled, "Food And Supply Storage" was provided by the DSD. The policy indicated, "...Associated (sic) notify supervisor upon evidence of pests or water damage in any storage areas...."</p> <p>On 6/17/2025 at 1:20 P.M. a policy, dated 1/24, and titled, "Food And Supply Storage" was provided by the DSD. The policy indicated, "...Cover, label and date unused portions and open packages...."</p> <p>The policy did not focus on cleanliness of food preparation items.</p>				<p><b>into place?</b> <b>Answer:</b> A sanitation checklist audit/QA&amp;A audit form (See Attachment 3) has been created to confirm that all food items are labeled and dated correctly, there is no ice build up in the freezer, and all pots and pans are stored clean with no dust or grime. The checklist will be completed twice weekly for 8 weeks, then weekly for 1 month, then monthly until QAPI deems the process in compliance.</p> <p><b>5). By what date the systematic changes will be completed?</b> <b>Answer:</b> 7/3/2025.</p>		