

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

PRINTED: 04/26/2023

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 03/15/2023	
NAME OF PROVIDER OR SUPPLIER  FIVE STAR RESIDENCES OF CLEARWATER				STREET ADDRESS, CITY, STATE, ZIP COD 4519 EAST 82ND STREET INDIANAPOLIS, IN 46250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 the Investigation of Complaint IN00393398.</p> <p>Survey date: March 15, 2023</p> <p>Facility number: 014016</p> <p>Residential Census: 51</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on March 17, 2023</p>			R 0000			
R 0273  Bldg. 00	<p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (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 observation, interview, and record review, the facility failed to ensure food stored in the refrigerator was covered and dated, and that foods stored in the freezer were stored in a manner to prevent overcrowding with the potential to affect 51 of 51 residents residing at the facility.</p> <p>Findings include:</p> <p>On 3/15/23 at 11:20 a.m., the facility kitchen was observed with the TC (Temporary Chef). The refrigerator was observed to have a Styrofoam container of food, which was open to air on the sides of the container. It was labeled with the name Kay and did not have a date on the</p>			R 0273	<p>The plan of correction constitutes Five Star Residences of Clearwater's written allegation of compliance for the alleged deficiencies cited. Submission of the plan of correction is not an 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. Five Star Residences of Clearwater requests a desk review for this plan of correction. Alleged date of compliance is 3/31/2023.</p>		03/31/2023

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

TITLE

(X6) DATE

Shane Patterson

Executive Director

04/03/2023

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 disclosed days 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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	<p>container. The Facility Cook 1 indicated it was chicken salad. The reach in refrigerator contained an open box with sausage patties inside, which were open to air. The TC indicated that the box should be closed and that items in the refrigerators should be dated.</p> <p>The freezer was observed to be filled with multiple boxes and bags of frozen items. The items were stacked on top of each other from the floor of the freezer to the top of the freezer. There were no shelves present in the part of the freezer. The TC indicated that it would be ideal for there to be shelves present in the freezer and that the facility had a hard time with freezer storage because there was not a walk-in freezer on the property.</p> <p>On 3/15/23 at 12:20 p.m., the Executive Director provided the Food Safety in Receiving and Storage policy, effective 9/1/2018, which read "...B. Storage 1. Food is stored in a manner to allow air circulation around food...3. Food that is repackaged is placed in a leak-proof, non-absorbent, sanitary container with a tight fitting lid. The container is labeled with name of the contents and dated with the date it was transferred to the new container..."</p> <p>This Residential tag relates to Complaint IN00393398.</p>				<p>R0273</p> <p>CORRECTIVE ACTION: Executive Director will conduct a "Weekly Executive Director/ Administrator Sanitation Checklist. This checklist will include monitoring of items for proper storage and proper dating an labeling of all items in refrigerators and freezers. This audit will be completed weekly for 3 months through June 30, 2023. The audit will then continue monthly through the following 3 months through September 30, 2023 and then will be re-assessed for further need.</p> <p>Executive Director approved purchase of Cambro containers for use in freezers. Items will be transferred from delivery boxes to the Cambro containers to reduce size of items stored allowing for more space to enhance air circulation. Executive Director will conduct a "Weekly Executive Director/ Administrator Sanitation Checklist. This checklist will include monitoring of items for proper storage of all items in refrigerators and freezers. This audit will be completed weekly for 3 months through June 30, 2023. The audit will then continue monthly through the following 3 months through September 30, 2023 and then will be re-assessed</p>		

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					for further need.  The plans of corrections listed above has been initiated on the date of 03/31/2023 and will continue for a minimum of 6 months from the date of initiation.		