

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

PRINTED: 06/06/2017
FORM APPROVED
OMB NO. 0938-0391

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 04/18/2017	
NAME OF PROVIDER OR SUPPLIER SENIOR SUITES AT THE LELAND, LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 900 SOUTH A STREET RICHMOND, IN 47374			
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00219290 and IN00225144.</p> <p>Complaint IN00219290 -- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00225144 -- Substantiated. State residential deficiencies related to the allegations are cited at R041, R217, R243 and R273.</p> <p>Survey date: April 17 and 18, 2017</p> <p>Facility number: 012497</p> <p>These Residential findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on April 26, 2017</p>		R 0000				
R 0041	410 IAC 16.2-5-1.2(o)(4) Residents' Rights - Deficiency						

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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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Bldg. 00	<p>(4) The facility shall develop and implement policies for investigating and responding to complaints when made known and grievances made by:</p> <p>(A) an individual resident;</p> <p>(B) a resident council or family council, or both;</p> <p>(C) a family member;</p> <p>(D) family groups; or</p> <p>(E) other individuals.</p> <p>Based on interview and record review, the facility failed to follow-up with grievances made by resident council. This had the potential to affect 14 of 94 residents who attend resident council.</p> <p>Findings include:</p> <p>On 4/18/17 at 12:42 p.m., the resident council meeting minutes were reviewed. The following was noted:</p> <ul style="list-style-type: none"> - Dated "12/21/16", the "New Issues" category was completed and stated the following, "Lights in display near cafe and TV guide", with no documentation under the "Plan Completed Signature and Date" category. - Dated "1/19/17", the issue was documented and stated the following, "adjust elevator", with no indication of a follow-up being completed related to the concern. - Dated "2/15/17", the "New Issues" category was completed and stated the 	R 0041	<p>R 041</p> <p>Policies and procedures pertaining to investigating and responding to complaints are in place.</p> <p>1. A new Meeting Concern Form was developed and implemented. (see attachment R 041-1)</p> <p>2. To ensure all residents have an opportunity to review meeting minutes with concerns and responses and other pertinent information, Resident Information Binders were created and placed in the Activity Room outside the Wellness Center. A letter was distributed to the residents communicating this (see R 041-2)</p> <p>3. Facility Administrator in-serviced the Activity Director and Dietary Manager on 5-17-17 regarding the use of the meeting concern forms. (see attached R041-3) and the Activity Director and Dietary Manager will assume responsibility for ensuring completion and timely response.</p>		06/11/2017		

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	<p>following, "smells on 7th floor frequently and north elevator tracks [sic] not correct", with no documentation under the "Plan Completed Signature and Date" category.</p> <p>- Dated "3/23/17", the "New Issues" category was completed and stated the following, "no isles [sic] walkways [sic] in dining room", with no documentation under the "Plan Completed Signature and Date" category.</p> <p>On 4/18/17 at 12:25 p.m., an interview was conducted with the Activities Director. She indicated the follow-up wasn't documented on the resident council form but it was discussed in morning meeting. She further indicated there was no documentation in regards to the follow-up of the resident council grievances.</p> <p>On 4/18/17 at 4:00 p.m., an interview was conducted with the Administrator. He indicated during morning meeting the staff will discuss the concerns related to resident council but there is no system in place to show the follow-up in regards with the grievances voiced by resident council. He further indicated he could not find follow-up documentation in regards to the grievances voiced in resident council.</p>		4. The meeting concerns forms will be kept on file in the Resident Information Binders and will be presented/ reviewed monthly by the facility Administrator ongoing.				

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R 0217 Bldg. 00	<p>A policy titled "Grievance Resolution", undated, was provided by the Administrator on 4/18/17 at 4:38 p.m. The policy indicated the following, "...1. The resident should direct his/her concern or problem in writing on a grievance form...3. A prompt response to the resident's grievance or concern will be given to the resident verbally and, if desired, in writing...6. Whenever possible and in whatever ways possible, residents will be asked to participate in determining the solution and bring about resolution of the grievances...."</p> <p>This residential tag relates to Complaint IN00225144.</p> <p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows: (1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident. (2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident</p>						

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	<p>may request a service plan review.</p> <p>(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.</p> <p>(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.</p> <p>(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>Based on observation, interview and record review, the facility failed to ensure a service plan accurately reflected the manner in which the facility provided medications for administration to 1 of 3 residents reviewed for medications. (Resident D)</p> <p>Findings include:</p> <p>During an interview with Resident D on 4-18-17 at 10:05 a.m., in his room, he shared the Director of Nursing (DON) "started me on coming down [to the nurse's station] to pick up my medicine packets in the morning [to receive his ordered medications for the morning] and for supertime, so I can take them in my room." Resident D was observed to pick up a white packet of 3 pills that were labeled to contain Metformin (medication used for diabetes and blood sugar control) 1000 milligrams (mg) one tablet,</p>	R 0217	<p>R 217</p> <p>1. Resident D will no longer self-administer any medications due to noted deficiencies in emotion and cognition.</p> <p>2. Our self administration assessment review form has been updated (see attachment R217-1) and will be completed quarterly by nurse managers, along with residents other quarterly assessments according to their move in dates, and will be maintained on that time table to assess for continued ability to self medicate.</p> <p>3. All staff nurses have been instructed to assess the residents continued ability to self-administer meds by monitoring the residents self-administration procedure once monthly. (see attachment R217-2 & R217-3). The ability to continue to self-administer own medication will be indicated on</p>	06/11/2017			

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	<p>Xarelto (an antiplatelet medication to help thin the blood) 20 mg one tablet and Singulair 10 mg identified for evening administration. He specified he goes to the nursing station for his bedtime meds due to forgetting to take those medications. He indicated he receives "about 12 pills" for his morning medications, plus "3 suppertime pills."</p> <p>In an interview with QMA 1 on 4-18-17 at 3:03 p.m., she explained Resident D "comes and gets his meds and takes them to his room for his morning and late afternoon meds. He comes to the nurse's station for any of his narcotics and his PRN [as requested] meds."</p> <p>In an interview with the DON on 4-18-17 at 3:05 p.m., she stipulated, "We have him [Resident D] come and get his medicines, other than his PRN's and narcotics and bedtime meds, and go over them with him. He also gets his injections from us here at the nurse's station." She did not specify how long this practice has been in effect.</p> <p>The clinical record of Resident D was reviewed on 4-18-17 at 2:20 p.m. His services plans, dated 5-18-16, 8-18-16, 11-17-16, and the most recent, dated 2-28-17, indicated he was "Disoriented to the point of no longer able to function</p>		<p>the Medication Administration Record.</p> <p>4. The entire process will be overseen by the Director of Nursing monthly and quarterly. This will be on ongoing monthly QA process.</p>				

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	<p>independently 3 or more days a week or a part of every day for a 7-day period," "Needs daily support and reassurance while change is discussed, when decisions are being made and while changes are being implemented. May be afraid or insecure." "Decisions are poor, requiring cueing and supervision in planning, organizing and correcting daily routines." "Has difficulty remembering and using information. Requires at least daily cueing from others. Cannot read written directions." "Does not understand those needs that must be met for maintenance and will not consistently cooperate even though given direction and explanation." "Attitudes, disturbances, and emotional states create less than daily difficulties, which are modifiable to tolerable levels given training and patience on the part of the caregiver. Maybe be [sic] actively abusing substances." "Caregiver administration and/or observation of medications requiring judgment for necessity, dosage, and/or effect. Round the clock need."</p> <p>Review of his most recent "Self-Medication Assessment," dated 5-27-15, indicated he was "Fully Capable" of self-administering all routine and PRN medications, with the exception of eye drops or ointments, topical</p>						

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	<p>ointments, creams or transdermal (skin) patches, ear drops, inhalants, or injections.</p> <p>Review of the most recent recapitulation orders, for April, 2017, did not reflect physician orders to allow Resident D to self-administer all or portions of his medications.</p> <p>In an interview with the DON on 4-18-17 at 3:05 p.m., she explained Resident D's "problems with decision making and a lot of his other problems are specific to his family, for the most part." She continued, "Not sure how often the medication self-administration assessments are done without checking [the policy.]...The service plan doesn't look like it really spells out how his meds are done...We have the ability to personalize the service plans more, if there is a need."</p> <p>On 4-18-17 at 4:40 p.m., the DON provided a copy of an undated policy entitled, "Coordination/Individualization of Services." This policy was identified as the current policy utilized by the facility for service plan development. This policy stated its purpose is "To assure continuity of services with each resident; To assure individualization of services to each resident, thus decreasing</p>						

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	<p>the feeling of an institutional environment." The policy continued, "All services will be tailored to each individual's specific needs...will be the basis for coordination of services..."</p> <p>On 4-18-17 at 4:40 p.m., the DON provided a copy of an undated procedure entitled, "Self-Administration Procedure." This procedure was identified as the current procedure utilized by the facility for the assessment of a resident's ability to safely self-administer medications. This procedure stated, "A. This facility recognizes the resident's rights to self-administer medications. Residents on self-administration may take the medications unsupervised. B. A resident who is capable of self-administering must meet the following criteria: 1. Be alert. 2. Oriented to person, place and time. 3. Able to recognize and recite the medication names, times, doses, and routes of administration. 4. Be physically able to open the packaging and visually able to read the label...D. The facility must assess the resident to ensure they are capable and competent to self-administer medication. E. Only if a resident experiences a change in condition or in any way demonstrates unsafe practices, the facility will reassess the resident...H. Those residents on the</p>						

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	self-administration program shall have a MAR [medication administration record] indicating self-administration." This Residential tag relates to Complaint IN00225144.						
R 0241 Bldg. 00	410 IAC 16.2-5-4(e)(1) Health Services - Offense (e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides. Based on observation, interview and record review, the facility failed to ensure staff providing medication to a resident observed the resident consume the medication and failed to ensure the resident was physician ordered to allow for self-administration of medication for 1 of 3 residents reviewed for medications. (Resident D) Findings include:	R 0241	R 241 1. Resident D will no longer self-administer any medications due to noted deficiencies in emotion and cognition. 2. Our self administration assessment review form has been updated (see attachment R241-1)and will be completed quarterly by the nurse managers, along with residents other quarterly assessments according to their move in dates, and will be	06/11/2017			

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	<p>During an interview with Resident D on 4-18-17 at 10:05 a.m., in his room, he shared the Director of Nursing (DON) "started me on coming down [to the nurse's station] to pick up my medicine packets in the morning [to receive his ordered medications for the morning] and for supertime, so I can take them in my room." Resident D was observed to pick up a white packet of 3 pills that were labeled to contain metformin (medication used for diabetes and blood sugar control) 1000 milligrams (mg) one tablet, Xarelto (an antiplatelet medication to help thin the blood) 20 mg one tablet and Singulair 10 mg identified for evening administration. He specified he goes to the nursing station for his bedtime meds due to forgetting to take those medications. He indicated he receives "about 12 pills" for his morning medications, plus "3 supertime pills."</p> <p>In an interview with QMA 1 on 4-18-17 at 3:03 p.m., she explained Resident D "comes and gets his meds and takes them to his room for his morning and late afternoon meds. He comes to the nurse's station for any of his narcotics and his PRN [as requested] meds."</p> <p>In an interview with the DON on 4-18-17 at 3:05 p.m., she stipulated, "We have him [Resident D] come and get his</p>		<p>maintained on that time table to assess for continued ability to self-medicate.</p> <p>3. All staff nurses have been instructed to assess the resident's continued ability to self-administer meds by monitoring the residents' self-administration procedure once monthly (see attachment R241-2 & R 241-3). The ability to continue to self-administer own medication will be indicated on the Medication Administration Record.</p> <p>4. The entire process will be overseen by the Director of Nursing both monthly and Quarterly. This will be an ongoing QA process.</p>				

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	<p>medicines, other than his PRN's and narcotics and bedtime meds, and go over them with him. He also gets his injections from us here at the nurse's station." She did not specify how long this practice has been in effect.</p> <p>The clinical record of Resident D was reviewed on 4-18-17 at 2:20 p.m. His services plans, dated 5-18-16, 8-18-16, 11-17-16, and, the most current, dated 2-28-17, indicated he was "Disoriented to the point of no longer able to function independently 3 or more days a week or a part of every day for a 7-day period," "Needs daily support and reassurance while change is discussed, when decisions are being made and while changes are being implemented. May be afraid or insecure." "Decisions are poor, requiring cueing and supervision in planning, organizing and correcting daily routines." "Has difficulty remembering and using information. Requires at least daily cueing from others. Cannot read written directions." "Does not understand those needs that must be met for maintenance and will not consistently cooperate even though given direction and explanation." "Attitudes, disturbances, and emotional states create less than daily difficulties, which are modifiable to tolerable levels given training and patience on the part of the</p>						

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	<p>caregiver. Maybe be [sic] actively abusing substances." "Caregiver administration and/or observation of medications requiring judgment for necessity, dosage, and/or effect. Round the clock need."</p> <p>Review of his most recent "Self-Medication Assessment," dated 5-27-15, indicated he was "Fully Capable" of self-administering all routine and PRN medications, with the exception of eye drops or ointments, topical ointments, creams or transdermal (skin) patches, ear drops, inhalants, or injections.</p> <p>Review of the most recent recapitulation orders, for April, 2017, did not reflect physician orders to allow Resident D to self-administer all or portions of his medications.</p> <p>The April, 2017 recapitulation identified the following routine and PRN medication orders:</p> <ul style="list-style-type: none"> -albuteraol sulfate solution for nebulization 2.5 mg/3 ml (milliliters), one vial every 4 hours PRN. -amoxicillin 500 mg 4 capsules by mouth one hour prior to dental appointments PRN. -antacid (alum-mag hydroxide-simeth) 30 ml by mouth every 4 hours PRN. 						

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	<p>-aspirin 81 mg by mouth each morning.</p> <p>-atorvastatin 20 mg by mouth daily at bedtime.</p> <p>-cetirizine 10 mg by mouth each morning.</p> <p>-diphenhydramine 25 mg by mouth every 4 hours PRN itching.</p> <p>-furosemide 20 mg by mouth each morning.</p> <p>-Klor-Con M20 20 meq (millequivalents) by mouth twice daily.</p> <p>-lisinopril 10 mg by mouth each morning.</p> <p>-loperamide 2 mg by mouth PRN after each loose stool, with initial dose of 2 capsules, followed by one capsule after initial dose, up to maximum of 8 mg in a 24-hour period.</p> <p>-metformin 1000 mg by mouth twice daily.</p> <p>-Nitrostat 0.4 mg SL (sublingual or under the tongue) dissolve one tablet SL at the onset of chest pain; may repeat the dosage every 5 minutes up to 3 doses; if chest pain persists, go to the emergency room.</p> <p>-Pink Bismuth suspension, 30 ml by mouth for GERD (heartburn/gastric distress) PRN.</p> <p>-spironolactone 25 mg by mouth each morning.</p> <p>-acetaminophen 325 mg 2 tablets by mouth every 6 hours PRN.</p> <p>-Victoza pen injector 0.6 mg/0.1 ml (18 mg/3 ml), inject 1.2 mg or 0.2 ml</p>						

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	<p>subcutaneously each morning.</p> <p>-Vilbryd 40 mg by mouth each morning.</p> <p>-Vitamin D-3 2000 units by mouth each morning.</p> <p>-Xarelto 20 mg by mouth each evening.</p> <p>-Singulair 10 mg by mouth each evening.</p> <p>-dextromethorphan 30 mg -guaifenesin 600 mg 12 hour extended release tablet by mouth every 12 hours PRN.</p> <p>-Vitamin B12 1000 micrograms/ml, inject one ml once monthly on the 5th of each month.</p> <p>-ferrous sulfate 325 mg by mouth each morning.</p> <p>-Lyrica 50 mg by mouth twice daily.</p> <p>-tramadol 50 mg by mouth every 8 hours PRN pain.</p> <p>-Norco 5mg/325 mg by mouth every 6 hours PRN pain.</p> <p>-Norco 5mg/325 mg by mouth twice daily.</p> <p>-trazadone 50 mg by mouth daily at bedtime.</p> <p>-fluoxetine 40 mg by mouth each morning.</p> <p>-isosorbide mononitrate 30 mg extended release by mouth each morning.</p> <p>-Ativan 0.5 mg by mouth twice daily.</p> <p>-buspirone 5 mg by mouth three times daily.</p> <p>In an interview with the DON on 4-18-17 at 3:05 p.m., she explained Resident D's "problems with decision making and a lot</p>						

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	<p>of his other problems are specific to his family, for the most part." She continued, "Not sure how often the medication self-administration assessments are done without checking [the policy.]...The service plan doesn't look like it really spells out how his meds are done."</p> <p>On 4-18-17 at 5:32 p.m., the Administrator provided a copy of an undated procedure entitled, "Staff Assist Procedure." This procedure was identified as the current procedure utilized by the facility. This procedure stated, "This facility provided staff assistance with medications as needed. Residents on 'staff assist' receive reminders and physical assistance tieh medications from appropriately-trained individuals. Assistance includes the following: Reminders and observation. Handing medication to the resident (opening the medication, if needed) an observation. Staff providing assistance should follow proper preparation, administration, and charting procedures, per facility policy."</p> <p>On 4-18-17 at 4:40 p.m., the DON provided a copy of an undated policy entitled, "Coordination/Individualization of Services." This policy was identified as the current policy utilized by the</p>						

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	<p>facility for service plan development. This policy stated its purpose is "To assure continuity of services with each resident; To assure individualization of services to each resident, thus decreasing the feeling of an institutional environment." The policy continued, "All services will be tailored to each individual's specific needs...will be the basis for coordination of services..."</p> <p>On 4-18-17 at 4:40 p.m., the DON provided a copy of an undated procedure entitled, "Self-Administration Procedure." This procedure was identified as the current procedure utilized by the facility for the assessment of a resident's ability to safely self-administer medications. This procedure stated, "A. This facility recognizes the resident's rights to self-administer medications. Residents on self-administration may take the medications unsupervised. B. A resident who is capable of self-administering must meet the following criteria: 1. Be alert. 2. Oriented to person, place and time. 3. Able to recognize and recite the medication names, times, doses, and routes of administration. 4. Be physically able to open the packaging and visually able to read the label...D. The facility must assess the resident to ensure they are capable and competent to</p>						

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R 0273 Bldg. 00	<p>self-administer medication. E. Only if a resident experiences a change in condition or in any way demonstrates unsafe practices, the facility will reassess the resident...H. Those residents on the self-administration program shall have a MAR [medication administration record] indicating self-administration."</p> <p>This Residential tag relates to Complaint IN00225144.</p> <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 was stored properly related to undated and mislabeled food. This had the potential to affect 94 of 94 residents who received food from the kitchen.</p> <p>Findings include:</p> <p>During the initial kitchen observation on 4/17/17 at 10:50 a.m., the following was observed:</p>	R 0273	<p>R 273</p> <p>1. Bulk items now remain in the original package and indicate delivery date and date opened and new orange juice storage containers are in use.</p> <p>2. No residents were affected by the cited finding.</p> <p>3. Dietary staff were in-serviced regarding labeling and dating for safe storage of food by Lynn Mangus, Dietary Manager on 5-4-17 (see attachments R 273-1 and R 273-2A) The</p>	06/11/2017			

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	<p>- A container labeled "rice" with no date noted, & - Orange juice in two containers labeled "2% milk" with one dated 4/1/17 and another one dated 4/17/17.</p> <p>During another kitchen observation on 4/18/17 at 9:45 a.m., the following was observed:</p> <p>- A container labeled "rice" with no date noted, & - Orange juice in two containers labeled "2% milk" with both of them dated 4/18/17.</p> <p>An interview was conducted with the Food Service Supervisor on 4/18/17 at 10:00 a.m. She indicated the facility orders rice on a monthly basis and utilizes that container to store the rice. When the container is empty they place additional rice in that container and do not date it. She further indicated the facility has always utilized the 2% milk containers to store the orange juice.</p> <p>An interview was conducted with the Administrator on 4/18/17 at 2:30 p.m. He indicated the staff should follow the facility policy related to labeling and dating food.</p> <p>A policy titled "Storage of Refrigerated</p>		<p>Dietary Manager and head cook were in-serviced on 5-18-17 regarding a new QA form (see R 273-3 and R 273-4)</p> <p>4. The Dietary Manager and/or designee will monitor for compliance utilizing Proper label, date and storage container QA form daily ongoing and submit documentation monthly the the Administrator for Quality Assurance.</p>				

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	<p>and Dry Foods", review date 1/21/16, was provided by the Director of Nursing on 4/18/17 at 2:18 p.m. The policy indicated the following, "...4. All containers must be labeled with the contents and date food item was placed in storage...."</p> <p>410 IAC 7-24-146 Food labels Sec. 146. (a) Food packaged in a retail food establishment shall be labeled as specified in law, including the following: (1) IC 16-42-1. (2) IC 16-42-2. (3) 410 IAC 7-5. (4) 21 CFR 101. (5) 9 CFR 317. (b) Label information shall include the following: (1) The common name of the food or, absent a common name, an adequately descriptive identity</p> <p>This residential tag relates to Complaints IN00225144 and IN00219290.</p>						