

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2026
NAME OF PROVIDER OR SUPPLIER Columbia Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 621 W Columbia St Evansville, IN 47710	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review, the facility failed to ensure food was stored and labeled appropriately in 1 of 1 kitchen tours. Food packages were not dated with an open date and use by date, and expired food was not disposed of. (Kitchen)Finding includes:During a tour of the kitchen on 4/1/26 at 8:49 A.M., the following was observed:Reach-in refrigerator:1 bottle of mayonnaise with an expiration date of 3/27/261 bottle of grape jelly with no open date or use by date with an expiration date of 2/11/26 1 bottle of caramel syrup with no open date or use by date1 bottle of chocolate syrup with no open date or use by date1 bottle of ketchup with an open date of 9/11/25 and expiration date of 3/11/261 container of Worcestershire sauce with an open date of 1/26/26 and a use by date of 3/10/26Food preparation area:1 box of baking soda with an open date of 1/6/25 and use by date of 1/6/261 bag of mini marshmallows with use by date of 2/28/262 bags of pudding mix wrapped with plastic wrap with no open date or use by date 1 bag of yellow cornmeal with a use by date of 3/1/26Dry storage area:3 bottles of orange juice with a use by date of 3/27/26During an interview on 4/1/26 at 9:05 A.M., the Dietary Manager indicated that once food was opened it should have an open date and a use by or expiration date on the label.On 4/1/26 at 12:53 P.M., the Administrator provided a Kitchen Operations policy dated 5/2025. The policy indicated .refrigerated, ready-to-eat food. shall be clearly marked when the container is opened and the date which the food will be consumed or discarded . This opened food can be held at 41 degrees F (Fahrenheit) or less for no more than 7 days and the date marked may not exceed the manufacturer's use-by-date. The day the original container is opened shall be counted as Day 1 . Food items that are not considered potentially hazardous including commercially prepared mayonnaise, salad dressing, mustard, ketchup, BBQ sauce, pickles, and pickle relish will be labeled when opened and, to ensure quality, used or disposed of within 90 days of opening or per the use-by-date, whichever comes first. Follow manufacturer's directions regarding the need to refrigerate after opening to preserve quality .Food items that are considered shelf stable are to be used within 1 year of delivery. These items include non-perishable liquids as well as dry goods. All foods shall be covered or wrapped tightly, labeled, and dated. This citation relates to Intake 2792113.410 IAC (Indiana Administrative Code) 16.2-3.1-21(i)(2)410 IAC 16.2-3.1-21(i)(3)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------