

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155850	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/09/2025
NAME OF PROVIDER OR SUPPLIER Belltower Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5805 North Fir Road Granger, IN 46530	

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 - Many</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 store food in a sanitary manner related to undated and unlabeled foods and drinks for 1 of 1 kitchen areas observed. (Main kitchen) This issue had the potential to affect 82 of 83 residents who consumed food from the kitchen.</p> <p>Finding includes:</p> <p>During an initial tour of the kitchen, on 6/2/2025 at 9:50 A.M. with the Dietary Manager (DM), the following foods were observed in the walk-in cooler undated, unlabeled or expired:</p> <ul style="list-style-type: none"> -a container of blue liquid, undated and unlabeled. -2 unopened packages of bologna with a use or freeze by date of 5/1/2025. -half a turkey breast, wrapped in saran wrap, undated and unlabeled. <p>On 6/2/2025 at 10:30 A.M., the following foods were observed in the walk-in freezer undated or unlabeled:</p> <ul style="list-style-type: none"> -2 Ziploc bags containing a pastry-rolled food item, undated and unlabeled. -1 bag of artichoke dip, unlabeled and undated. -multiple pieces of fish wrapped in saran wrap, unlabeled and undated. -a white piece of meat wrapped in saran wrap, unlabeled and undated. -a steak wrapped in saran wrap, unlabeled and undated. <p>During an interview, on 6/2/2025 at 10:50 A.M., the Dietary Manager indicated all food products should have been dated and labeled and expired products thrown away.</p> <p>(continued on next page)</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
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 6/3/2025 at 10:45 A.M., the Dietary Manager provided a policy titled, Food Safety in Receiving and Storage dated 6/20/2023 and indicated the policy was the one currently used by the facility. The policy indicated .Food will be received and stored by methods to minimized contamination and bacterial growth .are properly covered, labeled, dated with a use-by date .Mark them clearly to indicate the date by which the food shall be consumed or discarded .The day of preparation or day original container is opened shall be considered day 1 .</p> <p>3.1-19 (i)(3)</p>		