

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 07/01/2024
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NAME OF PROVIDER OR SUPPLIER HERITAGE WOODS OF NEWBURGH	STREET ADDRESS, CITY, STATE, ZIP COD 4211 GRIMM ROAD NEWBURGH, IN 47630
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00433846.</p> <p>Complaint IN00433846 - State deficiencies related to the allegations are cited at R 270.</p> <p>Survey date: July 1, 2024</p> <p>Facility number: 014377</p> <p>Residential Census: 119</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on July 3, 2024.</p>	R 0000	<p>This Plan of correction constitutes this facility's written compliance for the alleged deficiencies cited. The submission of this plan of correction is not an admission of or agreement with the deficiencies or conclusions contained in the Indiana Department of Health's inspection report.</p>	
R 0270 Bldg. 00	<p>410 IAC 16.2-5-5.1(c)(1-3) Food and Nutritional Services - Deficiency</p> <p>LKt{w[<{IEK^0^qQ{cGbq{c<<q L4{vE^0Q{v^<qE5Q{5<eG^5<c<xqb{Exv {5<eG<bqb}{1^q{{K?xb^v<5Eq^?x{?!{!??v {E00<5\$^<b@ Lit{5<Eb?xE=0<{5<0^\$^?Gb}{<q[x^K}{Exv {!<5b?xE0{!5<1<5<xK<b@{Exv L:t{q[<{q<c!?5E5Q{x<<v{!5{c<E0b{v<0^}<5<v {q?{q[<{5<b^v<xq{({b{5??c□</p> <p>Based on interview and record review, the facility failed to ensure food preferences were met for 3 of 3 residents who received a meal delivered to their room. (Resident D, Resident F, Resident B)</p> <p>Findings include:</p> <p>1. On 7/1/24 at 10:45 A.M., Resident D indicated that they permanently received meals in their room due to a physician's order and a physical</p>	R 0270	<p>1.What Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</p> <p>1.No residents experienced adverse effects from the alleged deficient practice.</p>	07/19/2024

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 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>limitation. The resident indicated they were diabetic and had chronic kidney disease and required a special diet. They indicated menus were not provided in order for the resident to make an informed choice and frequently sent food the resident was unable to eat. Resident D medical record and service plan was reviewed and indicated the resident was alert and oriented.</p> <p>2. On 7/1/24 at 11:10 A.M., Resident F indicated they had received meals in their room for the past week due to trouble walking because of cellulitis on their legs. They were not allowed to pick which entree to have or anything off the always available menu. The resident indicated this bothered her because the entrees contained too many carbs and they would prefer to eat a chef salad off the always available menu. The resident had never called down to dining or let an aide know of their preferences because they weren't aware that was an option. Resident F medical record and service plan was reviewed and indicated the resident was alert and oriented.</p> <p>3. On 7/1/24 at 11:26 A.M., Resident B indicated they had received meals in their room the past couple of days due to an illness. They indicated that the facility would not let them choose their entree or anything off of the always available menu, and they would order something different if they were able. Resident B medical record and service plan was reviewed and indicated the resident was alert and oriented.</p> <p>On 7/1/24 at 8:30 A.M., the Administrator indicated that meals were served restaurant style with residents choosing between two entrees and food off an always available menu. All residents ate in the dining room unless they were approved by a nurse to receive a hall tray. Hall trays could</p>		<p>1.How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective will be taken</p> <p>1.All residents that receive temporary meal trays delivered to their room had the potential to be affected by the alleged deficient practice. The Executive Director or designee will provide re-education to all residents regarding the meal preferences for room trays. Residents have and will continue to be able to place a meal order of their choosing. If no order is placed, a room tray will be delivered at the selection of the kitchen.</p> <p>1.What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:</p> <p>1.The Executive Director or designee will provide re-education to all residents regarding the meal preferences for room trays. Residents have the choice to place a meal order of their choosing. If no order is placed, a room tray will be delivered at the selection of the kitchen. The Executive Director or designee will educate all new residents on the process of ordering meal preferences when on temporary</p>	

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	<p>be delivered for a short time due to an illness or another circumstance that would require meals be delivered to the resident's room. For the in-room tray dining, residents could ask to see a menu to determine which entree or food choice they wanted. The residents could either call down to the kitchen to let them know or inform an aide and the aide could inform the kitchen. If the resident did not choose a menu item, the resident could expect to receive one of the entrees. The Administrator indicated residents were aware of what was available to eat and how to communicate those food preferences.</p> <p>On 7/1/24 at 9:20 A.M., the Administrator provided a Meals and Temporary Illness policy, undated, that indicated "In effort to promote good nutrition and optimum health, residents experiencing temporary periods of illness that prohibit attendance in the dining room will be provided meals in their apartment. The Nursing Supervisor will authorize and communicate via dietary form to the dietary staff a need for a food tray".</p> <p>On 7/1/24 at 9:20 A.M., the Administrator provided a Front of the House Service policy, undated, that indicated "Be prepared to read the menu choices and explain the menu choices".</p> <p>On 7/1/24 at 12:24 P.M., the Administrator provided a copy of the lease agreement, revised 11/2023, that indicated "Owner will provide you written information about menu plans ... Owner will establish a mechanism for you to provide input into the selection and preparation of food".</p> <p>This citation was related to complaint IN00433846.</p>		<p>meal tray delivery.</p> <p>1.How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e what quality assurance program will be put into place:</p> <p>1.The Dietary Manager, Executive Director or designee will audit the ordering and delivery of room trays two (2) times a week for two (2) weeks, and then weekly for three (3) weeks, then as needed to ensure that the proper procedure is properly executed.</p> <p>1.By what date will the systematic changes be completed</p> <p>1.07/19/2024</p> <p>Informal Dispute Resolution: Based on the information below, we respectfully request the removal of R 270 410 IAC 16.2-5-5.1(c)(1-3) Food and Nutritional Services – Deficiency. -All residents have the right to contact dining services to place their food preference meal order. All meals were served restaurant style with residents choosing between two entrees and food off an always available menu. All residents eat in the dining room unless they were approved by a nurse to receive a tray in their apartment. Room trays could be</p>				

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			<p>delivered for a short time due to an illness or another circumstance that would require meals be delivered to the resident's room. Residents are instructed and educated on temporary in-room tray dining. Residents could ask to see a menu to determine which entree or food choice they wanted. The residents could either call down to the kitchen to let them know or inform an aide and the aide could inform the kitchen. If the resident did not choose a menu item, the resident could expect to receive one of the entrees. Residents are aware of what is available to eat each day and how to communicate those food preferences.</p> <p>-Meals and Temporary Illness policy indicates "In effort to promote good nutrition and optimum health, residents experiencing temporary periods of illness that prohibit attendance in the dining room will be provided meals in their apartment. The Nursing Supervisor will authorize and communicate via dietary form to the dietary staff a need for a food tray".</p> <p>-According to regulation R 270 410 IAC 16.2-5-5.1(c)(1-3) Food and Nutritional Services –</p> <p>(c) The facility must meet:</p> <p>(1) daily dietary requirements and requests, with consideration of food allergies</p> <p>(2) reasonable religious, ethnic</p>	

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

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			<p>and personal preferences; and (3) the temporary need for meals delivered to the resident's room</p> <p>Heritage Woods of Newburgh meets all of the above requirements for each resident by giving them the option of contacting dining services or informing a staff member of their meal preferences while on temporary room trays.</p> <p>-If the resident does not contact dining services or a member of the staff to indicate a preference, a meal is still provided for them.</p>	