STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYNDMOOR OF PORTAGE, LLC	3444 SWANSON RD, PORTAGE, , 46368

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for a State Residential Licensure Survey. Survey dates: 8/27/25 and 8/28/25 Facility number: 010889 Residential Census: 84 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on 9/2/25.	R 0000		
R 0035	Residents' Rights - Deficiency 410 IAC 16.2-5-1.2(j)(1-7) (j) Residents have the right to the following: (1) Participate in the development of his or her service plan and in any updates of that service plan. (2) Choose the attending physician and other providers of services, including arranging for on-site	R 0035	Activity Director will have resident 819 and 704 pets vaccinated by 9/11/2025. Activity Director will obtain pet vaccination record upon admission and audit every 3 months indefinitely. This will ensure that all pets in house are current and valid and compliant with state regulations. Resident 704 pet vaccinated on	09/11/2025

	health care services unless contrary to facility policy. Any limitation on the resident ' s right to choose the attending physician or service provider, or both, shall be clearly stated in the admission agreement. Other providers of services, within the content of this subsection, may include home health care agencies, hospice care services, or hired individuals. (3) Have a pet of his or her choice, so long as the pet does not pose a health or safety risk to residents, staff, or visitors or a risk to property unless prohibited by facility policy. Any limitation on the resident ' s right to have a pet of his or her choice shall be clearly stated in the admission agreement. (4) Refuse any treatment or service, including medication. (5) Be informed of the medical consequences of a refusal under subdivision (4) and have such data recorded in his or her clinical record if treatment or medication is administered by the facility. (6) Be afforded confidentiality of treatment. (7) Participate or refuse to participate in experimental research. There must be written acknowledgement of informed consent prior to participation in research activities. Based on record review and interview, the facility failed to ensure pets were up to date on vaccinations for 2 of 9 pet		9/9/2025 see attached.	

vaccination records reviewed. (Rooms 819 and 704)

Findings include:

1. The veterinary record for a cat residing in Room 819 was reviewed on 8/28/25. The record indicated the cat was due for their rabies vaccination on 12/3/23. The record lacked documentation of a current rabies vaccination.

2. The veterinary record for a cat residing in Room 704 was reviewed on 8/28/25. The record indicated the cat was due for their rabies vaccination on 4/5/25. The record lacked documentation of a current rabies vaccination.

During an interview on 8/29/25 at 2:50 p.m., the Administrator indicated the two cats needed to be updated on their vaccinations.

The facility pet policy, received as current on 8/29/25 at 1:30 p.m., indicated, " ... Any animal living in the community must have regular examinations and vaccinations by a licensed veterinarian and be certified by a veterinarian to be free of diseases transmitted to humans, as applicable ...".

Based on record review and interview, the facility failed to ensure pets were up to date on vaccinations for 2 of 9 pet

	vaccination records reviewed. (Rooms 819 and 704) Findings include: 1. The veterinary record for a cat residing in Room 819 was reviewed on 8/28/25. The record indicated the cat was due for their rabies vaccination on 12/3/23. The record lacked documentation of a current rabies vaccination. 2. The veterinary record for a cat residing in Room 704 was reviewed on 8/28/25. The record indicated the cat was due for their rabies vaccination on 4/5/25. The record lacked documentation of a current rabies vaccination. During an interview on 8/29/25 at 2:50 p.m., the Administrator indicated the two cats needed to be updated on their vaccinations. The facility pet policy, received as current on 8/29/25 at 1:30 p.m., indicated, " ... Any animal living in the community must have regular examinations and vaccinations by a licensed veterinarian and be certified by a veterinarian to be free of diseases transmitted to humans, as applicable ...".			
R 0216	Evaluation - Noncompliance 410 IAC 16.2-5-2(c)(1-4)(d)	R 0216	Director of Nursing will assess residents on admission for	09/01/2025

	(c) The scope and content of the evaluation shall be delineated in the facility policy manual, but at a minimum the needs assessment shall include an evaluation of the following: (1) The resident ' s physical, cognitive, and mental status. (2) The resident ' s independence in the activities of daily living. (3) The resident ' s weight taken on admission and semiannually thereafter. (4) If applicable, the resident ' s ability to self-administer medications. (d) The evaluation shall be documented in writing and kept in the facility. 2. During a random observation on 8/27/25 at 3:15 p.m., Resident 4 had four different inhalers in his room: Breo, Spriva, Breztri, and albuterol. At that time, the resident indicated he took Breo, Spiriva, and Breztri daily, and albuterol as needed. He indicated he self-administered all of his inhalers. During an interview on 8/28/25 at 9:05 a.m., LPN 1 indicated the resident managed his own inhalers. The record for Resident 4 was reviewed on 8/27/25 at 1:48		self-administration for medications, inhalers, eye drops and then quarterly and with any change of condition or decline in health. Director of Nursing must notify MD for order for resident to self-administer medications, inhalers, eye drops and ensure the order is in PCC and Emar with care plan updated. This plan of care is indefinite. Director of Nursing was educated on self-administration and MD order for self-administration for medications.	

p.m. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease (COPD), schizophrenia, and non-Hodgkin's lymphoma.

The Service Plan, revised on 12/19/24, indicated the staff was to administer the resident's medications.

A 3/24/25 Physician's Order indicated albuterol sulfate inhalation aerosol solution, 2 puffs every 6 hours as needed for wheezing or shortness of breath.

A 3/25/25 Physician's Order indicated Spiriva inhalation aerosol solution, 2 puffs one time a day for COPD.

The record lacked orders for Breo and Breztri inhalers.

There was no physician's order or resident assessment for self-administration.

The 3/24/25 Senior Living Level of Care Evaluation indicated the resident did not manage his own medications.

During an interview on 8/28/25 at 11:55 a.m., the Administrator and Director of Nursing (DON) indicated there should be an assessment and orders if a resident was to self administer medications. The Administrator indicated the resident must have gotten new inhalers from his

	doctor that they did not know about. Based on observation, record review, and interview, the facility failed to ensure residents had physician's orders for medications and an assessment to self-administer their own medications for 2 of 7 sampled residents. (Residents 6 and 4) Findings include: 1. The record for Resident 6 was reviewed on 8/27/25 at 2:38 p.m. Diagnoses included, but were not limited to, type 2 diabetes mellitus and glaucoma. A Service Plan, dated 4/13/25, indicated the resident was cognitively intact and she did not manage her own medications. Physician's Orders, dated 8/12/24 and listed as current on the August 2025 Physician's Order Summary (POS), indicated the resident was to receive the following eye drops: - Lantaprost 0.005% eye drops, instill 1 drop in both eyes daily at bedtime for glaucoma. - Betimol 0.5% eye drops, instill 1 drop in both eyes twice daily for glaucoma.			

	- Carteolol HCL 1% eye drops, instill 1 drop in both eyes every 12 hours for glaucoma. The June 2025, July 2025, and August 2025 Medication Administration Records (MARs) indicated the resident self-administered her eye drops. There was no physician's order for the resident to self-administer the eye drops. During an interview on 8/28/25 at 10:45 a.m., the Director of Nursing indicated the resident did not self-administer her medications and there was no order to self-administer her eye drops. 2. During a random observation on 8/27/25 at 3:15 p.m., Resident 4 had four different inhalers in his room: Breo, Spriva, Breztri, and albuterol. At that time, the resident indicated he took Breo, Spiriva, and Breztri daily, and albuterol as needed. He indicated he self-administered all of his inhalers. During an interview on 8/28/25 at 9:05 a.m., LPN 1 indicated the resident managed his own inhalers. The record for Resident 4 was reviewed on 8/27/25 at 1:48 p.m. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease			

	(COPD), schizophrenia, and non-Hodgkin's lymphoma. The Service Plan, revised on 12/19/24, indicated the staff was to administer the resident's medications. A 3/24/25 Physician's Order indicated albuterol sulfate inhalation aerosol solution, 2 puffs every 6 hours as needed for wheezing or shortness of breath. A 3/25/25 Physician's Order indicated Spiriva inhalation aerosol solution, 2 puffs one time a day for COPD. The record lacked orders for Breo and Breztri inhalers. There was no physician's order or resident assessment for self-administration. The 3/24/25 Senior Living Level of Care Evaluation indicated the resident did not manage his own medications. During an interview on 8/28/25 at 11:55 a.m., the Administrator and Director of Nursing (DON) indicated there should be an assessment and orders if a resident was to self administer medications. The Administrator indicated the resident must have gotten new inhalers from his doctor that they did not know about.			

Based on observation, record review, and interview, the facility failed to ensure residents had physician's orders for medications and an assessment to self-administer their own medications for 2 of 7 sampled residents. (Residents 6 and 4)

Findings include:

1. The record for Resident 6 was reviewed on 8/27/25 at 2:38 p.m. Diagnoses included, but were not limited to, type 2 diabetes mellitus and glaucoma.

A Service Plan, dated 4/13/25, indicated the resident was cognitively intact and she did not manage her own medications.

Physician's Orders, dated 8/12/24 and listed as current on the August 2025 Physician's Order Summary (POS), indicated the resident was to receive the following eye drops:

- Lantaprost 0.005% eye drops, instill 1 drop in both eyes daily at bedtime for glaucoma.

- Betimol 0.5% eye drops, instill 1 drop in both eyes twice daily for glaucoma.

- Carteolol HCL 1% eye drops, instill 1 drop in both eyes every 12 hours for glaucoma.

The June 2025, July 2025, and August 2025 Medication

Administration Records (MARs) indicated the resident self-administered her eye drops.

There was no physician's order for the resident to self-administer the eye drops.

During an interview on 8/28/25 at 10:45 a.m., the Director of Nursing indicated the resident did not self-administer her medications and there was no order to self-administer her eye drops.

2. During a random observation on 8/27/25 at 3:15 p.m., Resident 4 had four different inhalers in his room: Breo, Spriva, Breztri, and albuterol. At that time, the resident indicated he took Breo, Spiriva, and Breztri daily, and albuterol as needed. He indicated he self-administered all of his inhalers.

During an interview on 8/28/25 at 9:05 a.m., LPN 1 indicated the resident managed his own inhalers.

The record for Resident 4 was reviewed on 8/27/25 at 1:48 p.m. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease (COPD), schizophrenia, and non-Hodgkin's lymphoma.

The Service Plan, revised on 12/19/24, indicated the staff was to administer the resident's

	medications. A 3/24/25 Physician's Order indicated albuterol sulfate inhalation aerosol solution, 2 puffs every 6 hours as needed for wheezing or shortness of breath. A 3/25/25 Physician's Order indicated Spiriva inhalation aerosol solution, 2 puffs one time a day for COPD. The record lacked orders for Breo and Breztri inhalers. There was no physician's order or resident assessment for self-administration. The 3/24/25 Senior Living Level of Care Evaluation indicated the resident did not manage his own medications. During an interview on 8/28/25 at 11:55 a.m., the Administrator and Director of Nursing (DON) indicated there should be an assessment and orders if a resident was to self administer medications. The Administrator indicated the resident must have gotten new inhalers from his doctor that they did not know about. Based on observation, record review, and interview, the facility failed to ensure residents had physician's orders for medications and an assessment to self-administer their own			

	medications for 2 of 7 sampled residents. (Residents 6 and 4) Findings include: 1. The record for Resident 6 was reviewed on 8/27/25 at 2:38 p.m. Diagnoses included, but were not limited to, type 2 diabetes mellitus and glaucoma. A Service Plan, dated 4/13/25, indicated the resident was cognitively intact and she did not manage her own medications. Physician's Orders, dated 8/12/24 and listed as current on the August 2025 Physician's Order Summary (POS), indicated the resident was to receive the following eye drops: - Lantaprost 0.005% eye drops, instill 1 drop in both eyes daily at bedtime for glaucoma. - Betimol 0.5% eye drops, instill 1 drop in both eyes twice daily for glaucoma. - Carteolol HCL 1% eye drops, instill 1 drop in both eyes every 12 hours for glaucoma. The June 2025, July 2025, and August 2025 Medication Administration Records (MARs) indicated the resident self-administered her eye drops. There was no physician's order for the resident to			

self-administer the eye drops.

During an interview on 8/28/25 at 10:45 a.m., the Director of Nursing indicated the resident did not self-administer her medications and there was no order to self-administer her eye drops.

2. During a random observation on 8/27/25 at 3:15 p.m., Resident 4 had four different inhalers in his room: Breo, Spriva, Breztri, and albuterol. At that time, the resident indicated he took Breo, Spiriva, and Breztri daily, and albuterol as needed. He indicated he self-administered all of his inhalers.

During an interview on 8/28/25 at 9:05 a.m., LPN 1 indicated the resident managed his own inhalers.

The record for Resident 4 was reviewed on 8/27/25 at 1:48 p.m. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease (COPD), schizophrenia, and non-Hodgkin's lymphoma.

The Service Plan, revised on 12/19/24, indicated the staff was to administer the resident's medications.

A 3/24/25 Physician's Order indicated albuterol sulfate inhalation aerosol solution, 2 puffs every 6 hours as needed

for wheezing or shortness of breath.

A 3/25/25 Physician's Order indicated Spiriva inhalation aerosol solution, 2 puffs one time a day for COPD.

The record lacked orders for Breo and Breztri inhalers.

There was no physician's order or resident assessment for self-administration.

The 3/24/25 Senior Living Level of Care Evaluation indicated the resident did not manage his own medications.

During an interview on 8/28/25 at 11:55 a.m., the Administrator and Director of Nursing (DON) indicated there should be an assessment and orders if a resident was to self administer medications. The Administrator indicated the resident must have gotten new inhalers from his doctor that they did not know about.

Based on observation, record review, and interview, the facility failed to ensure residents had physician's orders for medications and an assessment to self-administer their own medications for 2 of 7 sampled residents. (Residents 6 and 4)

Findings include:

1. The record for Resident 6

	was reviewed on 8/27/25 at 2:38 p.m. Diagnoses included, but were not limited to, type 2 diabetes mellitus and glaucoma. A Service Plan, dated 4/13/25, indicated the resident was cognitively intact and she did not manage her own medications. Physician's Orders, dated 8/12/24 and listed as current on the August 2025 Physician's Order Summary (POS), indicated the resident was to receive the following eye drops: - Lantaprost 0.005% eye drops, instill 1 drop in both eyes daily at bedtime for glaucoma. - Betimol 0.5% eye drops, instill 1 drop in both eyes twice daily for glaucoma. - Carteolol HCL 1% eye drops, instill 1 drop in both eyes every 12 hours for glaucoma. The June 2025, July 2025, and August 2025 Medication Administration Records (MARs) indicated the resident self-administered her eye drops. There was no physician's order for the resident to self-administer the eye drops. During an interview on 8/28/25 at 10:45 a.m., the Director of Nursing indicated the resident did not self-administer her			

	medications and there was no order to self-administer her eye drops.			
R 0246	Health Services - Deficiency 410 IAC 16.2-5-4(e)(6) (6) PRN medications may be administered by a qualified medication aide (QMA) only upon authorization by a licensed nurse or physician. The QMA must receive appropriate authorization for each administration of a PRN medication. All contacts with a nurse or physician not on the premises for authorization to administer PRNs shall be documented in the nursing notes indicating the time and date of the contact. Based on record review and interview, the facility failed to ensure QMAs received authorization from a licensed nurse prior to administering as needed (PRN) medication for 1 of 7 sampled residents. (Resident 3) Finding includes: The record for Resident 3 was reviewed on 8/27/25 at 10:53 a.m. Diagnoses included, but were not limited to, pain in the left hip and osteoarthritis. A Physician's Order, dated 8/12/24 and listed as current on the August 2025 Physician's	R 0246	All nurses and QMA's educated on authorization from a licensed nurse prior to administration of PRN medications. Director of Nursing will audit EMAR 3X weekly for 3months then weekly for 3months then monthly indefinitely to ensure all steps are followed prior administration. Disciplinary action to follow if staff does not comply, teachable moment, verbal warning, written warning, suspension without pay and termination.	09/01/2025

Order Summary (POS), indicated the resident was to receive Acetaminophen (Tylenol) 325 milligrams (mg), take 2 tablets every 6 hours as needed (PRN) for a fever greater than 100 and/or pain.

The July 2025 Medication Administration Record (MAR) indicated QMAs administered the resident's PRN Acetaminophen on the following dates and times without prior authorization from a licensed nurse:

- 7/3/25 at 5:00 p.m.

- 7/10/25 at 1:08 p.m.

- 7/11/25 at 4:49 a.m.

- 7/12/25 at 8:20 p.m.

- 7/13/25 at 7:00 p.m.

- 7/14/25 at 7:00 p.m.

- 7/15/25 at 7:00 p.m.

- 7/21/25 at 7:00 p.m.

- 7/22/25 at 7:00 p.m.

- 7/23/25 at 7:30 p.m.

- 7/26/25 at 7:00 p.m.

- 7/28/25 at 2:30 p.m.

The August 2025 MAR indicated QMAs administered the resident's PRN Acetaminophen on the following dates and times

	without prior authorization from a licensed nurse: - 8/3/25 at 7:00 p.m. - 8/4/25 at 7:00 p.m. - 8/8/25 at 7:00 p.m. - 8/14/25 at 7:00 p.m. - 8/18/25 at 5:11 a.m. During an interview on 8/28/25 at 10:42 a.m., the Director of Nursing indicated QMA 1 and QMA 2 should have gotten authorization from the nurse prior to giving the PRN Tylenol. Based on record review and interview, the facility failed to ensure QMAs received authorization from a licensed nurse prior to administering as needed (PRN) medication for 1 of 7 sampled residents. (Resident 3) Finding includes: The record for Resident 3 was reviewed on 8/27/25 at 10:53 a.m. Diagnoses included, but were not limited to, pain in the left hip and osteoarthritis. A Physician's Order, dated 8/12/24 and listed as current on the August 2025 Physician's Order Summary (POS), indicated the resident was to receive Acetaminophen (Tylenol) 325 milligrams (mg),			

take 2 tablets every 6 hours as needed (PRN) for a fever greater than 100 and/or pain.

The July 2025 Medication Administration Record (MAR) indicated QMAs administered the resident's PRN Acetaminophen on the following dates and times without prior authorization from a licensed nurse:

- 7/3/25 at 5:00 p.m.

- 7/10/25 at 1:08 p.m.

- 7/11/25 at 4:49 a.m.

- 7/12/25 at 8:20 p.m.

- 7/13/25 at 7:00 p.m.

- 7/14/25 at 7:00 p.m.

- 7/15/25 at 7:00 p.m.

- 7/21/25 at 7:00 p.m.

- 7/22/25 at 7:00 p.m.

- 7/23/25 at 7:30 p.m.

- 7/26/25 at 7:00 p.m.

- 7/28/25 at 2:30 p.m.

The August 2025 MAR indicated QMAs administered the resident's PRN Acetaminophen on the following dates and times without prior authorization from a licensed nurse:

	- 8/3/25 at 7:00 p.m. - 8/4/25 at 7:00 p.m. - 8/8/25 at 7:00 p.m. - 8/14/25 at 7:00 p.m. - 8/18/25 at 5:11 a.m. During an interview on 8/28/25 at 10:42 a.m., the Director of Nursing indicated QMA 1 and QMA 2 should have gotten authorization from the nurse prior to giving the PRN Tylenol.			
R 0273	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(f) (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. Based on observation, record review, and interview, the facility failed to serve food under sanitary conditions related to dirty and greasy food equipment, food not dated when opened, lack of hair restraints, and touching food with gloved hands after touching other items for 1 of 1 kitchen. (The Main Kitchen) Findings include:	R 0273	All dietary staff to ensure kitchen will be cleaned daily and at the end of shift. The cook on closing shift must check the kitchen before leaving to ensure that all the prep tables, stove, oven, sinks and hoods are clean and free of dust, grease and dirt. The oncoming shift is to check all equipment to ensure the kitchen is clean prior to cooking. Dietary manager to have checklist cleaning duties are completed per staff and signed upon completion. All dietary staff given in-service on wearing gloves in the kitchen. Staff administered policy on wearing gloves per our dietician for facility. Staff acknowledged and signed in service. All dietary staff in serviced and administered policy on labeling and dating for safe storage of food. All	09/01/2025

	1. During the Kitchen Sanitation Tour on 8/27/25 at 9:42 a.m., the following was observed: a. The was an accumulation of dust underneath the oven hood and an accumulation of dust and grease on the pipes hanging down from the oven hood. b. There were two bags of cereal located in the dry storage area that had not been dated when they were opened. During an interview at that time, the Dietary Food Manager (DFM) indicated the oven hood was in need of cleaning and the bags of cereal should have been dated when opened. The current facility policy titled "Labeling and Dating for Safe Storage of Food" was provided by the Administrator on 8/28/25 at 2:42 p.m. The policy indicated when food was taken out of an original container, write the name of the food being stored on the container and the use by date. 2. During a random observation of the tray line on 8/27/25 at 12:25 p.m., Dietary Cook 2 had a growth of facial hair but was not wearing a beard guard. The Cook was preparing food trays at that time. At 12:35 p.m., the cook was observed placing rolls onto		staff acknowledged and signed in service. Dietary Manager will audit all dated stored foods 3X a week for 3 months then weekly indefinitely. This will ensure that all food is dated and stored properly. All dietary staff have been issued the dining hair restraint policy for the facility. All staff acknowledged and signed the in-service. Dietary Manager and Cooks are responsible for everyone who enters to have the proper hair nets and beard guards in place while in kitchen.	

plates. The Cook was wearing a pair of disposable gloves and touching the rolls with his gloved hands. The Cook had been touching plates and serving utensils prior to placing the rolls on the plates.

During an interview on 8/27/25 at 12:43 p.m., the Registered Dietitian (RD) indicated the cook should have been wearing a beard guard and he should have changed his gloves prior to touching the rolls.

The current facility policy titled, "Dining Hair Restraint" was provided by the Administrator on 8/28/25 at 2:42 p.m. The policy indicated hair and beard restraints were placed at both entrances of the kitchen. Hair restraint application was required prior to entering.

Based on observation, record review, and interview, the facility failed to serve food under sanitary conditions related to dirty and greasy food equipment, food not dated when opened, lack of hair restraints, and touching food with gloved hands after touching other items for 1 of 1 kitchen. (The Main Kitchen)

Findings include:

1. During the Kitchen Sanitation Tour on 8/27/25 at 9:42 a.m., the following was observed:

	a. The was an accumulation of dust underneath the oven hood and an accumulation of dust and grease on the pipes hanging down from the oven hood. b. There were two bags of cereal located in the dry storage area that had not been dated when they were opened. During an interview at that time, the Dietary Food Manager (DFM) indicated the oven hood was in need of cleaning and the bags of cereal should have been dated when opened. The current facility policy titled "Labeling and Dating for Safe Storage of Food" was provided by the Administrator on 8/28/25 at 2:42 p.m. The policy indicated when food was taken out of an original container, write the name of the food being stored on the container and the use by date. 2. During a random observation of the tray line on 8/27/25 at 12:25 p.m., Dietary Cook 2 had a growth of facial hair but was not wearing a beard guard. The Cook was preparing food trays at that time. At 12:35 p.m., the cook was observed placing rolls onto plates. The Cook was wearing a pair of disposable gloves and touching the rolls with his gloved hands. The Cook had been			

	touching plates and serving utensils prior to placing the rolls on the plates. During an interview on 8/27/25 at 12:43 p.m., the Registered Dietitian (RD) indicated the cook should have been wearing a beard guard and he should have changed his gloves prior to touching the rolls. The current facility policy titled, "Dining Hair Restraint" was provided by the Administrator on 8/28/25 at 2:42 p.m. The policy indicated hair and beard restraints were placed at both entrances of the kitchen. Hair restraint application was required prior to entering.			
R 0274	Food and Nutritional Services - Noncompliance 410 IAC 16.2-5-5.1(g)(1-3) (g) There shall be an organized food service department directed by a supervisor competent in food service management and knowledgeable in sanitation standards, food handling, food preparation, and meal service. (1) The supervisor must be one (1) of the following: (A) A dietitian. (B) A graduate or student enrolled in and within one (1) year from completing a division approved, minimum ninety (90) hour	R 0274	Dietary Manager and cooks, prep cooks will follow the dietary menu with recipe book for pureed diets. Executive Director has put binder together per the fall winter menu for 2025/2026 and coincides with instructions for pureed diets per daily menu. The menu/recipe is to be kept in the kitchen in view for access for use indefinitely. Dietary Manager to update as necessary per changes such as spring/summer menu and if change is needed per truck delay or	09/01/2025

	classroom instruction course that provides classroom instruction in food service supervision who has a minimum of one (1) year of experience in some aspect of institutional food service management. (C) A graduate of a dietetic technician program approved by the American Dietetic Association. (D) A graduate of an accredited college or university or within one (1) year of graduating from an accredited college or university with a degree in foods and nutrition or food administration with a minimum of one (1) year of experience in some aspect of food service management. (E) An individual with training and experience in food service supervision and management. (2) If the supervisor is not a dietitian, a dietitian shall provide consultant services on the premises at peak periods of operation on a regularly scheduled basis. (3) Food service staff shall be on duty to ensure proper food preparation, serving, and sanitation. Based on record review and interview, the facility failed to ensure recipes were available for puree food preparation. This had the potential to affect 3 of 3 residents who received a pureed diet.		supply.	

Finding includes:

On 8/27/25 at 12:25 p.m., Dietary Cook 1 was observed during the pureed food preparation. Six chicken breasts were placed into the food processor and blended. The chicken was a ground consistency and the Cook indicated he was removing 2 servings for the residents who received a mechanical soft diet. The cook then proceeded to blend the chicken and he added a cup of tap water to the mixture. As the mixture continued to blend, he added approximately another cup and a half of water. When he was done blending the chicken, he proceeded to add a packet of "thick and easy" thickener and continued to blend the chicken mixture. When the mixture was smooth he placed the pureed chicken into four serving bowls.

During an interview at that time, the Cook indicated he added the thickener as he went along, this time he needed to add the whole packet.

The Cook then proceeded to wash the food processor and prepare the pureed mixed vegetables. Four servings of mixed vegetables were placed in the food processor and blended. While the vegetables were blending, he added approximately a cup and a half

of tap water. After adding the water, a packet of thickener was added to the mixture.

The Cook did not use a recipe for the pureed chicken or mixed vegetables.

During an interview on 8/27/25 at 12:43 p.m., the Registered Dietitian (RD) indicated the Cook should have used broth instead of water for the chicken and extra water shouldn't have been added to the vegetables due to them already containing a lot of water. She also indicated a recipe for the pureed food preparation should have been used and she has inserviced staff in the past about following a recipe for pureed food prep.

Based on record review and interview, the facility failed to ensure recipes were available for puree food preparation. This had the potential to affect 3 of 3 residents who received a pureed diet.

Finding includes:

On 8/27/25 at 12:25 p.m., Dietary Cook 1 was observed during the pureed food preparation. Six chicken breasts were placed into the food processor and blended. The chicken was a ground consistency and the Cook indicated he was removing 2 servings for the residents who

received a mechanical soft diet. The cook then proceeded to blend the chicken and he added a cup of tap water to the mixture. As the mixture continued to blend, he added approximately another cup and a half of water. When he was done blending the chicken, he proceeded to add a packet of "thick and easy" thickener and continued to blend the chicken mixture. When the mixture was smooth he placed the pureed chicken into four serving bowls.

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The Cook did not use a recipe for the pureed chicken or mixed vegetables.

During an interview on 8/27/25 at 12:43 p.m., the Registered Dietitian (RD) indicated the Cook should have used broth

	instead of water for the chicken and extra water shouldn't have been added to the vegetables due to them already containing a lot of water. She also indicated a recipe for the pureed food preparation should have been used and she has inserviced staff in the past about following a recipe for pureed food prep.			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

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