

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER HERITAGE WOODS OF NEWBURGH		STREET ADDRESS, CITY, STATE, ZIP CODE 4211 GRIMM ROAD, NEWBURGH, , 47630			
(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 the Investigation of Complaint IN00433846. Complaint IN00433846 - State deficiencies related to the allegations are cited at R 270. Survey date: July 1, 2024 Facility number: 014377 Residential Census: 119 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on July 3, 2024.	R 0000	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.		

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R 0270	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(c)(1-3) (c) The facility must meet: (1) daily dietary requirements and requests, with consideration of food allergies; (2) reasonable religious, ethnic, and personal preferences; and (3) the temporary need for meals delivered to the resident ' s room. 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) Findings include: 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 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.	R 0270	1. What Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice 1. No residents experienced adverse effects from the alleged deficient practice. 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 1. All residents that receive temporary meal trays delivered to their room	07/19/2024
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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.

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.

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

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.

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:**

1. The Executive Director or designee will provide re-education to all residents regarding the meal preferences for room

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 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.

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".

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 meal tray delivery.

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:**

1. The Dietary Manager, Executive Director or designee will audit the ordering and delivery of room trays two (2) times a week for

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".

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".

This citation was related to complaint IN00433846.

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)

Findings include:

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 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

two (2) weeks, and then weekly for three (3) weeks, then as needed to ensure that the proper procedure is properly executed.

1.
By what date will the systematic changes be completed

1.
07/19/2024

**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

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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.

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.

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 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.

-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

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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.

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 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

their apartment. The Nursing Supervisor will authorize and communicate via dietary form to the dietary staff a need for a food tray".

-According to regulation R 270 410 IAC 16.2-5-5.1(c)(1-3) Food and Nutritional Services –

(c) The facility must meet:

(1) daily dietary requirements and requests, with consideration of food allergies

(2) reasonable religious, ethnic and personal preferences; and

(3) the temporary need for meals delivered to the resident's room

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.

-If the resident does not contact dining services or a member of the staff to indicate a preference, a meal is still

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was available to eat and how to communicate those food preferences.

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".

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".

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provided for them.

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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
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