STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		A. BU	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED 04/23/2024		
	PROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STATE, ZIP COD 3444 SWANSON RD PORTAGE, IN 46368			
(X4) ID PREFIX TAG R 0000	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	ΤE	(X5) COMPLETION DATE
Bldg. 00	Survey. This visit is Complaint IN00436 Complaint IN00436 the allegations are of Survey dates: April Facility number: 01 Residential Census These State Reside accordance with 41 Quality review com	22 and 23, 2024  0889  : 84  ntial Findings are cited in 0 IAC 16.2-5.  upleted on 4/26/24.	R 0	000	This Plan of Correction constite the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not a admission that a deficiency exor that one was cited correctly. The Plan of Correction is submitted to meet requirement established by state and feder law. The Wyndmoor of Portag desires this Plan of Correction be considered the facility's Allegation of Compliance. Compliance is effective 5/10/2	s f n ists ts al ge to	
R 0120 Bldg. 00	education and tra advance for all pe at least annually. is not limited to, re and control of infe safety, accident p specialized popula administration, an appropriate, as fo (1) The frequency education and tra accordance with t the facility person this shall include a inservice per cale	ompliance an organized inservice ining program planned in irsonnel in all departments Training shall include, but esidents' rights, prevention ection, fire prevention, revention, the needs of ations served, medication d nursing care, when					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

ZELLA RUTH GARRON Executive Director 05/16/2024

Any defiency statement ending with an asterisk (\*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclodays 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.

State Form Event ID: 23GX11 Facility ID: 010889 If continuation sheet Page 1 of 13

PRINTED: 05/20/2024 FORM APPROVED OMB NO. 0938-039

	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE C A. BUILDING B. WING	construction 00	(X3) DATE SURVEY COMPLETED 04/23/2024		
	OF PROVIDER OR SUPPLIE		STREET ADDRESS, CITY, STATE, ZIP COD 3444 SWANSON RD PORTAGE, IN 46368				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE		
	personnel. (2) In addition to thours, staff who hashall have a mining dementia-specific months and three thereafter to mee or both, of cognitic effectively and to current standards dementia. (3) Inservice reconshall indicate the (A) The time, date (B) The name of (C) The title of the (D) The names of (E) The program The employee with by written signature Based on record refailed to ensure the documentation for annual inservices we Abuse, and Resident of 5 staff members 1, and COOK 1)  Findings include:  Review of the empon 4/23/24 at 1:12  a. CNA 1 was hired annual Resident Rittraining for 2023.  b. LPN 1 was hired	the above required inservice nave contact with residents mum of six (6) hours of a training within six (6) a (3) hours annually the needs or preferences, vely impaired residents gain understanding of the contact of care for residents with six shall be maintained and following:  a, and location.  the instructor.  a instructor.  a the participants.  content of inservice.  Il acknowledge attendance are.  view and interview, the facility required personnel references, job orientation, and which included Dementia, ant Rights were completed for 4 reviewed. (CNA 1, CNA 2, LPN)	R 0120	What corrective action(s) will accomplished for those reside found to have been affected be deficient practice;  CNA 1 has completed the announcement at raining.  LPN 1 The references and job orientation have been comple for LPN 1, Cook 1, and CNA 1.  How will the facility identify off residents having the potential be affected by the same defic practice and what corrective a will be taken;  Because all employees have a potential to be affected by the	be 05/10/2024 ents by the standard distributed l. the original to the standard distributed like		

State Form Event ID: 23GX11 Facility ID: 010889 If continuation sheet Page 2 of 13

PRINTED: 05/20/2024 FORM APPROVED OMB NO. 0938-039

AND PLAN OF CORRECTION IDENTIFICATION NUMBER		A. BUILDING 00  B. WING		COMPLETED 04/23/2024			
NAME OF	PROVIDER OR SUPPLIER	<u> </u>	STREET ADDRESS, CITY, STATE, ZIP COD  3444 SWANSON RD				
WYNDM	OOR OF PORTAGE	E, LLC	POF	RTAGE, IN 46368			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	(X5) COMPLETION DATE		
TAG	c. Cook 1 was hired references or job or  d. CNA 2 was hired references or job or  During an interview Administrator indic the required training	and some state of the control of the	TAG	alleged deficient practice, the Business Office Manager is performing a 100% employed audit for compliance. The res of the audit shall be maintained the employee file audit tool.  What measures will be put into place or what systemic change the facility will make to ensure that the deficient practice does recur;  The new Business Office Manager shall review the employee file documentation required in-services for licens and non-licensed personnel. Business Office Manager shall monthly to ensure staff are completing required in-service including in-services about residents' rights, abuse, and dementia. The BOM shall not department managers when a are due to complete ongoing training.  How the corrective action(s) is monitored to ensure the deficient practice will not recur, i.e., which quality assurance program with put into place; and  The Administrator or designe shall review the employee file tool and the Relias training records monthly to ensure on	new  If file ults ed on  Io ges es es not  nager  and ed The III elias es, ify staff  will be ient iat II be  e e audit		

State Form Event ID: 23GX11 Facility ID: 010889 If continuation sheet Page 3 of 13

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	X2) MULTIPLE CONSTRUCTION (X3) DA			SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	A. BUILDING <u>00</u>			COMPLETED	
			B. W	NG _		04/23/	/2024	
				STREET	ADDRESS, CITY, STATE, ZIP COD			
NAME OF P	ROVIDER OR SUPPLIER	₹			WANSON RD			
WYNDM	OOR OF PORTAGE	= 11.0	PORTAGE, IN 46368					
WINDIN				1 01(1)	102, 114 40000			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	·	CY MUST BE PRECEDED BY FULL	PREFIX		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA'	TE	COMPLETION	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE	
					compliance. Employees who			
					not compliant will be removed	from		
					the schedule.			
D 0444	440 140 400 5 4	<b>5</b> ( )						
R 0144	4 410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards - Deficiency							
Bldg 00								
Bldg. 00 (a) The facility shall be clean, orderly, and in a state of good repair, both inside and out,								
	and shall provide reasonable comfort for all residents.							
		view and interview, the facility	R 0	1.4.4	What corrective action(s) will be		05/10/2024	
		failed to ensure a resident with a pet had an			accomplished for those reside		03/10/2024	
					found to have been affected by			
environment that was clean, sanitary, and free of odors for 1 of 1 residents reviewed for pets in the					deficient practice;	y tile		
	facility. (Resident 2	-			denoient practice,			
					The resident's room has been			
	Finding includes:				deeply cleaned and the family			
					been asked to rehome the cat			
	On 4/22/24 at 2:10 p.m. Resident 2 was observed.				to the resident's inability to car			
	· ·	vake and lying in his bed next			for the cat.			
		n had a very strong odor, the			How the facility will identify oth	ıer		
	room smelled of car	t liter, cat urine, and cat dander.			residents having the potential			
	There was cat food	littered along the floor in the			be affected by the same defici	ent		
	front entryway.				practice and what corrective a	ction		
					will be taken;			
		a.m., the resident was						
		ke in his bed. The room had a			The Activity Director will asses			
	_	ıld be smelled from the			all residents with pets to ensur			
	entryway. The resid	lent's pet cat was also in the			they can continue caring for th			
	room.				pet independently using the pe			
					care assessment audit form. I			
		was reviewed on 4/22/24 at			resident is determined to no lo	nger		
		es included, but were not			be able to care for their pet			
	limited to, Alzheimer, hypertension (high blood				independently, the Executive			
		and hypothyroidism			Director will meet with the			
	(underactive thyroid).				Resident and/ or Responsible			
		1 0/12/22 : 1: 4 1.1			Party to rehome the pet.			
		sed on 9/12/23, indicated the			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	_		
	_	on team members to anticipate			What measures will be put into			
and meet their personal activity needs related to				place or what systemic change	es			

State Form Event ID: 23GX11 Facility ID: 010889 If continuation sheet Page 4 of 13

PRINTED: 05/20/2024 FORM APPROVED OMB NO. 0938-039

	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CO A. BUILDING B. WING	onstruction <u>00</u>	(X3) DATE SURVEY COMPLETED 04/23/2024		
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD  3444 SWANSON RD  PORTAGE, IN 46368				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD BE  CROSS-REFERENCED TO THE APPROPRIATE			
	of daily living self-or to cognitive impairs	The resident had an activities care performance deficit related ment. The resident required a bathing. The resident had		the facility will make to ensure that the deficient practice doe recur; Residents with pets shall be	s not		
	Administrator indic cleaned on a weekly required to clean up has had his carpet c	on 4/22/24 at 2:23 p.m., the ated the residents' rooms are basis. The residents are after their pets and Resident 2 deaned more often and more other resident in the facility.		assessed annually and as ne using the pet care assessment tool determine if they are still to care for their pet independent of a resident is determined to longer be able to care for their independently, the Executive Director will meet with the Resident and/ or Responsible Party to rehome the pet.	nt able ently. no r pet		
				How the corrective action(s) we monitored to ensure the defic practice will not recur, i.e., who quality assurance program with put into place; and  The Executive Director shall rection the pet care assessment audition.	ient nat II be review		
				forms monthly and as needed ensure compliance.			
R 0247	410 IAC 16.2-5-4( Health Services -	, , ,					
Bldg. 00	(7) Any error in me shall be noted in the physician shall be medication admini	edication administration ne resident 's record. The notified of any error in stration when there are any detrimental effects to the					
	failed to ensure a bl	niew and interview, the facility ood pressure medication was Orders for 1 of 7 records t 4)	R 0247	What corrective action(s) will accomplished for those reside found to have been affected be deficient practice;	ents		

State Form Event ID: 23GX11 Facility ID: 010889 If continuation sheet Page 5 of 13

PRINTED: 05/20/2024 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CO A. BUILDING B. WING	onstruction <u>00</u>	(X3) DATE SURVEY  COMPLETED  04/23/2024			
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 3444 SWANSON RD PORTAGE, IN 46368				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	(X5) COMPLETION DATE		
	at 9:49 a.m. Diagno	dent 4 was reviewed on 4/23/24 oses included, but were not sion and atherosclerotic heart		The resident was assessed a there were no negative outco as a result of the alleged defi practice. The resident's physical has been made aware of the in medication administration.	mes cient ician		
	resident was to rece medication to treat milligrams (mg) thr was to be held if the	r, dated 3/5/24, indicated the ive Midodrine HCl (a low blood pressure) 10 ree times a day. The medication resident's systolic (top sure was greater than 120.		How the facility will identify of residents having the potentia be affected by the same defic practice and what corrective will be taken;	I to cient action		
	(MAR), indicated the Midodrine on the form the f	dication Administration Record ne resident received the bllowing dates and times when ressure was greater than 120:		All residents have the potenti be impacted by this alleged deficiency. To ensure the physician has been notified or resident that has had an erro medication administration wit actual or potential detrimenta effects, the Director of Nursin shall audit the charts of all residents with medications requiring parameters as part administration using a physic notification audit tool.	of any r in h the il side ig		
	- 4/4 130/76 - 4/5 122/72 - 4/8 126/78 - 4/9 132/76 8:00 p.m. - 4/4 132/72 - 4/5 122/72 - 4/6 127/76 - 4/13 138/72 - 4/21 128/75 The March 2024 M	AR, indicated the resident		What measures will be put in place or what systemic change the facility will make to ensure that the deficient practice does recur;  The Director of Nursing shall in-service all nursing staff on proper medication administrating including medication parametrical and physician notification.	ges e es not i ition		
	The March 2024 M	AR, indicated the resident					

State Form Event ID: 23GX11 Facility ID: 010889 If continuation sheet Page 6 of 13

PRINTED: 05/20/2024 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA  AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CO A. BUILDING B. WING	onstruction <u>00</u>	(X3) DATE SURVEY COMPLETED 04/23/2024	
	PROVIDER OR SUPPLIEF		3444 S	ADDRESS, CITY, STATE, ZIP COD SWANSON RD AGE, IN 46368	
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE
		rine on the following dates			
		systolic blood pressure was		How the corrective action(s) w	
greater than 120:				monitored to ensure the deficie	
	8:00 a.m.			practice will not recur, i.e., wha	
- 3/7 126/70			quality assurance program will	be	
	- 3/11 122/72			put into place; and	
	- 3/17 124/69 - 3/20 122/82			T. BON ''. ''. '.	,
- 3/20 122/82 - 3/28 122/74 - 3/31 124/70				The DON will audit resident ch	
				using a physician notification a	luait
				tool, 3 times a week for four weeks then weekly for 3 month	
	12:00 p.m.				is
	- 3/7 132/76			then monthly for 3 months.	
	- 3/1 130/70				
	- 3/11 130//0 - 3/16 132/82				
	- 3/17 127/74				
	- 3/25 140/89				
	- 3/31 124/70				
	0,0112,0				
	8:00 p.m.				
	- 3/17 130/71				
	- 3/18 132/72				
	- 3/23 127/72				
	- 3/29 128/72				
	- 3/30 124/70				
	During an interview	on 4/23/24 at 2:03 p.m., the			
	Director of Nursing	indicated the Midodrine			
	should have been h	eld as ordered.			
R 0270	410 IAC 16.2-5-5.	1(c)(1-3)			
-		nal Services - Deficiency			
Bldg. 00	(c) The facility mu	•			
-	, ,	equirements and requests,			
	with consideration				
		igious, ethnic, and personal			
	preferences; and	•			
	•	need for meals delivered to			
	the resident 's roo				
	Based on observation	on, interview and record	R 0270	What corrective action(s) will b	e 05/10/2024

State Form Event ID: 23GX11 Facility ID: 010889 If continuation sheet Page 7 of 13

A BUILDING 0 COMPLETED Q4/23/2024  NAME OF PROVIDER OR SUPPLIER  WYNDMOOR OF PORTAGE, LLC  (X4) ID SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG Provided indicated she cut the recipe in half to make 2 servings. The beef this cheen, and beef base were added to the mixer. The mixer ran for about a minute and the contents were then stirred and the mixer began again for another 30 seconds. The mixer was then removed from the base and the dictary aide began pouring the mixture onto ready to served plates.  A BUILDING 0 OD COMPLETED Q4/23/2024  STREET ADDRESS, CITY, STATE, ZIP COD 3444 SWANSON RD PORTAGE, IN 46368  ID PORTAGE, IN 46368  ID PROVIDER OR SUPPLIER  ID PROVIDERS PLANOF CORRECTEN COMPLETEN COMPLETEN COMPLETON DATE  TAG STREET ADDRESS, CITY, STATE, ZIP COD 3444 SWANSON RD PORTAGE, IN 46368  ID PORTAGE, IN 46368  ID PROVIDERS PLANOF CORRECTEN COMPLETEN COMPLETED COMPLETED COMPLETON DATE  TAG STREET ADDRESS, CITY, STATE, ZIP COD 3444 SWANSON RD PORTAGE, IN 46368  ID PORTAGE, IN 46368  ID PROVIDERS PLANOF CORRECTEN COMPLETON DATE  TAG STREET ADDRESS, CITY, STATE, ZIP COD 3444 SWANSON RD PORTAGE, IN 46368  ID PORTAGE, IN 46368  ID PROVIDER OR SUPPLIER COMPLETON COMPLETON DATE  TAG STREET ADDRESS, CITY, STATE, ZIP COD 3444 SEPACH COMPLETON DATE  TAG STREET ADDRESS, CITY, STATE, ZIP COD 3444 SEPACH COMPLETON DATE  TAG STREET ADDRESS, CITY, STATE, ZIP COD 3444 SEPACH COMPLETON COMPLETON DATE  TAG STREET ADDRESS. CITY, STATE, ZIP COD 3444 SEPACH COMPLETON DATE  TAG STREET ADDRESS. CITY, STATE, ZIP COD 3444 SEPACH COMPLETON DATE  TAG STREET ADDRESS CITY, STATE, ZIP COD 3444 SEPACH COMPLETON DATE  TAG STATE ADDRESS CITY, STATE, ZIP COD 3444 SEPACH COMPLETON DATE  TAG STATE ADDRESS CITY, STATE, ZIP COD 3445 SEPACH COD SEPACH COMPLETON DATE  TAG STATE ADDRESS CITY STATE, ZIP COMPLETON DATE  TAG STATE ADDRESS CITY STATE, ZIP COMPLETON DATE  TAG STATE ADDRESS CITY STATE, ZIP COMPLETON DATE  TAG STA	STATEMEN	TATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
NAME OF PROVIDER OR SUPPLIER  WYNDDMOOR OF PORTAGE, LLC  (X3) ID  SUMMARY STATEMENT OF DEFICIENCIE  (REACH DEFICIENCY MUST BE PRECEDED BY FULL  TAG  REGULATORY OR LSC IDENTIFYING INFORMATION  review, the facility failed to ensure food was prepared in a form to meet individual needs related to incorrectly made purced food. This had the potential to affect 2 residents who received a purced diet. (Main Kitchen, Dietary Aide 1)  Finding includes:  Finding includes:  On 4/23/24 at 12:36 p.m., Dietary Aide 1 was observed preparing a purced beef recipe. The beef was substituted for chicken with the resident's permission. The Dietary Aide prepared the ingredients prior to the demonstration and indicated she cut the recipe in half to make 2 servings. The beef, thickener, and beef base were added to the mixer. The mixer ran for about a minute and the contents were then stirred and the mixer began again for another 30 seconds. The mixer was then removed from the base and the dictary aide began pouring the mixture onto ready to serve plates.  On 4/23/24 at 12:41 p.m., the Dietary Aide indicated she was finished and the food was ready to be served.  STREET ADDRESS, CITY, STATE, ZIP COD 3444 SWANSON RD PORTAGE, IN 46388  CX5)  COMPLETION PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION TAG  PREFIX TAG  PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION TAG  REGULATORY OR LSC IDENTIFYING INFORMATION TAG  RECHATORY OR LSC IDENTIFYING INFORMATION TAG  RECHATORY OR LSC IDENTIFYING INFORMATION TAG  RECHATORY OR LSC IDENTIFY TO THE APPROPRIATE COMPLETION COMPLETION DATE  **COMPLETION DATE  **COMPLETION DEFICISON**  COMPLETION DATE  **The staff member involved has been in serviced by the Registered Dietical on how to properly purce food.  How the facility will identify other residents having the potential to be affected by the same deficient practice;  How the facility will identify other residents having the potential to be affected by the same deficient practice;  Any resident with a purced diet has the potential to be im	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING <u>00</u> COMPLET			ETED	
WYNDMOOR OF PORTAGE, LLC  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION TAG (EACH DEFICIENCY) Must be preceded to incorrectly made purced food. This had the potential to affect 2 residents who received a purced diet. (Main Kitchen, Dietary Aide 1)  Finding includes:  On 4/23/24 at 12:36 p.m., Dietary Aide 1 was observed preparing a purced beef recipe. The beef was substituted for chicken with the resident's permission. The Dietary Aide prepared the ingredients prior to the demonstration and indicated she cut the recipe in half to make 2 servings. The beef, thickener, and beef base were added to the mixer. The mixer ran for about a minute and the contents were then stirred and the mixer began again for another 30 seconds. The mixer was then removed from the base and the dictary aide began pouring the mixture onto ready to serve plates.  On 4/23/24 at 12:41 p.m., the Dietary Aide indicated she was finished and the food was ready to be served.  3444 SWANSON RD PORTAGE, IN 46368  Dispution (X5)  COMPLETION 2000 COMPLE				B. W	ING		04/23/	/2024
WYNDMOOR OF PORTAGE, LLC  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY EACH ON SINOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH OF THE APPROPRIATE DATE (COMPLETION DATE (EACH OF THE APPROPRIATE DATE (EACH OF THE APPROPRIATE DATE (COMPLETION DATE (					CERTE	A DODDEGG CHTM CTATE THE COD		
WYNDMOOR OF PORTAGE, LLC  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION SIGURITORY SCOMETION SIGURATION SIGURITORY SCOMETION	NAME OF I	PROVIDER OR SUPPLIE	R					
(X4) ID  PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  REGULATORY OR LSC IDENTIFYING INFORMATION  review, the facility failed to ensure food was prepared in a form to meet individual needs related to incorrectly made pureed food. This had the potential to affect 2 residents who received a pureed diet. (Main Kitchen, Dietary Aide 1)  Finding includes:  On 4/23/24 at 12:36 p.m., Dietary Aide 1 was observed preparing a pureed beef recipe. The beef was substituted for chicken with the resident's permission. The Dietary Aide prepared the ingredients prior to the demonstration and indicated she cut the recipe in half to make 2 servings. The beef, thickener, and beef base were added to the mixer. The mixer ran for about a minute and the contents were then stirred and the mixer began again for another 30 seconds. The mixer was then removed from the base and the dietary aide began pouring the mixture onto ready to serve plates.  On 4/23/24 at 12:41 p.m., the Dietary Aide indicated she was finished and the food was ready to be served.  ID PREFIX TAG  PREFIX TA	MANAIDMA	100D OF DODTAG	<b>5</b> .1.0					
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION  review, the facility failed to ensure food was prepared in a form to meet individual needs related to incorrectly made purced food. This had the potential to affect 2 residents who received a purced diet. (Main Kitchen, Dietary Aide 1)  On 4/23/24 at 12:36 p.m., Dietary Aide 1 was observed preparing a purced beef recipe. The beef was substituted for chicken with the resident's permission. The Dietary Aide prepared the ingredients prior to the demonstration and indicated she cut the recipe in half to make 2 servings. The beef, thickener, and beef base were added to the mixer. The mixer man for about a minute and the contents were then stirred and the dietary aide began pouring the mixture onto ready to serve plates.  On 4/23/24 at 12:41 p.m., the Dietary Aide indicated she was finished and the food was ready to be served.  PREFIX TAG  PREFIX TAG  PREFIX TAG  BECCICOMSECTIVE ACTION SIDELL DIS. COMPLETION SIDELLANGE CROSS-REFERENCED TO IT HE APPROPRIATE DATE  TAG  COMPLETION DATE  Accompliant of the verident of those residents found to have been affected by the deficient practice;  The staff member involved has been in serviced by the Registered Dietician on how to properly purce food.  The staff member involved has been in serviced by the Registered Dietician on how to properly purce food.  How the facility will identify other residents having the potential to be affected by the same deficient practice;  How the facility will identify other residents having the potential to be affected by the same deficient practice;  How the facility will identify other residents having the potential to be affected by the same deficient practice;  Any resident with a purced diet has the potential to be impacted by this alleged deficiency. All dietary staff responsible for preparing food shall be in-served on properly preparing foods that must be pureed.  What measures will be put into place or what systemic changes	WYNDM	WYNDMOOR OF PORTAGE, LLC			PORTA	AGE, IN 46368		
REFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION TOWN TOWN TOWN TOWN TOWN TOWN TOWN TO	(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	DROVIDED'S DI AN OF CORRECTION		(X5)
review, the facility failed to ensure food was prepared in a form to meet individual needs related to incorrectly made pureed food. This had the potential to affect 2 residents who received a pureed diet. (Main Kitchen, Dietary Aide 1)  The staff member involved has been in serviced by the Registered Dietician on how to properly puree food.  On 4/23/24 at 12:36 p.m., Dietary Aide 1 was observed preparing a pureed beef recipe. The beef was substituted for chicken with the resident's permission. The Dietary Aide prepared the ingredients prior to the demonstration and indicated she cut the recipe in half to make 2 servings. The beef, thickener, and beef base were added to the mixer. The mixer ran for about a minute and the contents were then stirred and the mixer began again for another 30 seconds. The mixer was then removed from the base and the dietary aide began pouring the mixture onto ready to serve plates.  On 4/23/24 at 12:41 p.m., the Dietary Aide indicated she was finished and the food was ready to be served.	PREFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE	TC	COMPLETION
prepared in a form to meet individual needs related to incorrectly made pureed food. This had the potential to affect 2 residents who received a pureed diet. (Main Kitchen, Dietary Aide 1)  Finding includes:  On 4/23/24 at 12:36 p.m., Dietary Aide 1 was observed preparing a pureed beef recipe. The beef was substituted for chicken with the resident's permission. The Dietary Aide prepared the ingredients prior to the demonstration and indicated she cut the recipe in half to make 2 servings. The beef, thickener, and beef base were added to the mixer. The mixer ran for about a minute and the contents were then stirred and the mixer began again for another 30 seconds. The mixer was then removed from the base and the dietary aide began pouring the mixture onto ready to serve plates.  The staff member involved has been in serviced by the Registered Dietician on how to properly puree food.  How the facility will identify other residents having the potential to be affected by the same deficient practice;  The staff member involved has been in serviced by the Registered Dietician on how to properly puree food.  How the facility will identify other residents having the potential to be affected by the same deficient practice;  How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;  Any resident with a pureed diet has the potential to be impacted by this alleged deficiency. All dietary staff responsible for preparing food shall be in-served on properly preparing foods that must be pureed.	TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	16	DATE
prepared in a form to meet individual needs related to incorrectly made pureed food. This had the potential to affect 2 residents who received a pureed diet. (Main Kitchen, Dietary Aide 1)  Finding includes:  On 4/23/24 at 12:36 p.m., Dietary Aide 1 was observed preparing a pureed beef recipe. The beef was substituted for chicken with the resident's permission. The Dietary Aide prepared the ingredients prior to the demonstration and indicated she cut the recipe in half to make 2 servings. The beef, thickener, and beef base were added to the mixer. The mixer ran for about a minute and the contents were then stirred and the mixer began again for another 30 seconds. The mixer was then removed from the base and the dietary aide began pouring the mixture onto ready to serve plates.  The staff member involved has been in serviced by the Registered Dietician on how to properly puree food.  How the facility will identify other residents having the potential to be affected by the same deficient practice;  The staff member involved has been in serviced by the Registered Dietician on how to properly puree food.  How the facility will identify other residents having the potential to be affected by the same deficient practice;  Any resident will be taken;  Any resident with a pureed diet has the potential to be impacted by this alleged deficiency. All dietary staff responsible for preparing food shall be in-served on properly preparing foods that must be pureed.  On 4/23/24 at 12:41 p.m., the Dietary Aide indicated she was finished and the food was ready to be served.		review, the facility failed to ensure food was				accomplished for those reside	nts	
to incorrectly made pureed food. This had the potential to affect 2 residents who received a pureed diet. (Main Kitchen, Dietary Aide 1)  Finding includes:  On 4/23/24 at 12:36 p.m., Dietary Aide 1 was observed preparing a pureed beef recipe. The beef was substituted for chicken with the resident's permission. The Dietary Aide prepared the ingredients prior to the demonstration and indicated she cut the recipe in half to make 2 servings. The beef, thickener, and beef base were added to the mixer. The mixer ran for about a minute and the contents were then stirred and the mixer began again for another 30 seconds. The dietary aide began pouring the mixture onto ready to serve plates.  On 4/23/24 at 12:41 p.m., the Dietary Aide indicated she was finished and the food was ready to be served.  deficient practice;  The staff member involved has been in serviced by the Registered Dietician on how to properly puree food.  How the facility will identify other residents having the potential to be affected by the same deficient practice;  The staff member involved has been in serviced by the Registered Dietician on how to properly puree food.  How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;  Any resident with a pureed diet has the potential to be impacted by this alleged deficiency. All dietary staff responsible for preparing food shall be in-served on properly preparing foods that must be pureed.  On 4/23/24 at 12:41 p.m., the Dietary Aide indicated she was finished and the food was ready to be served.		prepared in a form to meet individual needs related				•		
potential to affect 2 residents who received a pureed diet. (Main Kitchen, Dietary Aide 1)  Finding includes:  On 4/23/24 at 12:36 p.m., Dietary Aide 1 was observed preparing a pureed beef recipe. The beef was substituted for chicken with the resident's permission. The Dietary Aide prepared the ingredients prior to the demonstration and indicated she cut the recipe in half to make 2 servings. The beef, thickener, and beef base were added to the mixer. The mixer ran for about a minute and the contents were then stirred and the mixer began again for another 30 seconds. The mixer was then removed from the base and the dietary aide began pouring the mixture onto ready to serve plates.  On 4/23/24 at 12:41 p.m., the Dietary Aide indicated she was finished and the food was ready to be served.  The staff member involved has been in serviced by the Registered Dietician on how to properly puree food.  The staff member involved has been in serviced by the Registered Dietician on how to properly puree food.  How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;  Any resident with a pureed diet has the potential to be impacted by this alleged deficiency. All dietary staff responsible for preparing food shall be in-served on properly preparing foods that must be pureed.		1					•	
Finding includes:  On 4/23/24 at 12:36 p.m., Dietary Aide 1 was observed preparing a pureed beef recipe. The beef was substituted for chicken with the resident's permission. The Dietary Aide prepared the ingredients prior to the demonstration and indicated she cut the recipe in half to make 2 servings. The beef, thickener, and beef base were added to the mixer. The mixer ran for about a minute and the contents were then stirred and the mixer began again for another 30 seconds. The mixer was then removed from the base and the dietary aide began pouring the mixture onto ready to serve plates.  The staff member involved has been in serviced by the Registered Dietician on how to properly puree food.  How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;  Any resident with a pureed diet has the potential to be impacted by this alleged deficiency. All dietary staff responsible for preparing food shall be in-served on properly preparing foods that must be pureed.  On 4/23/24 at 12:41 p.m., the Dietary Aide indicated she was finished and the food was ready to be served.						· · · · ·		
Finding includes:  On 4/23/24 at 12:36 p.m., Dietary Aide 1 was observed preparing a pureed beef recipe. The beef was substituted for chicken with the resident's permission. The Dietary Aide prepared the ingredients prior to the demonstration and indicated she cut the recipe in half to make 2 servings. The beef, thickener, and beef base were added to the mixer. The mixer ran for about a minute and the contents were then stirred and the mixer began again for another 30 seconds. The mixer was then removed from the base and the dietary aide began pouring the mixture onto ready to serve plates.  Deen in serviced by the Registered Dietician on how to properly puree food.  How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;  Any resident with a pureed diet has the potential to be impacted by this alleged deficiency. All dietary staff responsible for preparing food shall be in-served on properly preparing foods that must be pureed.  On 4/23/24 at 12:41 p.m., the Dietary Aide indicated she was finished and the food was ready to be served.						The staff member involved ha	s	
Finding includes:  On 4/23/24 at 12:36 p.m., Dietary Aide 1 was observed preparing a pureed beef recipe. The beef was substituted for chicken with the resident's permission. The Dietary Aide prepared the ingredients prior to the demonstration and indicated she cut the recipe in half to make 2 servings. The beef, thickener, and beef base were added to the mixer. The mixer ran for about a minute and the contents were then stirred and the mixer began again for another 30 seconds. The mixer was then removed from the base and the dietary aide began pouring the mixture onto ready to serve plates.  Dietician on how to properly puree food.  How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;  Any resident with a pureed diet has the potential to be impacted by this alleged deficiency. All dietary staff responsible for preparing food shall be in-served on properly puree food.  How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;  Any resident with a pureed diet has the potential to be impacted by this alleged deficiency. All dietary staff responsible for preparing food shall be in-served on properly preparing foods that must be pureed.  On 4/23/24 at 12:41 p.m., the Dietary Aide indicated she was finished and the food was ready to be served.		purced diet. (Walli Ritelien, Dietary Fride 1)						
food.  On 4/23/24 at 12:36 p.m., Dietary Aide 1 was observed preparing a pureed beef recipe. The beef was substituted for chicken with the resident's permission. The Dietary Aide prepared the ingredients prior to the demonstration and indicated she cut the recipe in half to make 2 servings. The beef, thickener, and beef base were added to the mixer. The mixer ran for about a minute and the contents were then stirred and the mixer began again for another 30 seconds. The mixer was then removed from the base and the dietary aide began pouring the mixture onto ready to serve plates.  On 4/23/24 at 12:41 p.m., the Dietary Aide indicated she was finished and the food was ready to be served.  food.  How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;  Any resident with a pureed diet has the potential to be impacted by this alleged deficiency. All dietary staff responsible for preparing food shall be in-served on properly preparing foods that must be pureed.  On 4/23/24 at 12:41 p.m., the Dietary Aide indicated she was finished and the food was ready to be served.		Finding includes:				_		
On 4/23/24 at 12:36 p.m., Dietary Aide 1 was observed preparing a pureed beef recipe. The beef was substituted for chicken with the resident's permission. The Dietary Aide prepared the ingredients prior to the demonstration and indicated she cut the recipe in half to make 2 servings. The beef, thickener, and beef base were added to the mixer. The mixer ran for about a minute and the contents were then stirred and the mixer began again for another 30 seconds. The mixer was then removed from the base and the dietary aide began pouring the mixture onto ready to serve plates.  On 4/23/24 at 12:41 p.m., the Dietary Aide indicated she was finished and the food was ready to be served.  How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;  Any resident with a pureed diet has the potential to be impacted by this alleged deficiency. All dietary staff responsible for preparing food shall be in-served on properly preparing foods that must be pureed.  On 4/23/24 at 12:41 p.m., the Dietary Aide indicated she was finished and the food was ready to be served.		I maing metades.				1		
observed preparing a pureed beef recipe. The beef was substituted for chicken with the resident's permission. The Dietary Aide prepared the ingredients prior to the demonstration and indicated she cut the recipe in half to make 2 servings. The beef, thickener, and beef base were added to the mixer. The mixer ran for about a minute and the contents were then stirred and the mixer began again for another 30 seconds. The mixer was then removed from the base and the dietary aide began pouring the mixture onto ready to serve plates.  On 4/23/24 at 12:41 p.m., the Dietary Aide indicated she was finished and the food was ready to be served.  How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;  Any resident with a pureed diet has the potential to be impacted by this alleged deficiency. All dietary staff responsible for preparing food shall be in-served on properly preparing foods that must be pureed.  What measures will be put into place or what systemic changes		On 4/23/24 at 12:36 p.m., Dietary Aide 1 was						
was substituted for chicken with the resident's permission. The Dietary Aide prepared the ingredients prior to the demonstration and indicated she cut the recipe in half to make 2 servings. The beef, thickener, and beef base were added to the mixer. The mixer ran for about a minute and the contents were then stirred and the mixer began again for another 30 seconds. The mixer was then removed from the base and the dietary aide began pouring the mixture onto ready to serve plates.  On 4/23/24 at 12:41 p.m., the Dietary Aide indicated she was finished and the food was ready to be served.  residents having the potential to be affected by the same deficient practice and what corrective action will be taken;  Any residents having the potential to be affected by the same deficient practice and what corrective action will be taken;  Any residents having the potential to be affected by the same deficient practice and what corrective action will be taken;  Any residents having the potential to be affected by the same deficient practice and what corrective action will be taken;  Any residents having the potential to be affected by the same deficient practice and what corrective action will be taken;  Any residents having the potential to be affected by the same deficient practice and what corrective action will be taken;  Any residents having the potential to be affected by the same deficient practice and what corrective action will be taken;  Any resident with a pureed diet has the potential to be impacted by this alleged deficiency. All dietary staff responsible for preparing food shall be in-served on properly preparing foods that must be pureed.  What measures will be put into place or what systemic changes			-			How the facility will identify oth	ner	
permission. The Dietary Aide prepared the ingredients prior to the demonstration and indicated she cut the recipe in half to make 2 servings. The beef, thickener, and beef base were added to the mixer. The mixer ran for about a minute and the contents were then stirred and the mixer began again for another 30 seconds. The mixer was then removed from the base and the dietary aide began pouring the mixture onto ready to serve plates.  On 4/23/24 at 12:41 p.m., the Dietary Aide indicated she was finished and the food was ready to be served.  be affected by the same deficient practice and what corrective action will be taken;  Any resident with a pureed diet has the potential to be impacted by this alleged deficiency. All dietary staff responsible for preparing food shall be in-served on properly preparing foods that must be pureed.  What measures will be put into place or what systemic changes						-		
ingredients prior to the demonstration and indicated she cut the recipe in half to make 2 servings. The beef, thickener, and beef base were added to the mixer. The mixer ran for about a minute and the contents were then stirred and the mixer began again for another 30 seconds. The mixer was then removed from the base and the dietary aide began pouring the mixture onto ready to serve plates.  On 4/23/24 at 12:41 p.m., the Dietary Aide indicated she was finished and the food was ready to be served.  practice and what corrective action will be taken;  Any resident with a pureed diet has the potential to be impacted by this alleged deficiency. All dietary staff responsible for preparing food shall be in-served on properly preparing foods that must be pureed.  What measures will be put into place or what systemic changes								
indicated she cut the recipe in half to make 2 servings. The beef, thickener, and beef base were added to the mixer. The mixer ran for about a minute and the contents were then stirred and the mixer began again for another 30 seconds. The mixer was then removed from the base and the dietary aide began pouring the mixture onto ready to serve plates.  On 4/23/24 at 12:41 p.m., the Dietary Aide indicated she was finished and the food was ready to be served.  will be taken;  Will be taken;  Any resident with a pureed diet has the potential to be impacted by this alleged deficiency. All dietary staff responsible for preparing food shall be in-served on properly preparing foods that must be pureed.  What measures will be put into place or what systemic changes		ingredients prior to the demonstration and				•		
servings. The beef, thickener, and beef base were added to the mixer. The mixer ran for about a minute and the contents were then stirred and the mixer began again for another 30 seconds. The mixer was then removed from the base and the dietary aide began pouring the mixture onto ready to serve plates.  On 4/23/24 at 12:41 p.m., the Dietary Aide indicated she was finished and the food was ready to be served.  Any resident with a pureed diet has the potential to be impacted by this alleged deficiency. All dietary staff responsible for preparing food shall be in-served on properly preparing foods that must be pureed.  What measures will be put into place or what systemic changes		-						
added to the mixer. The mixer ran for about a minute and the contents were then stirred and the mixer began again for another 30 seconds. The mixer was then removed from the base and the dietary aide began pouring the mixture onto ready to serve plates.  On 4/23/24 at 12:41 p.m., the Dietary Aide indicated she was finished and the food was ready to be served.  Any resident with a pureed diet has the potential to be impacted by this alleged deficiency. All dietary staff responsible for preparing food shall be in-served on properly preparing foods that must be pureed.  What measures will be put into place or what systemic changes		_						
minute and the contents were then stirred and the mixer began again for another 30 seconds. The mixer was then removed from the base and the dietary aide began pouring the mixture onto ready to serve plates.  On 4/23/24 at 12:41 p.m., the Dietary Aide indicated she was finished and the food was ready to be served.  has the potential to be impacted by this alleged deficiency. All dietary staff responsible for preparing food shall be in-served on properly preparing foods that must be pureed.  What measures will be put into place or what systemic changes		_				Any resident with a pureed die	et	
mixer began again for another 30 seconds. The mixer was then removed from the base and the dietary aide began pouring the mixture onto ready to serve plates.  On 4/23/24 at 12:41 p.m., the Dietary Aide indicated she was finished and the food was ready to be served.  by this alleged deficiency. All dietary staff responsible for preparing food shall be in-served on properly preparing foods that must be pureed.  What measures will be put into place or what systemic changes						_ ·		
mixer was then removed from the base and the dietary aide began pouring the mixture onto ready to serve plates.  On 4/23/24 at 12:41 p.m., the Dietary Aide indicated she was finished and the food was ready to be served.  dietary staff responsible for preparing food shall be in-served on properly preparing foods that must be pureed.  What measures will be put into place or what systemic changes						I The state of the		
dietary aide began pouring the mixture onto ready to serve plates.  On 4/23/24 at 12:41 p.m., the Dietary Aide indicated she was finished and the food was ready to be served.  preparing food shall be in-served on properly preparing foods that must be pureed.  What measures will be put into place or what systemic changes						-		
to serve plates.  On 4/23/24 at 12:41 p.m., the Dietary Aide indicated she was finished and the food was ready to be served.  on properly preparing foods that must be pureed.  What measures will be put into place or what systemic changes						1	/ed	
on 4/23/24 at 12:41 p.m., the Dietary Aide indicated she was finished and the food was ready to be served.  must be pureed.  What measures will be put into place or what systemic changes								
On 4/23/24 at 12:41 p.m., the Dietary Aide indicated she was finished and the food was ready to be served.  What measures will be put into place or what systemic changes								
indicated she was finished and the food was ready to be served.  What measures will be put into place or what systemic changes		On 4/23/24 at 12:4	1 p.m., the Dietary Aide			'		
ready to be served. place or what systemic changes			-			What measures will be put into	)	
		ready to be served.				•		
the facility will make to ensure								
At that time, the large chunks of beef and lumpy that the deficient practice does not		At that time, the lan	rge chunks of beef and lumpy			_		
texture of the recipe was pointed out to Dietary recur;						· ·		
Aide 1. The product was not appropriate to be						,		
served. The Dietary Manager or designee		•				The Dietary Manager or design	nee	
shall visually inspect all pureed						, ,		
On 4/23/24 at 12:44 p.m., Dietary Aide 1 indicated items before it is plated to ensure		On 4/23/24 at 12:4	4 p.m., Dietary Aide 1 indicated					
she would mix the recipe some more. The contents proper consistency and			-			T		
were remixed and at 12:46 p.m., the beef recipe was immediately correct.			-					
ready to be served and was observed to be the			-			ĺ		
appropriate consistency.  How the corrective action(s) will be		1 -				How the corrective action(s) w	ill be	
monitored to ensure the deficient			•					
During an interview on 4/23/24 at 12:42 p.m., the practice will not recur, i.e., what		During an interview	w on 4/23/24 at 12:42 p.m., the					
Dietary Manager indicated the recipe needed to quality assurance program will be						1 ·		
be free of lumps and chunks and required a put into place; and			-					

State Form Event ID: 23GX11 Facility ID: 010889 If continuation sheet Page 8 of 13

PRINTED: 05/20/2024 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLI A. BUILDING B. WING	E CONSTRUCTION  G 00	(X3) DATE SURVEY COMPLETED 04/23/2024			
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 3444 SWANSON RD PORTAGE, IN 46368				
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OF	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	(X5) COMPLETION DATE		
	smooth consistency.  During an interview on 4/23/24 at 2:10 p.m., the Administrator indicated the food should not have had chunks in the completed recipe.  410 IAC 16.2-5-6(c)(2)			To ensure continued complianthe Dietary Manager or designshall use a pureed audit tool ensure the food is properly prepared daily for one month, weekly for 3 months, then eventwo weeks for 3 months.	nee to , then		
R 0298 Bldg. 00	Pharmaceutical S (2) A consultant p employed, or under (A) be responsible in 856 IAC 1-7; (B) review the dru practices in the fa (C) provide consu procedures of ord administering, and as medication rec (D) report, in writin his or her designed dispensing or adm (E) review the dru	ervices - Deficiency harmacist shall be er contract, and shall: e for the duties as specified  g handling and storage cility; litation on methods and ering, storing, d disposing of drugs as well					
	failed to ensure each reviewed at least or Consulting Pharmar (Residents 4, 5, 6, 2). Findings include:  1. The record for R 4/23/24 at 9:49 a.m. not limited to, hyper disorder, anxiety, so	view and interview, the facility th resident's drug regimen was nee every 60 days by the cist for 5 of 7 records reviewed. 2, and 8)  Resident 4 was reviewed on a. Diagnoses included, but were extension, major depressive eizure disorder, and type 2 ty administered the resident's	R 0298	What corrective action(s) will accomplished for those reside found to have been affected by deficient practice;  The facility has entered into a contract with a different pharm provider with significant SNF/experience to ensure compliant moving forward.  How the facility will identify of residents having the potential	ents by the i new macy AL ince		

State Form Event ID: 23GX11 Facility ID: 010889 If continuation sheet Page 9 of 13

PRINTED: 05/20/2024 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA  AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 00	(X3) DATE SURVEY  COMPLETED  04/23/2024	
	PROVIDER OR SUPPLIER		3444 S	ADDRESS, CITY, STATE, ZIP COD WANSON RD AGE, IN 46368	
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
TAG	medications.	LSC IDENTIFYING INFORMATION  w was completed by the	TAG	be affected by the same defic practice and what corrective a will be taken;	
	Pharmacist on 6/29/23. The next medication review was not until 2/29/24.			All residents have the potential be affected by this alleged	al to
	Director of Nursing	on 4/23/24 at 2:03 p.m., the indicated the facility had a during that time frame and		deficiency. The DON shall reand maintain a pharmacy revicalendar to ensure future	
		had not been completing , even though she told him one.		compliance with the pharmacy vendor.	y
	4/23/24 at 11:13 a.m were not limited to, hypertension, and ty	esident 5 was reviewed on  n. Diagnoses included, but congestive heart failure, /pe 2 diabetes. The facility sident's medications.		What measures will be put in place or what systemic chang the facility will make to ensure that the deficient practice doe recur;	es
	Pharmacist on 6/29/ review was not unti			The facility has contracted wit new pharmacy effective July 2024, and the contract specific includes pharmacy consult services per applicable law.	1,
	Director of Nursing changed pharmacies the new Pharmacist medication reviews they needed to be de-	on 4/23/24 at 2:03 p.m., the indicated the facility had s during that time frame and had not been completing even though she told him one. 3. Resident 6's record 22/24 at 11:07 a.m. Diagnoses		How the corrective action(s) v monitored to ensure the defici practice will not recur, i.e., wh quality assurance program wi put into place; and	ient at
	included, but were r behavioral disturbar depressive disorder,	not limited to, dementia with nee, hypertension, major gastroesophageal reflux isorder with delusions and		The DON or designee shall re the pharmacy calendar and immediately notify the pharma and Executive Director of any potential for non-compliance s that it may be addressed time	acy
	•	macy reviews completed every ly 2023 through January 2024.		The DON or designee shall re the pharmacy calendar for 8 months to ensure continued	-
	During an interview	on 4/23/24 at 10:30 a.m., the		compliance.	

State Form Event ID: 23GX11 Facility ID: 010889 If continuation sheet Page 10 of 13

PRINTED: 05/20/2024 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER			(X2) MULT A. BUILE B. WING		NSTRUCTION 00	(X3) DATE : COMPL 04/23/	ETED
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD  3444 SWANSON RD  PORTAGE, IN 46368				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	PRI	D EFIX AG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
MG	Director of Nursing pharmacy reviews of between July 2023 Resident 8's record 2:36 p.m. Diagnose	(DON) indicated there were no completed every 60 days through January 2024. 4. was reviewed on 4/22/24 at s included, but were not limited thritis, hyperlipidemia (high		AG			BAIL
	There were no pharmacy reviews completed every 60 days between July 2023 through January 2024.						
	During an interview Director of Nursing pharmacy reviews of between July 2023						
	11:01 a.m. Diagnos limited to, Alzheim	rd was reviewed on 4/22/24 at es included, but were not er, hypertension (high blood and hypothyroidism					
	_	macy reviews completed every ly 2023 through January 2024.					
	Director of Nursing pharmacy reviews of	y on 4/23/24 at 2:03 p.m., the (DON) indicated there were no completed every 60 days through January 2024.					
R 0349	410 IAC 16.2-5-8. Clinical Records -						
Bldg. 00	(a) The facility mu on each resident. maintained under employee of the fa	st maintain clinical records These records must be the supervision of an acility designated with that records must be as					

State Form Event ID: 23GX11 Facility ID: 010889 If continuation sheet Page 11 of 13

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	a. building <u>00</u>			COMPLETED	
			B. WING 04/23/2024			/2024	
				CTREET	ADDRESS CITY STATE ZID COD		
NAME OF I	PROVIDER OR SUPPLIE	R			ADDRESS, CITY, STATE, ZIP COD WANSON RD		
WANDM		EUC			MGE, IN 46368		
VVTINDIVI	OOR OF PORTAG	E, LLO		PURIA			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	(3) Readily accessible.						
	(4) Systematically organized.						
	Based on record review and interview, the facility		R 0	349	What corrective action(s) will be	oe	05/10/2024
	failed to ensure clir	nical records were complete and			accomplished for those reside	nts	
	accurately document	nted related to lack of follow up			found to have been affected b	y the	
	documentation afte	er a change in condition and no			deficient practice;		
	order to self administer medications for 1 of 7						
	records reviewed. (Resident 3)				The resident's order to		
					self-administer was updated ir	n the	
	Finding includes:				orders.		
	The record for Resident 3 was reviewed on 4/22/24				How the facility will identify oth	ner	
	at 11:15 a.m. Diagnoses included, but were not				residents having the potential	to	
	limited to, end stage renal disease, type 2				be affected by the same defici	ent	
	diabetes, heart failure, seizures, and anxiety.				practice and what corrective a	ction	
					will be taken;		
	The Senior Living	Level of Care Evaluation, dated			· ·		
	2/22/24, indicated t	the resident administered her			All residents have the potentia	ıl to	
	own medications.				be affected by this alleged		
					deficiency. The DON or desig	nee	
	The April 2024 Phy	ysician's Order Summary (POS)			shall audit resident charts to		
	indicated there was	no order for the resident to			ensure follow-up documentation	on is	
	self administer her	medications.			accurate related to any change	e of	
				conditions and/or orders to			
	A Nurses' Note, dat	ted 9/7/23 at 5:06 a.m.,			self-administer medications.		
	indicated the reside	ent approached staff and					
	informed them she	was going to the walk in clinic			What measures will be put into	)	
	to have her right ha	and examined. The right hand			place or what systemic change		
		e resident indicated it was			the facility will make to ensure		
	getting bigger after	she had hit it a couple of			that the deficient practice does		
		vas offered but the resident			recur;		
	refused. The reside	ent would inform staff upon her					
		ntry in the nurses' notes was on			All nursing staff shall be		
	9/29/23. The entry	was completed by the			in-serviced on documenting a	าy	
	Registered Dietitian				change in condition and/or ord	-	
					to self-medicate.		
	A Nurses' Note, dat	ted 10/23/23 at 5:23 p.m.,					
		ent was not feeling well. She			How the corrective action(s) w	ill be	
		aking herself to the emergency			monitored to ensure the defici		
		try in the nurses' notes was not			practice will not recur, i.e., who	at	

State Form Event ID: 23GX11 Facility ID: 010889 If continuation sheet Page 12 of 13

PRINTED: 05/20/2024 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED 04/23/2024			
NAME OF PROVIDER OR SUPPLIER WYNDMOOR OF PORTAGE, LLC				STREET ADDRESS, CITY, STATE, ZIP COD 3444 SWANSON RD PORTAGE, IN 46368				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION		ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	CTIVE ACTION SHOULD BE COMPLETI COMPLETION OF THE APPROPRIATE		
	until 11/2/23.  A Nurses' Note, dated 11/9/23 at 4:30 p.m., indicated the resident was complaining of having loose stools several times a day over the last week. The resident was requesting to have a BRAT (bananas, rice, applesauce, and toast) diet until 11/12/23. The next entry in the nurses' notes was dated 11/13/23 at 6:03 p.m., the resident complained of still having loose stools and wanting to go to the emergency room. The resident returned from the emergency room at 11:15 p.m. There was no follow up documentation after the resident returned.  During an interview on 4/23/24 at 2:05 p.m., the Director of Nursing indicated the resident should have had an order to self administer her medications and follow up documentation should have been completed after the hospital and walk in clinic visits.			quality assurance program will be put into place; and  The DON or designee shall audit residents' charts using a clinical documentation audit tool 3 times a week for four weeks then weekly for four weeks and monthly thereafter.		udit cal nes a		

State Form Event ID: 23GX11 Facility ID: 010889 If continuation sheet Page 13 of 13