

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

PRINTED: 12/28/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155566		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/28/2023	
NAME OF PROVIDER OR SUPPLIER  WARSAW MEADOWS				STREET ADDRESS, CITY, STATE, ZIP COD 300 E PRAIRIE ST WARSAW, IN 46580			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00421984.</p> <p>Complaint IN00421984- Federal/state deficiencies related to the allegations are cited at F809.</p> <p>Survey dates: November 27, and 28, 2023</p> <p>Facility number: 000359 Provider number: 155566 AIM number: 100274920</p> <p>Census Bed Type: SNF/NF: 62 Total: 62</p> <p>Census Payor Type: Medicare: 1 Medicaid: 54 Other: 7 Total: 62</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 12/6/2023.</p>			F 0000	<p>By submitting the enclosed materials, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective 12-14-23. We respectfully request paper compliance for this survey resolution.</p>		
F 0809 SS=E Bldg. 00	<p>483.60(f)(1)-(3) Frequency of Meals/Snacks at Bedtime §483.60(f) Frequency of Meals §483.60(f)(1) Each resident must receive and the facility must provide at least three meals daily, at regular times comparable to normal mealtimes in the community or in accordance with resident needs, preferences, requests, and plan of care.</p>						

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

TITLE

(X6) DATE

Nathan Jackson, HFA

Administrator

12/15/2023

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>§483.60(f)(2) There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except when a nourishing snack is served at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span.</p> <p>§483.60(f)(3) Suitable, nourishing alternative meals and snacks must be provided to residents who want to eat at non-traditional times or outside of scheduled meal service times, consistent with the resident plan of care.</p> <p>Based on observation, record review and interviews, the facility failed to ensure bedtime snacks were offered consistently for residents after the evening meal on 4 of 4 halls. This deficient practice had the potential to affect 61 of 62 residents who consumed food in the facility. (Independence, Freedom, Liberty and Heritage)</p> <p>Finding includes:</p> <p>The posted meal times for the facility indicated breakfast was served between 7:40 A.M. and 8:15 A.M. and the evening meal was served between 4:40 A.M. and 5:15 P.M., which indicated a timelapse of over 14 hours inbetween the two meals.</p> <p>Observations and interviews, were conducted on 11/27/2023 between 7:45 P.M. and 8:15 P.M., and indicated the following:</p> <p>- During an interview with CNA 2, who was working on the Independence and Freedom hall, she indicated she sometimes had snacks to pass. CNA 2 opened the clean utility room on the</p>			F 0809	<p>F809 Frequency of Meals/Snacks at Bedtime</p> <p>It is the practice of this facility to have a suitable, nourishing snack available for residents to eat at non-traditional times or outside scheduled meal service times. The corrective action taken for those residents found to be affected by the deficient practice include:</p> <p>Snacks were made available and offered to all residents on Independence, Freedom, Liberty and Heritage hallways. Other residents that have the potential to be affected have been identified by:</p> <p>All residents have the potential to be affected by this deficient practice. Dietary manager or designee to determine par levels and check par levels daily to assure that sufficient snack foods are available. Dietary Manager or</p>		12/15/2023

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	<p>Freedom hall and pointed to an empty plastic tray and empty plastic bin and stated," It looks like we do not have any snacks tonight." She opened the cupboards around the counter with the plastic bin and tray but there were no snacks. CNA 2 indicated the snacks for both halls were to be stored in the Freedom Hall clean utility room. There were 39 total residents on the Independence and Freedom Halls.</p> <p>- During an interview with QMA 3, who was passing medications on the Freedom hall, he indicated there were sometimes snacks to pass but he was unable to get into the kitchen to retrieve any snacks. He indicated he had notified the Director of Nursing (DON) and she was coming in with a key to obtain snacks from the kitchen. While QMA 3 was relaying the information to CNA 2 regarding the snacks, Resident 10 requested a snack and was informed he would have to wait until the DON arrived with keys to the kitchen.</p> <p>-During an interview with CNA 4, who was working on the secured Liberty dementia hall, she indicated the facility had stopped stocking individually wrapped snacks on the unit approximately 9 months ago. She opened the nourishment pantry room and there were 8 plastic bins, individually labeled with resident's names, with snacks in them. CNA 4 indicated there were 13 residents on the hall. CNA 4 indicated the families brought in snacks for their resident. There was a large bin of dry cereal but no milk in the refrigerator. CNA 4 indicated she could pour a health shake over top of the cereal, but the health shakes were supposed to be utilized for specific residents. There were a few cups of frozen sherbet and a few popsicles in the freezer. CNA 4 indicated she did not routinely offer bedtime</p>				<p>designee to replenish snack food levels to par daily. Nursing staff to offer a snack to all residents at bedtime.</p> <p>The measures and systematic changes that have been put into place to ensure that the deficient practice does not recur include: The policy "Snacks" was reviewed by the IDT. All nursing and dietary staff were inserviced on policy and procedure for snacks on 12-14-23. A performance improvement tool was developed to ensure snacks are available and offered to all residents.</p> <p>The corrective action taken to monitor performance to assure compliance through quality assurance is: A Performance Improvement Tool has been initiated that reviews par level of snack availability and that snacks were offered to all residents. The Director of Nursing or designee will complete this tool weekly for 4 weeks, monthly x 3 months, and quarterly x3. Any issues identified and corrected. The Quality Assurance Committee will review the tools at the scheduled meetings with recommendations as needed based on the outcomes of the tools.</p> <p>The date the systemic changes will be completed: 12/15/23</p>		

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	<p>snacks to residents but would try to find a snack if they requested a snack at night.</p> <p>-During an interview with CNA 5, who was working on the secured Heritage dementia hall , she indicated she did not routinely pass bedtime snacks. She opened a storage closet and there were 7 individually labeled bins. CNA 5 indicated there were 10 residents residing on the unit. Five of the seven bins had snacks in them. There was an opened box of microwave popcorn and an opened package of individually wrapped peanut butter cracker packets on the shelf in the closet. CNA 5 indicated there were supposed to be snacks, like peanut butter and cold meat sandwiches on a tray in the refrigerator. CNA 5, after asking the unit director for a combination code, opened the refrigerator in the dining room and there were no premade sandwiches or other snacks in the refrigerator. There were some chocolate candies with a paper towel over them on the top shelf and a round plastic lidded container with the unit director's name on it. CNA 5 indicated they probably contained food the unit director had made in activities for the residents.</p> <p>- During an interview with the Director of Nursing, who had entered the building at approximately 8:00 P.M., she indicated staff "knew" what residents would want a snack and did not routinely offer bedtime snacks to all the residents. While she was speaking, the Food Service Supervisor was observed taking a plastic tray into the clean utility room on the Freedom hall. The tray, that had recently been placed in the refrigerator, had approximately 5 sandwiches with resident names written on the plastic bags and approximately 8 very small plastic containers with a yellow substance in them. The DON indicated the substance was pudding.</p>						

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	<p>The facility policy, titled, "Snacks" provided by the Administrator, on 11/28/2023 at 10:45 A.M., included the following: "...Procedure: 1. In nursing facilities, there should be no more than 14 hours between a substantial evening meal (dinner) and breakfast the following day. All residents will be offered a bedtime snack. If a nourishing snack (single or in combinations, from the basic food group) , is served at bedtime, then up to 16 hours may elapse between a substantial evening meal (dinner ) and breakfast the next day...."</p> <p>This concern relates to complaint IN00421984.</p>						