STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		ILDING	00	COMPL	
		155282	B. WI	NG		03/24/	2023
	ROVIDER OR SUPPLIER	TY NORTHWOOD RETIREMENT (STREET ADDRESS, CITY, STATE, ZIP COD 2515 NEWTON ST CO JASPER, IN 47547				
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID		I		(X5)
PREFIX		CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION	TAG		CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	IE	DATE
F 0000							
Bldg. 00	the Recertification a completed on 2/9/23 a State Residential I was in conjunction	mplaint IN00401247 completed 247 - Corrected. h 22, 23, 24, 2023. 0180 55282	F 00	000	The facility requests paper compliance for this citation. This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreed by the provider of the truth of the facts alleged or conclusions so forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because is required by the provisions of federal and state law.	t ment the et ared se it	
F 0658 SS=E Bldg. 00	Total: 72 Census Payor Type: Medicare: 8 Medicaid: 26 Other: 19 Total: 53 These deficiencies reflect State Findings cited in accordance with 410IAC16.2-3.1. Quality review completed on April 4, 2023. 483.21(b)(3)(i) Services Provided Meet Professional Standards §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the						

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

TITLE (X6) DATE

Edwin Onwukegwu Administrator 04/13/2023

Any defiencystatement 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 disclo 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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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
		155282	B. WI	NG		03/24/	/2023
				CTREE	T ADDRESS, CITY, STATE, ZIP COD		
NAME OF F	PROVIDER OR SUPPLIEF	₹					
COOD S	AMADITAN COCIE	TY NORTHWOOD RETIREMENT	00		NEWTON ST		
GOOD S	AMARITAN SOCIE	IT NORTHWOOD RETIREMENT	CO	JASP	ER, IN 47547		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
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TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	facility, as outlined	d by the comprehensive					
	care plan, must-						
	(i) Meet profession	nal standards of quality.					
	Based on interview	and record review, the facility	F 06	558	A. Immediate actions taken fo	r	04/13/2023
	failed to ensure acc	eptable standards of care for 4			those residents identified:		
	of 7 residents review	wed for a late-onset diagnosis			Facility audited residents (K, J	١,	
	of schizophrenia. R	Residents given a diagnosis of			17, and 41) with diagnosis of		
	schizophrenia/schizoaffective disorder after the				Schizophrenia/schizoaffective	,	
	age of 65 did not have supporting documentation				facility consulted with the psyc	ch	
	in the medical record to substantiate that diagnosis as per the plan of correction. (Resident				Nurse Practitioner who, after		
					review of the resident's medic	al	
	K, Resident J, Resident 17, Resident 41)				record, clarified diagnosis,		
					changed active schizophrenia	to	
	Findings include:				history of Schizophrenia and		
					added dementia with behavior	· to	
		:34 A.M., Resident K's clinical			all affected residents. Targete	d	
		d. Resident K was 77 years old			behaviors for residents K, J, 1	behaviors for residents K, J, 17	
	when admitted to the	ne facility on 10/8/19.			and 41 have been identified a	nd	
					added to the Care Plan and		
		osis included, but were not			MAR/TAR for monitoring.		
		fective disorder, diagnosed			B. How the facility identified of	ther	
	2/26/21.				residents:		
					All residents with schizophren		
		arterly MDS (minimum data			have the potential to be affect		
	1	ated 1/16/23, indicated			by the alleged deficiency. No	other	
		izoaffective disorder and			residents currently have a		
		otic medication for 7 of 7 days			diagnosis of active schizophre		
	during the look bac	k period.			Other residents on psychotrop		
					medications were reviewed fo		
		orders included, but were not			targeted behaviors on care pla	an	
	limited to:				and MAR/TAR.		
		ychotic medication) 2.5mg			C. Measures put into		
	,	y mouth two times a day related			places/System Changes:		
	to schizoaffective disorder, dated 11/29/22.				Admitting or new diagnosis wi		
					reviewed in Daily Clinical Mee	ting.	
	Monitor resident for verbal/physical aggression				Those with schizophrenia		
	twice a day related to schizoaffective disorder,				diagnosis after age 65 will be		
	started 2/24/23.				reviewed for supporting		
		2 1 2 1/2			documentation, identification of		
	Care plans related t	o antipsychotic use and/or the			targeted behaviors on TAR ar	ıd	

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. B	UILDING	00	COMPL	ETED
		155282	B. W	ING		03/24/	2023
		<u> </u>		STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF F	PROVIDER OR SUPPLIER	R			EWTON ST		
GOOD S	AMARITAN SOCIE	TY NORTHWOOD RETIREMENT	СО	1	R, IN 47547		
	T		1		,	1	
(X4) ID		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 DEFICIENCY)	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION	1	TAG			DATE
	~	affective disorder were not			Care Plan. All documentations		
	3/14/23.	POC (plan of correction), dated			target behaviors were added of	on	
	3/14/23.				the TAR so that nursing is		
	A conv of Resident	K's TAR for March 2023 was			observing and documenting targeted behaviors. Residents		
		at 8:20 A.M, and indicated			care plans were updated to	5	
		was not monitored on the			indicate specific target behavior	ors	
	following days:				that support medication usage		
	3/2/23 (PM)				Facility nursing leadership will		
	3/21/23 (PM)				review every new admission in		
	3/22/23 (PM)				Daily Clinical Meeting, within	•	
					72hrs of admit for appropriate		
	2. On 3/22/23 at 11:	:52 A.M., Resident J's clinical			diagnosis, target behavior		
		d. Resident J was 86 years old			monitoring and Care Planning	. If	
		ne facility on 5/25/21.			they admit with a diagnosis of		
		•			schizophrenia, they will be		
	Resident J's diagnos	sis included, but were not			reviewed by the physician/Psy	/ch	
	limited to, schizoaf	fective disorder, diagnosed			NP to determine if the diagnos	sis is	
	5/24/22.				appropriate or not. If inapprop	riate,	
					diagnosis will be corrected.		
	_	arterly MDS Assessment,			Nursing staff were re-educate	d on	
		eated Resident J had			documentation completion r/t		
	schizoaffective disc				Behavior Monitoring.		
		cation for 7 of 7 days during			D. How the corrective actions	will	
	the look back period	d.			be monitored:		
					This process, including	_	
		orders included, but were not			schizophrenia dx, identification		
	limited to:	1 1 355			target behaviors monitored on		
		ychotic medication) 75mg by			and Care planned will be over		
		ay related to schizoaffective			and audited by the DON/desig		
	disorder, dated 6/21	122.			weekly x 1 months, bi-weekly		
	Manitan masidant f-	r hally ainstions two times a			months and then monthly x 6/	uii	
		r hallucinations two times a oaffective disorder, dated			compliance is met 100% and	vill	
	l -	oarreenve disorder, dated			maintained. These changes v		
	2/24/23. Care plans related to antipsychotic use and/or the				be discussed and reviewed du Monthly QAPI x6months/till	iiiig	
					compliance is met.		
	_	affective disorder were not			POC Completion Date:		
	_	POC (plan of correction), dated			4/13/2023.		
	3/14/23.	Company, dated			TI 10/2020.		

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155282			(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING 00 COMPLETED B. WING 03/24/2023				
	PROVIDER OR SUPPLIER AMARITAN SOCIETY NORTHWOOD RETIREMENT	СО	STREET ADDRESS, CITY, STATE, ZIP COD 2515 NEWTON ST JASPER, IN 47547				
(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)	TE	(X5) COMPLETION DATE	
	A copy of Resident J's TAR for March 2023 was received on 3/23/23 at 8:20 A.M, and indicated the behavior of hallucinations were not monitored on the following days: 3/2/23 (PM) 3/15/23 (PM) 3/15/23 (PM) 3/21/23 (PM) 3/22/23 (PM) 3. On 3/22/23 at 11:57 A.M., Resident 17's clinical record was reviewed. Resident 17 was 67 years old when admitted to the facility on 1/18/21. Resident 17's diagnosis included, but were not limited to, schizoaffective disorder, diagnosed 5/24/22. The most recent quarterly MDS Assessment, dated 12/12/22, indicated Resident 17 had schizoaffective disorder and received antipsychotic medication for 7 of 7 days during the look back period. Current physician's orders included, but were not limited to: Abilify (an antipsychotic medication) 5mg by mouth one time a day related to schizoaffective disorder, dated 6/21/22. Monitor resident for aggression twice a day related to schizoaffective disorder, started 2/28/23. Care plans related to antipsychotic use and/or the diagnosis of schizoaffective disorder were not updated as per the POC (plan of correction), dated 3/14/23. A copy of Resident 17's TAR for March 2023 was received on 3/23/23 at 8:20 A.M, and indicated						

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
		155282	B. W	ING		03/24/	2023
			<u> </u>	STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIEF	₹			EWTON ST		
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	ı				ζ, π. 17017		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5)
PREFIX	`	ICY MUST BE PRECEDED BY FULL		PREFIX			COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		r was not monitored on the					
	following days:						
	3/2/23 (PM)						
	3/21/23 (PM) 3/22/23 (PM)						
	3/22/23 (PM)						
	4 On 3/22/23 at 12:02 P.M. Resident 41's clinical						
	4. On 3/22/23 at 12:02 P.M., Resident 41's clinical record was reviewed. Resident 41 was 70 years						
		to the facility on 1/6/22.					
	old when admitted	to the facility on 1/0/22.					
	Resident 41's diagn	osis included, but were not					
	_	fective disorder, diagnosed					
	6/21/22.	, <u>B</u>					
	The most recent qua	arterly MDS Assessment,					
		cated Resident 41 had					
	schizoaffective disc						
		cation for 7 of 7 days during					
	the look back perior	· · · · · · · · · · · · · · · · · · ·					
	•						
	Current physician's	orders included, but were not					
	limited to:						
	Seroquel 12.5mg by	y mouth at bedtime related to					
	schizoaffective disc	order, start medication on					
	2/9/23.						
		orders were not updated to					
		onitoring related to					
		order as per the POC, dated					
	3/14/23.						
		o antipsychotic use and/or the					
	diagnosis of schizoaffective disorder were not						
	updated as per the POC, dated 3/14/23.						
	Duning on intermitation - 2/22/22 -4 10 00 4 34 BM						
	During an interview on 3/23/23 at 10:00 A.M., RN 5 indicated there was some misunderstanding about what needed to be done for the POC related						
	_	hizoaffective diagnoses, and l being updated with behaviors					
	care plans were still	i being updated with behaviors					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155282		X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING (X3) DATE SURVEY COMPLETED 03/24/2023					
	ROVIDER OR SUPPLIER	TY NORTHWOOD RETIREMENT	со	2515 N	NDDRESS, CITY, STATE, ZIP COD EWTON ST R, IN 47547		
(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 APPROPRIATE		(X5) COMPLETION
TAG	for those residents, a completed yet. She have been updated at those updates. She was being given as a been given to all state on 3/23/23 at 11:30 Medications policy, "Each resident's dru unnecessary drugs. drug when used: without adequate Residents who have are not given these anecessary to treat a diagnosed and docu. This deficiency was	A.M., a current Psychotropic revised 12/9/22, indicated gregimen must be free from An unnecessary drug is any without adequate monitoring indications for its use not used psychotropic drugs drugs unless the medication is specific condition as mented in the clinical record"		TAG	DEFICIENCY)		DATE
F 0695 SS=D Bldg. 00	Suctioning § 483.25(i) Respir tracheostomy care The facility must e needs respiratory tracheostomy care is provided such c professional stand comprehensive pe the residents' goal 483.65 of this sub	e and tracheal suctioning, are, consistent with lards of practice, the erson-centered care plan, is and preferences, and	FO	605	A. Immediate actions taken f	or	04/13/2023
	review, the facility	on, interview and record failed to ensure the residents ary respiratory care and	F 0	695	A. Immediate actions taken f those residents identified: Facility immediately ensure	or	04/13/2023

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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY NORTHWOOD RETIREMENT CO MAJ ID SIMMARY STATEMENT OF DEFICIENCIE: GOOD SAMARITAN SOCIETY NORTHWOOD RETIREMENT CO MAJ ID SIMMARY STATEMENT OF DEFICIENCIE: GOOD SAMARITAN SOCIETY NORTHWOOD RETIREMENT CO Services in accordance with the professional standards of practice for 2 of 3 residents reviewed for respiratory care. The facility finded to follow physician oxygenation orders and have an oxygen use care plan as indecated in the plan of correction (POC). (Resident 29, Resident 16) Findings include: 1. On 3/22/23 at 2.35 P.M., observed Resident 29 sitting in his recliner with O2 (oxygen) on at 2 liters per nasal cannula. The O2 ubing and humidification bottle were dated 3/22/23. At that time, an interview with RN 9 indicated the order for Resident 29 soxygen was O2 at 2 liters per nasal cannula a bedientie. When asked the order parameter in the control of the professional standard I would have to ask LTN 64. LTN 64 indicated also would go find an answer for me. I PN 64 did not return. On 3/22/23 at 11:32 A.M. Resident 29's clinical record was reviewed. Diagnosis included, but were not limited to, anxiety disorder, chronic respiratory failure with hypoxia, and personal history of COVID-19. The most recent quarterly MDS (Minimum Data Set) assessment dated 12/29/22, indicated Resident 29 was cognitively intact, required limited assistance of one for hed mobility and transferring, supervision with service puly for eating, extensive assistance of one for foilet use, and on oxygen. Current physician's orders included, but were not limited to, the following: Oxygen 2 LPM (liters per minute) per nasal cannula via O2 concentrator and/or tank at bed	STATEMEN	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			ULTIPLE CO	(X3) DATE SU) DATE SURVEY	
NAME OF PROVIDER OR SLIPPLIER GOOD SAMARITAN SOCIETY NORTHWOOD RETIREMENT CO (AVI) ID SUMMARY STATEMENT OF DESCLENCES (EACH DEPTICINARY MOST HE PRECEDED BY FULL TAG REGULATORY OR ISE (DINTENTING INFORMATION Services in accordance with the professional standards of practice for 2 of 3 residents reviewed for respiratory care. The facility failed to follow physician oxygenation orders and have an oxygen use care plan as indicated in the plan of correction (POC). (Resident 29, Resident 16) Findings includes: 1. On 3/22/23 at 2:35 P.M., observed Resident 29 sitting in his recliner with O2 (oxygen) on at 2 liters per nasal cannula. The O2 rubing and humidification hottle were duel d 3/22/23. At that time, an interview with RN 9 indicated the order for Resident 29 ways on and 2 12 liters per masal cannula at bedtime. When asked if Resident 29 normally wears his oxygen all the time, kn 9 indicated I would have to ask LPN 64. LPN 64 indicated she would go find an answer for me. LPN 64 did not return. On 3/22/23 at 1132 A.M. Resident 29's clinical record was reviewed. Diagnosis included, but were not limited to, anxiety disorder, chronic respiratory failure with hypoxia, and personal history of COVID-19. The most recent quarterly MDS (Minimum Data Set) beasement alted 12/29/22, indicated Resident 29 was cognitively intact, required limited assistance of one for bed mobility and transferring, supervision with setup only for eating, extensive assistance of one for foilet use, and on oxygen. Current physician's orders included, but were not limited to, the following: Oxygen 2 LPM (likes per minual) control of the residents (23 and 16) are receiving oxygenation per physician orgenation per physician o	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPLET	ΈD
STREET ADDRESS. CITY, STATE, ZIP COD 2515 NEWTON ST JASPER, IN 47547 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE GENATURE PRICED BY PILL TAG SERVICES in accordance with the professional standards of practice for 2 of 3 residents reviewed for respiratory care. The facility failed to follow physician oxygenation orders and have an oxygen use care plan as indicated in the plan of correction (POC), (Resident 29, Resident 16) Findings include: 1. On 3/22/23 at 2:35 P.M., observed Resident 29 sitting in his recliner with O2 (oxygen) on at 2 liters per nasal camula. The O2 tubing and humidification bottle were flated 3/22/23. At that time, an interview with RN 9 indicated the order for Resident 29's oxygen was O2 at 2 liters per nasal camula a better. On 3/22/23 at 1:32 A.M. Resident 29's clinical record was reviewed. Diagnosis included, but were not limited to, anxiety disorder, chronic respiratory fallure with hypoxia, and personal history of COVID-19. The most recent quarterly MDS (Minimum Data Sct) assessment dated 1/22/92/22, indicated Resident 29 was cognitively intact, required limited assistance of one for bed mobility and transferring, supervision with serup only for eating, extensive assistance of one for toilet use, and on oxygen. Current physician's orders included, but were not limited to, the following: Oxygen 2 LPM (liters per minute) per nasal camula via O2 concentrator and/or tank at bed			155282	B. W	ING		03/24/20	023
ANAME OF PROVIDER OR SUPPLIES GOOD SAMARITAN SOCIETY NORTHWOOD RETIREMENT CO (X4) ID SUMMARY STATEMENT OF DEFICIENCE PREFEX TAG SERVICES in ACCORDANCY OR LSC IDENTIFYING NORDAMATION Services in accordance with the professional standards of practice for 2 of 3 residents reviewed for respiratory care. The facility failed to follow physician oxygenation orders and have an oxygen use care plan as indicated in the plan of correction (POC). (Resident 29, Resident 16) Findings include: 1. On 3/22/23 at 2:35 P.M., observed Resident 29 sitting in his recliner with 02 (oxygen) on at 2 liters per nasal camula. The O2 tubing and humidification bottle were dated 3/22/3. At that time, an interview with RN 9 indicated the order for Resident 29, syeng mas O2 at 2 liters per nasal camula at beltime. When asked if Resident 29 normally wears his oxygen all the time, RN 9 indicated I would have to ask LPN 64. LPN 64 indicated as would go find an answer for me. LPN 64 did not return. On 3/22/23 at 11:32 A.M. Resident 29's clinical record was reviewed. Diagnosis included, but were not limited to, anxiety disorder, chronic respiratory failure with hypoxia, and personal history of COVID-19. The most recent quarterly MDS (Minimum Data Sec) assessment dated 12/29/22, indicated Resident 29 vas cognitively intact, required limited assistance of one for bed mobility and transferring, supervision with setup only for eating, extensive assistance of one for toilet use, and on oxygen. Current physician's orders included, but were not limited to, the following: Oxygen 2 LPM (filex per minute) per nasal cannula via O2 conceptator and or task at bed								
JASPER, IN 47547 JASPER, IN	NAME OF P	PROVIDER OR SUPPLIER	<u>.</u>					
Oxional Stammary Statement of Deficiencie ID Propriet PREFIX (Rach Deficiency Must per Precisional standards of practice for 2 of 3 residents reviewed for respiratory care. The facility failed to follow physician oxygenation orders and have an oxygen use care plan as indicated in the plan of correction (POC). (Resident 29, Resident 16) String in his recliner with 02 (oxygen) on at 2 liters per mass cannula at bedime. When asked if Resident 29 sitting in his recliner with 02 (oxygen) on at 2 liters per mass cannula at bedime. When asked if Resident 29 oxygenation per physician order and also care plana indicated in the plan of correction (PoC). (Resident 29, Resident 16) State per mass cannula at bedime. When asked if Resident 29 oxygenation bottle were dated 3/22/23. At that time, an interview with RN 9 indicated the order for Resident 19% oxygen was 02 at 2 liters per mass cannula at bedime. When asked if Resident 29 normally wears his oxygen after time, RN 9 indicated the would go find an answer for me. LPN 64 did not return. On 3/22/23 at 11:32 A.M. Resident 29's clinical record was reviewed. Diagnosis included, but were not limited to, anxiety disorder, chronic respiratory failure with hypoxia, and personal history of COVID-19. The most recent quarterly MDS (Minimum Data Serional Series and oxygen.) In the reviewed by nurse leadership next business day to ensure orders have all needed components will be monitored. The nurse leadership will make daily rounds and as needed rounds to ensure oxygen orders as more and as needed rounds to ensure oxygen orders as more and as needed rounds to ensure oxygen orders and as needed rounds to ensure oxygen orders as more and as needed rounds to ensure oxygen orders as more and as needed rounds to ensure oxygen orders as more and as needed rounds to ensure oxygen orders as more and as needed rounds to ensure oxygen orders as more and as needed rounds to ensure oxygen orders as deadership will make daily rounds and as needed rounds to ensure oxygen is be	0005.0	444DITAN 000:=	TV NODTI IMOOD DETIDES : :-	00				
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record was reviewed. Diagnosis included, but were not limited to, anxiety disorder, chronic respiratory failure with hypoxia, and personal history of COVID-19. The most recent quarterly MDS (Minimum Data Set) assessment dated 12/29/22, indicated Resident 29 was cognitively intact, required limited assistance of one for bed mobility and transferring, supervision with setup only for eating, extensive assistance of one for toilet use, and on oxygen. The most recent quarterly MDS (Minimum Data Set) assessment dated 12/29/22, indicated Resident 29 was cognitively intact, required limited assistance of one for bed mobility and transferring, supervision with setup only for eating, extensive assistance of one for toilet use, and on oxygen. The nurse leadership will make daily rounds and as needed rounds to ensure oxygen is being delivered as ordered. This process will be						All nurses re-educated on		
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were not limited to, anxiety disorder, chronic respiratory failure with hypoxia, and personal history of COVID-19. The most recent quarterly MDS (Minimum Data Set) assessment dated 12/29/22, indicated Resident 29 was cognitively intact, required limited assistance of one for bed mobility and transferring, supervision with setup only for eating, extensive assistance of one for toilet use, and on oxygen. The most recent quarterly MDS (Minimum Data Set) assessment dated 12/29/22, indicated Resident 29 was cognitively intact, required limited assistance of one for bed mobility and transferring, supervision with setup only for eating, extensive assistance of one for toilet use, and on oxygen. The nurse leadership will make daily rounds and as needed rounds to ensure oxygen is being delivered as ordered. This process will be		record was reviewe	d. Diagnosis included, but					
respiratory failure with hypoxia, and personal history of COVID-19. The most recent quarterly MDS (Minimum Data Set) assessment dated 12/29/22, indicated Resident 29 was cognitively intact, required limited assistance of one for bed mobility and transferring, supervision with setup only for eating, extensive assistance of one for toilet use, and on oxygen. The nurse leadership will make daily rounds and as needed rounds to ensure oxygen is being delivered as ordered. This process will be			_					
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The most recent quarterly MDS (Minimum Data Set) assessment dated 12/29/22, indicated Resident 29 was cognitively intact, required limited assistance of one for bed mobility and transferring, supervision with setup only for eating, extensive assistance of one for toilet use, and on oxygen. The nurse leadership will make daily rounds and as limited to, the following: Oxygen 2 LPM (liters per minute) per nasal cannula via O2 concentrator and/or tank at bed will be reviewed by nurse leadership next business day to ensure orders have all needed components D. How the corrective actions will be monitored. The nurse leadership will make daily rounds and as needed rounds to ensure oxygen is being delivered as ordered. This process will be								
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Set) assessment dated 12/29/22, indicated Resident 29 was cognitively intact, required limited assistance of one for bed mobility and transferring, supervision with setup only for eating, extensive assistance of one for toilet use, and on oxygen. The nurse leadership will make daily rounds and as limited to, the following: Oxygen 2 LPM (liters per minute) per nasal cannula via O2 concentrator and/or tank at bed ensure orders have all needed components D. How the corrective actions will be monitored. The nurse leadership will make daily rounds and as needed rounds to ensure oxygen is being delivered as ordered. This process will be		The most recent qua	arterly MDS (Minimum Data			<u> </u>	y to	
Resident 29 was cognitively intact, required limited assistance of one for bed mobility and transferring, supervision with setup only for eating, extensive assistance of one for toilet use, and on oxygen. Current physician's orders included, but were not limited to, the following: Oxygen 2 LPM (liters per minute) per nasal cannula via O2 concentrator and/or tank at bed Components D. How the corrective actions will be monitored. The nurse leadership will make daily rounds and as needed rounds to ensure oxygen is being delivered as ordered. This process will be		_	-			-	- 1	
limited assistance of one for bed mobility and transferring, supervision with setup only for eating, extensive assistance of one for toilet use, and on oxygen. The nurse leadership will make daily rounds and as needed rounds to ensure oxygen 2 LPM (liters per minute) per nasal cannula via O2 concentrator and/or tank at bed D. How the corrective actions will be monitored. The nurse leadership will make daily rounds and as needed rounds to ensure oxygen is being delivered as ordered. This process will be		· ·				components		
transferring, supervision with setup only for eating, extensive assistance of one for toilet use, and on oxygen. The nurse leadership will make daily rounds and as needed rounds to ensure Oxygen 2 LPM (liters per minute) per nasal cannula via O2 concentrator and/or tank at bed D. How the corrective actions will be monitored. The nurse leadership will make daily rounds and as needed rounds to ensure oxygen is being delivered as ordered. This process will be		limited assistance o	f one for bed mobility and			· ·		
eating, extensive assistance of one for toilet use, and on oxygen. The nurse leadership will make daily rounds and as limited to, the following: Oxygen 2 LPM (liters per minute) per nasal cannula via O2 concentrator and/or tank at bed will be monitored. The nurse leadership will make daily rounds and as needed rounds to ensure oxygen is being delivered as ordered. This process will be						D. How the corrective action	ns	
and on oxygen. Current physician's orders included, but were not limited to, the following: Oxygen 2 LPM (liters per minute) per nasal cannula via O2 concentrator and/or tank at bed The nurse leadership will make daily rounds and as needed rounds to ensure oxygen is being delivered as ordered. This process will be						will be monitored.		
Current physician's orders included, but were not limited to, the following: Oxygen 2 LPM (liters per minute) per nasal cannula via O2 concentrator and/or tank at bed make daily rounds and as needed rounds to ensure oxygen is being delivered as ordered. This process will be								
Current physician's orders included, but were not limited to, the following: Oxygen 2 LPM (liters per minute) per nasal cannula via O2 concentrator and/or tank at bed make daily rounds and as needed rounds to ensure oxygen is being delivered as ordered. This process will be						The nurse leadership will		
limited to, the following: Oxygen 2 LPM (liters per minute) per nasal cannula via O2 concentrator and/or tank at bed needed rounds to ensure oxygen is being delivered as ordered. This process will be		Current physician's orders included, but were not				-		
Oxygen 2 LPM (liters per minute) per nasal cannula via O2 concentrator and/or tank at bed oxygen is being delivered as ordered. This process will be						-		
cannula via O2 concentrator and/or tank at bed ordered. This process will be							,	
		1						
time for SOA (shortness of air) related to chronic overseen by DON/designee by						overseen by DON/designee b		

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Event ID:

EIDN12

Facility ID: 000180

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVE				SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPL	ETED
		155282	B. W	ING		03/24/	2023
				CTREET	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIER	₹			EWTON ST		
COODS	AMADITAN SOCIE	TY NORTHWOOD RETIREMENT	00				
G00D 3	AWARITAN SOCIE	TY NORTHWOOD RETIREMENT	CO	JASPEI	R, IN 47547		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		witty hypoxia, dated 3/23/22.			auditing all residents utilizing	g	
		and label and humidification			oxygen, to ensure that		
	1	OC (night) shift every night			physician order for oxygen u	se	
	1	y for O2 tubing. Please sign			and care plans are being		
	and date all O2 tubing and humidification bottles, dated 3/6/23. A current care plan for oxygen therapy, initiated 3/24/22, included, but was not limited to the				followed weekly x4, bi-month	-	
					x 2 and monthly x 6. The aud		
			1		reports will be reviewed duri	_	
					monthly QAPI for 6months/ti	II	
					compliance is met 100% and		
	following intervent				maintained.		
	Oxygen therapy as	ordered.			E BOO Commission Boto		
	During on intervious	u on 2/22/22 of 10:29 A.M. DN			E.POC Completion Date: 4/13/2023.		
	During an interview on 3/23/23 at 10:38 A.M., RN 5 indicated the POC was not followed as nurses				4/13/2023.		
		are the order for the oxygen was					
	_	ed the nurses didn't change					
		hey were not aware that the					
		g on the oxygen himself. RN 5					
		een aware that he had done					
	that since he had be						
	2. On 3/22/23 at 2:3	37 P.M., Resident 16 was					
		ed with eyes closed and head					
		h O2 on at 2 liters per nasal					
	cannula. The oxyge	en tubing and humidification					
	bottle were dated 3/	/22/23. O2 sat this am at 6:04					
	A.M. was 98% and	at 8:22 A.M. was 97% on O2 at					
	21 per nasal cannula	a. The clinical record lacked					
	documentation of a	n O2 sat below 90% on room					
	air.						
		0 A.M., Resident 16's medical					
		ved. Diagnosis included, but					
		liabetes mellitus type 2,					
	systolic heart failur	e, and unspecified asthma.					
	The meet	autouls, MDC (ministrate date					
	The most recent quarterly MDS (minimum data						
	set) assessment, dated 2/13/23, indicated Resident 16 was mildly impaired and required extensive		1				
		eople for bed mobility,					
	assistance of two pe	copic for oca modifity,					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE SURVE	Y
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	00	COMPLETED	
		155282	B. W	ING		03/24/2023	
			<u> </u>	STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF P	PROVIDER OR SUPPLIER	L.			EWTON ST		
GOOD S	AMARITAN SOCIE	TY NORTHWOOD RETIREMENT	СО		R, IN 47547		
(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 APPROPRIA	COMI	PLETION
TAG		LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		ATE
		ise. The MDS assessment					
	indicated oxygen w	as not in use while a resident.					
	The most current ph	nysician orders included, but					
	were not limited to	the following:					
	Check O2 sat (saturation) if O2 sat is < 90% may						
	_	/C (nasal cannula) to maintain					
		titrate, dated 11/22/22					
		and label and humidification					
	bottle weekly on NO	OC shift, dated 3/7/23					
	The clinical records lacked a care plan for oxygen.						
	During an interview	on 3/22/23 at 3:40 P.M., LPN 7					
		ot aware of an O2 order to					
	wear the O2 routine	ely. She indicated the only					
	order she could find	I was to check O2 sat and					
	titrate O2 if sat is <	90%. She indicated the					
	resident is on hospic	ce and she would place a call					
	to the hospice nurse	to get clarification on the					
	order.						
	During an interview	on 3/22/23 at 3:50 P.M., LPN 7					
	indicated the hospic	e nurse said oxygen use was					
		is aware that Resident 16					
		it on because sometimes it					
		indicated the order for					
		nd putting on O2 for sats less					
		come out because that's an old					
	order since Novemb	oer.					
	During an interview	on 3/23/23 at 10:38 A.M., RN					
	_	was not followed as the					
	hospice nurse did no	ot communicate with the staff					
	nurse to change the	O2 order when Resident 16					
		y as a comfort measure and a					
	care plan should have	ve been written at that time.					
	On 3/23/23 at 9:59	A.M., a current Oxygen					
		cy, revised 6/29/22, indicated					
		• ,					

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STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155282		Ì	JILDING	instruction 00	(X3) DATE COMPL 03/24 /	ETED	
	ROVIDER OR SUPPLIER	TY NORTHWOOD RETIREMENT (STREET ADDRESS, CITY, STATE, ZIP COD 2515 NEWTON ST T CO JASPER, IN 47547				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			ΓE	(X5) COMPLETION DATE
	medical provider or employee trained ac the use of oxygen w responsible for the p oxygen to the reside	oroper administration of ent Verify physician order" cited on 2/9/23. The facility a systemic plan of correction					
F 9999							
Bldg. 00			F 99	999	Final Observation.		04/13/2023
R 0000							
Bldg. 00	the State Residentia also included a PSR Licensure Survey of This visit was in con	njunction with a PSR to the implaint IN00401247 completed 247 - Corrected. 1 22, 23, 24, 2023. 0180 55282	R 00	000	The facility requests paper compliance for this citation. This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreed by the provider of the truth of the facts alleged or conclusions seforth in the statement of deficiencies. The plan of correction is preparand/or executed solely because is required by the provisions of federal and state law.	t ment he et ired se it	

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AND PLAN OF CORRECTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155282		A. BU	A. BUILDING 00 CO		COMPL 03/24/	ETED	
	ROVIDER OR SUPPLIER	TY NORTHWOOD RETIREMENT	СО	2515 NE	ADDRESS, CITY, STATE, ZIP COD IEWTON ST R, IN 47547		
(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 APPROPRIAT DEFICIENCY)	ΓE	(X5) COMPLETION DATE
R 0273 Bldg. 00	Census Payor Type: Medicare: 8 Medicaid: 26 Other: 19 Total: 53 These deficiencies r accordance with 410 410 IAC 16.2-5-5. Food and Nutrition (f) All food prepara (excluding areas ir maintained in accolocal sanitation and standards, includir Based on observation interview, the facility stored appropriately observations. Food of labeled with the confarea, refrigerator, or not supporting the diabeling as per plan Findings includes: On 3/23/23 at 8:37 following was observations was observationed appropriately observations. Food of labeling as per plan Findings includes: On 3/23/23 at 8:37 following was observations of panko that we covered container of present	effect State Findings cited in DIAC 16.2-5. I(f) I(f	R 0	273	A. Immediate actions taken for those residents identified: Facility immediately completed full walk through of food storagarea and entirely removed all expired foods, and unlabeled fB. How the facility identified of residents: No specific resident was identithowever, all residents have the potential to be affected by the alleged deficiency. C. Measures put into places/System Changes: All staff were in-serviced on prelabeling and storing of food an food products such as spices on food delivery day the lead of will ensure food is labeled propusing FIFO (first in, first out) us month/date/year. Every Friday the Lead cook will	l a ge oods her fied. e oper d etc. cook perly sing	04/13/2023

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155282			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 03/24/2023	
	PROVIDER OR SUPPLIER	TY NORTHWOOD RETIREMENT	со	2515 NI	ADDRESS, CITY, STATE, ZIP COD EWTON ST R, IN 47547		
(X4) ID PREFIX TAG	SUMMARY S (EACH DEFICIEN REGULATORY OR 6 boxes of angel cal 8/14/2021 flour and sugar bins clear plastic contain clear container of re clear container of se bag of long grain ric box of Uncle Ben ri 12/16/22 no best bu opened can of veget bottle of open balsa and white whine vir organic all spice op- ground nutmeg oper container of opened small container of ocloves not dated container of quick de bag of grits in a plox of Sysco Spanis green covered container dated large container of or plastic container of or not dated clear container of refried container of pre-dip package of opened I Observed in kitcher containers of oregan pepper dated 1/8/20 containers of marjor rosemary, basil, Ital garlic powder, leme	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION Re mix with a best by date of The not dated Ber of iodized salt not dated Ber of iodized salt not dated Ber rising flour not dated Ber dated 7/19/22 (no year) Ce pilaf in a plastic bag opened By found on box Bable shortening not dated Ber and dated 9/10/18 Ber and dated 9/10/18 Ber and and dated 9/1/21 Baking powder dated 4/19/22 Ber and ground Bried oats dated 3/20 (no year) Belastic bag dated 5/8/20 Bel Rice opened not dated Beiner of chocolate chips not Blive oil opened not dated Beans dated 1/11 (no year) Belastic dated 1/15/20		JASPEF ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAL DEFICIENCY) responsible for ensuring all dr storage is checked for or disprof any expiring foods and unlabeled foods. Every Friday the Lead Cook we ensure the cold storage including refrigerator and freezer will be cleaned and all expiring foods unlabeled foods will be dispose of. The Assisted Living Managwill make rounds in the Kitchet twice a week to ensure that for are labeled correctly and that expiring foods have been disposed. D. How the corrective actions be monitored: This audit will be done weekly then bi-monthly x 2 and then monthly x 6 months/till compliance is met. This will be covered in QAPI monthlyx6months/till 100% is achieved. E.POC Completion Date: 4/13/2023	y osed vill ling and sed ger n ods	(X5) COMPLETION DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155282		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 03/24/2023			
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY NORTHWOOD RETIREMENT OF			STREET ADDRESS, CITY, STATE, ZIP COD 2515 NEWTON ST CO JASPER, IN 47547					
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION	DRRECTION (X:		
PREFIX	(EACH DEFICIENCY 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			DATE	
	container of poultry seasoning dated 3/4/16							
	Observed in refrige container of liquid of year) platter of tomatoes 3/19/23 bag lettuce unopend bowl of lettuce salar bottle of opened Word (no year) bottle of opened Digyear) During an interview residential manager all the areas and just marked "OK". She has a policy for leffor discarded within indicates the item word days. During an interview Cook 37 indicated to observed during the bethere and should On 3/23/23 at 11:15 Storage-Food and No 6/21/2022, was protent have been open an enclosed contain properly."	rator: leggs opened and dated (no cut and covered with date of led expired 3/20/23 d dated 3/18 no year orcestershire sauce dated 4/9 lipon mustard dated 6/27 (no lipon mustard dated 4/9 lipon mustard dated 4/9 lipon mustard dated fook at late picked out a few areas and late indicated that the facility lipon mustard dated fook at late picked out a few areas and						
	failed to implement a systemic plan of correction to prevent recurrence.							

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING <u>00</u>		00	COMPLETED	
		155282	B. WING			03/24/2023	
				STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF PROVIDER OR SUPPLIER					EWTON ST		
GOOD SAMARITAN SOCIETY NORTHWOOD RETIREMENT O			со		R, IN 47547		
(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		LISC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
R 0275 410 IAC 16.2-5-5.1(h)							
Blda 00	Food and Nutritional Services - Deficiency						
Bldg. 00	(h) Diet orders shall be reviewed and revised						
	by the physician as the resident 's condition						
	requires.			75	A. Immediate actions taken f	or	04/13/2023
	Based on interview	and record review, the facility	R 0275		those residents identified:	OI .	04/13/2023
		resident diet orders were			Facility updated residents (77,		
		ed by the physician as the			73, 74, 70, and 72) service pla	-	
	resident's condition requires for 5 of 5 residents				to reflect their current diet		
		ders (Resident 70, Resident 72,			order as written by the		
		ent 74, Resident 77).			physician, is documented in		
		,			their service plan.		
	Findings include:				·		
	During an interview	on 3/22/23 at 10:00 A.M., with			B. How the facility identified		
	the Director of Nurs	sing (DON), the DON indicated			other residents:		
	that residents need t	to be re-assessed annually for					
	health concerns and	l needs. She provided a health			All residents have the		
	-	ng order document for each of			potential to be affected by th	е	
		ocuments included physician			alleged deficiency, hence the		
		e not transcribed to the			rest of the residents diet ord	ers	
	residents' charts.				were audited to ensure there		
	D : 1 : 2/22/22 + 11 20 A N 5				are current written physician		
	During record reviews on 3/23/23 at 11:20 A.M., 5 of 5 residents reviewed for dietary orders did not				orders in the medical record	,	
					which are now reflected on		
	have dietary orders in their electronic chart, as follows:				their individual service plans	5.	
	ionows.				C Mossuros put into		
	1 Resident 77's clir	nical record was reviewed.			C. Measures put into places/System		
		, but were not limited to,			Piaces/Cystelli		
	_	lure and diabetes mellitus type			All staff were in-serviced on		
	_	s admitted on 3/4/22.			ensuring that all residents hav	e a	
	3 St. 5, 1, 22.				current diet order from the		
	A health history and	d physician admitting orders			physician, and diet orders are	on	
	_	indicated the resident's diet			the resident service plan. All n		
	order was Regular (admitting residents will have a		
	_	ed by the physician.			written diet order from the		
					physician which will be on the	eir	
	The current physician's orders lacked a diet order for the resident.				service plan. When resident's		
					return from doctor's appointment	ents.	

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	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155282		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/24/2023			
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY NORTHWOOD RETIREMENT O			STREET ADDRESS, CITY, STATE, ZIP COD 2515 NEWTON ST CO JASPER, IN 47547					
(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)	DATE			
	2. Resident 73's clinical record was reviewed. Diagnoses included, but were not limited to, diabetes mellitus type II and hypothyroidism. Resident 73 was admitted on 4/24/08.			assisted living manager/desig will review any paper work to ensure that is no changes in current diet order.	nee			
	The current physician's orders lacked a diet order for the resident.			D. How the corrective action will be monitored:	ns			
	3. Resident 74's clinical record was reviewed. Diagnoses included, but were not limited to, hyperlipidemia and primary hypertension. Resident 74 was admitted on 12/1/20. The current physician's orders lacked a diet order			The Assisted Living manage will audit this weekly x4 weeks, then bi-monthly x2 months then monthly x 6 months. The audit will be review during QAPI monthly meeting x 6months/till 100%				
	Diagnoses included	nical record was reviewed. but was not limited to, esident 70 was admitted on		compliance is achieved. E.POC Completion Date: 4/13/2023				
	The current physicia for the resident.	an's orders lacked a diet order						
	5. Resident 72's clin clinical record lacke	ical record was reviewed. The ed a diet order.						
	care team will perform comprehensive assess needsfood and nutrincluded in the assess policy also indicates Evaluation "should months by a license	s that "an interdisciplinary orm ongoing accurate and ssments of the clients' tritionalstatus must be ssment process. Facility s that a Mini Level of Care be completed every six d nurse" This policy lacked ping food and nutritional vised as needed.						

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155282	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		(X3) DATE SURVEY COMPLETED 03/24/2023			
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY NORTHWOOD RETIREMENT OF				STREET ADDRESS, CITY, STATE, ZIP COD 2515 NEWTON ST CO JASPER, IN 47547				
(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 APPROPRIA' DEFICIENCY)	ΓE	(X5) COMPLETION DATE	
		a systemic plan of correction ee.						

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