

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155242	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/26/2021
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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF MUNCIE	STREET ADDRESS, CITY, STATE, ZIP CODE 4301 N WALNUT ST MUNCIE, IN 47303
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 IN00357251.</p> <p>Complaint IN00357251 - Substantiated. Federal/state deficiency related to the allegations is cited at F806.</p> <p>Survey dates: July 26, 2021</p> <p>Facility number: 000146 Provider number: 155242 AIM number: 100291200</p> <p>Census Bed Type: SNF/NF: 119 Total: 119</p> <p>Census Payor Type: Medicare: 10 Medicaid: 80 Other: 29 Total: 119</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on July 27, 2021.</p>	F 0000	<p>This Plan of Correction is the facility's credible allegation of compliance. The facility respectfully requests a desk review and has provided evidence of compliance.</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p>	
F 0806 SS=D Bldg. 00	<p>483.60(d)(4)(5) Resident Allergies, Preferences, Substitutes §483.60(d) Food and drink Each resident receives and the facility provides-</p> <p>§483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences;</p>			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice;</p> <p>Based on interview and record review, the facility failed to provide sufficient choices for the breakfast meal for 117 out of 117 residents who receive meals prepared in the facility kitchen.</p> <p>Findings include:</p> <p>During an interview on 7/26/2021 at 12:33 p.m., the Dietary Manager indicated the facility had received complaints from the residents regarding the lack of choice on the breakfast menu. She indicated the lack of choice was due to budgetary issues. She had taken the concern to her immediate supervisor.</p> <p>During an interview on 7/26/2021 at 12:37 p.m., the Food Service Regional Director indicated the facility did not offer substitute meals for breakfast due to budgetary constraints.</p> <p>During an interview on 7/26/2021 at 1:28 p.m., the Resident Council President indicated the residents did not have a choice on the breakfast menu. She indicated the residents had complained about the lack of choices to the facility and the Dietary Manager.</p> <p>Review of the current Food Service menu on 7/26/2021 at 12:46 p.m., indicated meal substitutions for lunch and dinner only. There was no substitutions for breakfast.</p> <p>Review of a current policy, dated 7/11/2018,</p>	F 0806	<p>F 806</p> <p>What corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice?</p> <ul style="list-style-type: none"> The food service department will offer a limited amount of food substitutes for individuals who do not want to eat the primary meal offered at breakfast. <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?</p> <ul style="list-style-type: none"> All residents potentially affected and will be offered breakfast food alternatives to primary meal served. <p>What measures will be put into place and what systematic changes will be made to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> CEO has met with Dietary Provider regarding expectation for alternative breakfast food choices. Dietary Provider has met with DM to communicate expectation of choices available to residents who do not choose the primary meal offered. 	08/25/2021

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	<p>titled "Resident Food Preferences" was provided by Administrator on 7/26/2021 at 3:36 p.m. The policy indicated the following: "... 6. The Food Services Department will offer a limited number of food substitutes for individuals who do not want to eat the primary meal. ..."</p> <p>This federal tag relates to Complaint IN00357251.</p> <p>3.1-21(a)(4)</p>		<ul style="list-style-type: none"> · Dietary staff educated on residents right to choose. Nursing staff educated on choices to be made available to offer to residents. · DM to meet with Resident Council to discuss choices. <p>How the corrective action will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> · DM to interview 5 residents weekly x 3 weeks and meet with Resident Council monthly x 6 months and present findings to QAPI committee monthly until compliance has been achieved. 		