

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155571	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2025
NAME OF PROVIDER OR SUPPLIER WATERS OF DUNKIRK SKILLED NURSING FACILITY, THE			STREET ADDRESS, CITY, STATE, ZIP COD 11563 W 300 S DUNKIRK, IN 47336	
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: March 17, 18, 19, 20, and 21, 2025</p> <p>Facility number: 000519 Provider number: 155571 AIM number: 100287230</p> <p>Census Bed Type: SNF/NF: 28 SNF: 3 Total: 31</p> <p>Census Payor Type: Medicare: 2 Medicaid: 20 Other: 9 Total: 31</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed March 31, 2025.</p>		F 0000	
F 0577 SS=B Bldg. 00	<p>483.10(g)(10)(11) Right to Survey Results/Advocate Agency Info</p> <p>Based on observation, interview, and record review, the facility failed to ensure the results from their last annual Indiana Department of Health (IDOH) survey report were posted at an accessible height for 1 of 1 residents interviewed (Resident 23). This deficient practice had the potential to impact 31 of 31 residents/or representatives for those residents who resided in the facility.</p>		F 0577	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

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

TITLE

(X6) DATE

Tyisha Archer

HFA

04/13/2025

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>Findings include:</p> <p>During an observation, on 3/17/25 at 12:04 p.m., the State Survey Binder was on the lower shelf of a sofa table, against the wall right outside the Administrator's office, about four inches off the floor.</p> <p>During an observation, on 3/18/25 at 2:03 p.m., the State Survey Binder was on the lower shelf of a sofa table, against the wall right outside the Administrator's office, about four inches off the floor.</p> <p>During an observation, on 3/19/25 at 9:00 a.m., the State Survey Binder was on the lower shelf of a sofa table, against the wall right outside the Administrator's office, about four inches off the floor.</p> <p>During an observation, on 3/20/25 at 7:39 a.m., the State Survey Binder was on the lower shelf of a sofa table, against the wall right outside the Administrator's office, about four inches off the floor.</p> <p>During an interview, on 3/21/25 at 11:11 a.m., Resident 23 indicated that the State Survey Binder had not been reachable by all residents due to their mobility limitations.</p> <p>During an interview, on 3/21/25 at 11:14 a.m., QMA 10 indicated that the State Survey Binder had not been reachable by all resident's due to their mobility limitations. The State Survey Binder usually sat on the top shelf of the sofa table.</p> <p>During an interview, on 3/21/25 at 12:15 p.m., the Administrator indicated she was responsible for</p>			<p>provisions of federal and state law. The facility respectfully requests a desk review for all deficiencies in the Plan of Correction. Date of compliance 4-17-2025.</p> <p>F577: It is the policy of this facility to ensure the results from last annual Indiana Department of Health (IDOH) survey report to be posted at an accessible height</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident 1 was assessed by the SSD/Designee on 4/9/2025, no negative outcome related to the alleged deficient practice.</p> <p>The ADM/Designee moved the survey binder and attached it to the wall for accessibility on 4/9/2025.</p> <p>How be identified and what corrective actions will be taken?</p> <p>All residents had the potential to</p>	

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	<p>the State Survey Binder. The binder was generally kept on the top shelf of the sofa table. She had not noticed the binder was moved to the bottom shelf.</p> <p>A current facility policy, dated 8/2017, titled "Survey Posted/Accessible", provided by the Administrator, on 3/21/25 at 2:46 p.m., indicated the following: "...The location of the most recent annual survey including the facilities response to the findings must be clearly posted in a prominent area easily accessible to residents, their family members and their legal representatives as well as the public"</p> <p>3.1-3(b)(1)</p>			<p>be affected by the alleged deficient practice, therefore, this plan of correction applied to all residents that reside in the facility.</p> <p>What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur?</p> <p>The ADM/Designee in- staff on the Accessibility of the Survey binder with past survey results for residents and visitors on 3-24-2025. Additionally, any staff member that fails to comply with the points of this in-service will be further educated and/or disciplined as indicated.</p> <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> <p>The Administrator, or , will monitor of binder 5 times a week x 4 weeks, then 3 times a week x 4 weeks, then once a month x 4 months. If the facility is within 95% compliance at the end of the 6 months, the monitoring will be</p>

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F 0623 SS=D Bldg. 00	<p>483.15(c)(3)-(6)(8) Notice Requirements Before Transfer/Discharge</p> <p>Based on record review and interview, the facility failed to ensure the resident's representative was notified in writing of the transfer/discharge appeal rights for 3 of 3 hospitalizations. (Resident 17, 77 and 127)</p> <p>Findings include:</p> <p>1. Resident 77's clinical record was reviewed on 3/18/25 at 3:22 p.m. Diagnoses included encounter for surgical aftercare following surgery on the circulatory system, presence of cardiac pacemaker, paroxysmal atrial fibrillation (rapid irregular heart rhythm), and sick sinus syndrome (irregular heart rhythm).</p> <p>A progress note, dated 3/8/25 at 10:20 a.m., indicated the resident had three large amounts of</p>	F 0623	<p>stopped. At the monthly QAPI meeting, the monitoring will be reviewed. Any concerns will have been corrected as found. Any patterns will be identified. If necessary, an Action Plan will be written by the committee. Any written Action Plan will be monitored by the Administrator weekly until resolution.</p> <p>By what date be completed?</p> <p>4/9/2025</p>	04/16/2025

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	<p>dark red stool. The physician and the family were notified. Physician's orders were received to send the resident to the hospital for evaluation.</p> <p>The clinical record lacked indication that the resident and the resident's representative were notified of the transfer/discharge appeal rights in writing for the resident's transfer to the hospital.</p> <p>During an interview, dated 3/20/25 at 10:51 a.m., the Assistant Director of Nursing (ADON) indicated when a resident was sent to the hospital, a face sheet, a transfer form, a change of condition form, a medication list, and code status were sent with the resident. A bed hold and a transfer notice, which was attached to the bed hold, was also sent. The family was called and notified of the resident's transfer. Resident 17's clinical record was reviewed on 3/19/25 at 10:53 a.m. Diagnoses included necrotizing fasciitis (an inflammation of the connective tissue surrounding muscles, blood vessels, and nerves), cutaneous abscess of groin, diabetes mellitus, and unspecified systolic congestive heart failure.</p> <p>A progress note, dated 9/7/2024 at 10:55 a.m. and 9/17/25 at 3:55 p.m., indicated that the resident complained of chest pain. A physician's order was obtained on both dates to send the resident to the Emergency Room (ER) for evaluation.</p> <p>A progress note, dated 2/4/25 at 12:54 a.m., indicated that the resident complained of nausea and vomiting and was observed to have had an elevated pulse, low oxygen saturation, increased weakness, dizziness with standing, and brain fog. A physician's order was obtained to send the resident to the ER for evaluation.</p> <p>The clinical record failed to indicate that the</p>			<p>rights related to resident being sent to the Emergency Room on 2/4/2025. The SSD/Designee notified resident # 127 and residents' representative in writing of the transfer/discharge appeal rights related to resident being sent to the Emergency Room on 1/13/2025. How be identified and what corrective actions will be taken? The SSD/Designee completed a 90 look back of resident sent to the hospital/Emergency Room and sent in writing to the resident and resident representative the transfer/discharge appeal rights on 4/15/2025. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur? The ADM/Designee in-staff on providing in writing to the resident and resident representative the transfer/discharge appeals rights when resident is sent to the hospital or Emergency Department on 3-25-2025. Additionally, any staff that fails to comply with the points of this in-service will be further educated and/or disciplined as indicated. How the corrective action will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place. The SSD/Designee will audit residents sent to the hospital/Emergency</p>

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	<p>resident, who was his own representative, received a copy of the transfer/discharge appeal rights paperwork at the time of each ER transfer.</p> <p>During an interview, on 3/20/25 at 10:50 a.m., LPN 6 indicated that the transfer/discharge process was to complete a resident assessment, documentation of findings, physician notification, receive an order to transfer, family notification to see if they agree with the transfer, and to complete paperwork. The paperwork completed was the eINTERACT outpatient transfer form, eINTERACT change of condition form, bed hold policy, and copied orders, face sheet, and code status. When the paperwork was completed, it was placed in a packet. The packet was sent with the EMT's to the hospital. If the paperwork was not completed when the EMTs arrived at the facility, the facility staff faxed information to the hospital. No paperwork was given to the resident or resident's family. 3. Resident 127's clinical record was reviewed on 3/18/25 at 1:42 p.m. Diagnoses included type 2 diabetes mellitus without complications, multiple sclerosis (a chronic, autoimmune disease that affects the central nervous system (brain and spinal cord), hemiplegia (paralysis of one side of the body) and hemiparesis (weakness on one side of the body, often affecting the arm and leg) following cerebral infarction (blood flow to the brain was interrupted, causing brain tissue to die) affecting right dominant side, and stage 3 pressure ulcer of sacral region (tailbone).</p> <p>A progress note, dated 1/13/25 at 3:39 p.m., indicated Resident 127 had returned from an appointment and had no urine in her catheter bag or tubing. The irrigation of her catheter was attempted without success. A catheter change was attempted but was unsuccessful. The</p>		<p>Department for notification of Transfer/Discharge Appeal Rights sent in writing to resident and resident representative x 6 months. If the facility is within 95% compliance at the end of the 6 months, the monitoring will be stopped. At the monthly QAPI meeting, the monitoring will be reviewed. Any concerns will have been corrected as found. Any patterns will be identified. If necessary, an Action Plan will be written by the committee. Any written Action Plan will be monitored by the Administrator weekly until resolution. By what date be completed? 4/16/2025</p>	

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	<p>Medical Director was notified, and new orders were received to send Resident 127 to the Emergency Room (ER) for evaluation and treatment. The note indicated all appropriate paperwork was sent with the resident. The resident's representative was notified and agreeable with new orders.</p> <p>The clinical record lacked indication that the resident and the resident's representative were notified of the transfer/discharge appeal rights in writing for the resident's transfer to the hospital.</p> <p>During an interview, on 3/20/25 at 10:56 a.m., the Social Services Director (SSD) indicated she was only responsible to notify the ombudsman with transfers and discharges. She was not responsible to notify anyone else of the transfers and discharges.</p> <p>During an interview, on 3/21/25 at 11:51 a.m., the SSD indicated the transfer/discharge appeal rights notice was included in the packet sent to the hospital with the resident for an emergency room visit or a hospital stay. The transfer/discharge paperwork went with the resident to the hospital in a packet. One time, she had mailed the resident's transport/discharge appeal rights form because the family was not available.</p> <p>During an interview, on 3/21/25 at 12:05 p.m., the Director of Nursing (DON) indicated the transfer/discharge appeal rights were sent with the resident to the hospital. The paperwork was not mailed to the resident's representative.</p> <p>During an interview, on 3/21/25 at 2:53 p.m., the Administrator indicated she had a bed hold policy but did not have a policy on transfer/discharge appeal rights.</p>			

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F 0803 SS=F Bldg. 00	<p>3.1-12(a)(6)(A)(i) 3.1-12(a)(6)(A)(ii) 3.1-12(a)(6)(A)(iii)</p> <p>483.60(c)(1)-(7) Menus Meet Resident Nds/Prep in Adv/Followed</p> <p>Based on observation, record review, and interview, the facility failed to ensure menus and the resident's preferences were followed for 3 of 5 residents reviewed for dining services. (Resident 12, 14, and 26) This deficiency had the potential to affect 31 of 31 residents who receive meals from the facility's dining services.</p> <p>Findings include:</p> <p>1. During an observation, on 3/18/25 at 2:11 p.m., a sign on the wall by the kitchen indicated the following lunch and dinner options were available: grilled cheese sandwich, hamburger on bun, hot dog on bun, peanut butter and jelly sandwich on bread, mashed potatoes, potato chips, alternate fruit, cottage cheese (as a protein substitute), and green beans.</p> <p>During an observation, on 3/19/25 at 11:27 a.m., the sign on the wall listing the lunch and dinner options remained as listed above. The menu for 3/19/25 lunch was baked ham, sweet potato casserole, French cut green bean, and chocolate cake with icing.</p> <p>During an observation, on 3/19/25 at 11:58 a.m., Resident 14 sat in her recliner in her room and did not have a tray in front of her. All trays had been delivered on the hall.</p> <p>During an interview, on 3/19/25 at 12:05 p.m., LPN</p>	F 0803	<p>F 803: It is the policy of this facility to ensure menus and the resident's preferences are followed</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The DON/Designee assessed residents 12, 14 and 26 on 4-15-2025, no negative outcome related to the cited practice.</p> <p>How be identified and what corrective actions will be taken?</p> <p>The Dietary Manager/Designee completed food preferences and serving preferences for residents on 4-17-2025. Any concerns were immediately corrected on the resident's meal tray ticket.</p> <p>What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur?</p> <p>The Adm/Designee in-serviced the dietary staff on 3/24/2025 on</p>	04/17/2025

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	<p>8 indicated Resident 14 often refused her meals. She would almost always eat a hot dog. The kitchen did not have hot dogs today. The facility kitchen ran out of items frequently. The kitchen staff had to go get milk the other day before they could serve meals because they had run out. The facility kitchen often ran out of items.</p> <p>During an observation, on 3/19/25 at 12:16 p.m., the lunch meal was sampled. The meal consisted of ham with brown gravy, sweet potatoes, cut green beans, and spice cake with whipped topping.</p> <p>During an observation, on 3/20/25 at 7:34 a.m., Resident 14 sat in her recliner in her room with her feet elevated and did not have a breakfast tray.</p> <p>During an interview, on 3/19/25 at 7:47 a.m., the ADON indicated the resident had refused her tray, and she had been offered alternatives. The staff had been getting her to eat a hot dog for lunch and dinner as she would often eat the hot dog.</p> <p>During an interview, on 3/20/25 at 2:53 p.m., the Administrator indicated she had just started a Performance Improvement Plan (PIP) for the kitchen in February 2025 for the residents not getting what they ordered. The residents had been more concerned about the wastefulness of the food being thrown away than anything else.</p> <p>During an interview, on 3/20/25 at 3:31 p.m., LPN 6 indicated the kitchen frequently did not serve what was on the menu. They don't have what the residents want or what is on the menu. They run out of something at least once a week for example they ran out of Rice Krispies and hot dogs recently. The dining service has changed since being outsourced.</p>			<p>serving per resident's meal preferences, offering alternative meals, and serving in proper dinnerware per preferences. Additionally, any staff member that fails to comply with the points of this in-service will be further educated and/or disciplined as indicated.</p> <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> <p>The Dietary Manager will audit 10 random meal services for availability of alternate food items, meals served per residents' preferences and served in preferred dinnerware weekly x 4 weeks, the 5 random meals services weekly x 4 weeks, then 3 random meal services monthly x 4 months. If the facility is within 95% compliance at the end of the 6 months, the monitoring will be stopped. At the monthly QAPI meeting, the monitoring will be reviewed. Any concerns will have been corrected as found. Any patterns will be identified. If necessary, an Action Plan will be written by the committee. Any written Action Plan will be monitored by the Administrator weekly until resolution.</p> <p>By what date be completed?</p>	

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	<p>Resident 14's clinical record was reviewed on 3/18/25 at 2:29 p.m. Diagnoses included vitamin D deficiency, hyponatremia (low sodium blood level), vitamin B12 deficiency, and gastroesophageal reflux disease (a condition where stomach contents flow back up into the esophagus) without esophagitis (inflammation of the esophagus).</p> <p>Current physician's orders included the following: Regular texture general diet with super cereal in the morning, a protein and caloric supplement three times a day, and mirtazapine 15 milligrams (mg) at bedtime for appetite stimulant.</p> <p>2. During an interview, on 3/17/25 at 2:37 p.m., Resident 12 indicated the staff went over the menu with her the day before it is served. The day the meal was served, half the time, they didn't have what was on the menu. They served her something different than what she ordered lots of times. The facility ran out of eggs frequently.</p> <p>During an interview, on 3/19/25 at 12:11 p.m., Resident 12 indicated she was supposed to get a hot dog. The kitchen did not have any. She requested a salad, and she received her salad in a small pudding dish. She had wanted more salad since she had not gotten her hot dog. She didn't really like spice cake very well and would have preferred the chocolate cake on the menu. She was so upset with the meal; she no longer had an appetite.</p> <p>During an observation, on 3/20/35 at 7:38 a.m., the resident sat in her recliner looking at her plate of scrambled eggs with cheese. At the same time, she indicated she was supposed to get her scrambled eggs in a bowl, because it was easier</p>			4/17/2025	

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	<p>for her to eat them that way. She indicated her meal ticket was clearly written out to have her eggs in a bowl not on a plate.</p> <p>Review of Resident 12's meal ticket, provided by Resident 12 on 3/20/25 at 7:38 a.m., indicated the resident wanted two scrambled eggs with cheese in a big white bowl. "NO PLATE" was written on the meal ticket</p> <p>Resident 12's clinical record was reviewed on 3/18/25 at 1:52 p.m. Diagnoses included anemia, gastroparesis (a condition where the stomach muscles do not function properly, resulting in delayed emptying of food into the small intestine), hypokalemia (low potassium blood level), and type 2 diabetes mellitus with diabetic neuropathy (a complication of diabetes that damages the nerves throughout the body).</p> <p>Current physician's orders included the following: consistent carbohydrate with no added salt diet and regular diet with ground meats if the resident requests.</p> <p>A quarterly Minimum Data Set assessment (MDS), dated 2/3/25, indicated the resident was cognitively intact.</p> <p>3. During a dining room observation, on 3/19/25 at 11:55 a.m., RN 4 requested cottage cheese for a resident. Dietary Manager 2 indicated they were out of cottage cheese.</p> <p>During an interview, on 3/20/25 at 8:23 a.m., the Regional Operational Manager indicated another kitchen staff member had been ordering the food supplies since the facility dietary manager had been on leave.</p>			

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	<p>During an interview, on 3/20/25 at 8:47 a.m., QMA 10 indicated sometimes the meals provided were not what was on the menu.</p> <p>During an interview, on 3/20/25 at 9:08 a.m., Resident 26 indicated she had ordered a hot dog as an alternative last night for dinner as she did not like what they had. The staff told her they didn't have any hot dogs last night. She ordered cottage cheese and didn't get it. She thought they probably didn't have that either as the facility did not have cottage cheese lots of times. She had asked for salad with ranch dressing six times. Five of the six times she got Italian dressing which she did not like, she had been told the facility was out of ranch dressing. Yesterday's meal was supposed to have sweet potato casserole, but they only had sweet potatoes. She preferred chocolate cake, but they had spice cake.</p> <p>During an observation, on 3/20/25 at 11:47 a.m., the lunch meal consisted of French style green beans, mashed potatoes, cubed steak with brown gravy, and cheesecake. The menu posted outside the kitchen door indicated the lunch menu was Italian baked chicken, garlic mashed potatoes, cauliflower, and vanilla pudding.</p> <p>During an interview, on 3/20/25 at 11:54 p.m., the resident indicated she did not care for what was on the menu and had ordered a hot dog. She decided not to eat the hot dog as she wasn't in the mood for it.</p> <p>A review of Resident 26's meal ticket, provided by Resident 26, on 3/20/25 at 11:54 AM, indicated the lunch menu was Italian baked chicken, garlic mashed potatoes, cauliflower, and vanilla pudding.</p>				

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F 0804 SS=E Bldg. 00	<p>During an interview, on 3/21/25 at 10:52 a.m., the Administrator indicated the company that provided the dining services ordered the food supplies. Items that were missing were not always communicated with the nursing staff. If items were not on the supply truck, they went to the store. They did not have salad and hot dogs on the truck this week. She was uncertain why these items were not received. She instructed the kitchen staff to go to the store to get the missing items.</p> <p>Resident 26's clinical record was reviewed on 3/18/25 at 1:45 p.m. Diagnoses included type 2 diabetes mellitus without complication.</p> <p>Current physician's orders included consistent carbohydrates with no added salt diet.</p> <p>An admission MDS, dated 2/21/25, indicated the resident was cognitively intact.</p> <p>A current facility policy, dated 2/6/20, titled "Menus," provided by the Administrator, on 3/21/25 at 11:43 a.m., indicated the following: "...Menus are planned in advance and are followed as written to meet the nutritional needs of the residents"</p> <p>3.1-20(i)(4)</p> <p>483.60(d)(1)(2) Nutritive Value/Appear, Palatable/Prefer Temp Based on observation, record review, and interview, the facility failed to ensure the palatability of the meals served for 7 of 7 residents reviewed for palatable meals. (Resident 77, 12, 26, 15, 23, 17, and 19).</p>		F 0804	F 812: It is the policy of this facility to: To ensure the high-temperature dishwasher functions at a level to maintain proper sanitization requirements What corrective actions will be	04/17/2025

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	<p>Findings include:</p> <p>1. During an interview, on 3/17/25 at 2:37 p.m., Resident 12 indicated she was disgusted with the food. The food was horrible. She had green meatloaf. She had a taco salad made with hash browns not lettuce. The eggs were often watery and were not done. At times, the hot chocolate tasted like coffee was mixed in with it. She ate a lot of grilled cheese sandwiches because the food was not good. They even messed up the grilled cheese at times. The food tasted like slop.</p> <p>During an interview, on 3/17/25 at 3:40 p.m., Resident 26 indicated the food was terrible. She ate peanut butter and jelly sandwiches on more than one occasion. She was often uncertain what the meats were until she looked at the menu. The eggs were nasty and watery. They had almost no taste. She tried the eggs three different times and was not going to eat them again. The vegetables were mushy too.</p> <p>During an interview, on 3/19/25 at 10:30 a.m., Resident 26 indicated she had sausages so hard at breakfast she couldn't cut them with a fork. The food was consistently not good.</p> <p>During an interview, on 3/19/24 at 12:05 p.m., LPN 8 indicated the food was not good since the kitchen had been outsourced.</p> <p>During an observation, on 3/19/25 at 12:16 p.m., the lunch meal was sampled. The lunch consisted of ham with brown gravy, sweet potatoes, green beans, spice cake, hot chocolate, and lemonade. The brown gravy was very salty making it difficult to discern the flavor of the ham. The spice cake had a hard top and edges that were crunchy and had very little flavor to indicate what the flavor</p>			<p>accomplished for those residents found to have been affected by the deficient practice?</p> <p>The DON/Designee assessed all residents that reside in the facility on 4-15-2025, and no negative outcome related to the cited practice.</p> <p>How be identified and what corrective actions will be taken?</p> <p>All residents had the potential to be affected by this alleged deficient practice, therefore, this plan of correction applies to all residents that reside in the facility.</p> <p>The Maintenance Director/Designee repaired the dishwasher on 3-17-2025.</p> <p>The Dietary Manager/Designee disposed of the uncovered drinks and food on 3-18-2025.</p> <p>The Dietary Manager/Designee cleaned on 4-4-2025.</p> <p>What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur?</p> <p>The ADM/Designee in-serviced the dietary staff on monitoring dishwasher temperatures and</p>	

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	<p>the cake actually was. The lemonade tasted watered down, with little flavor.</p> <p>During an observation, on 3/20/25 at 7:49 a.m., Resident 80's meal tray sat on the meal cart. The eggs were sitting on the plate with watery fluid around them.</p> <p>During an observation, on 3/20/25 at 7:56 a.m., a breakfast meal was sampled. The breakfast consisted of scrambled eggs, a small muffin, oatmeal, hot chocolate, toast, apple juice, and fruit punch. The eggs were wet with no seasoning. The muffin had little flavor, was dark in color, and was hardened on the top and bottom. The oatmeal was mushy. The hot chocolate had an odd odor with a faint smell of coffee.</p> <p>During an interview, on 3/20/25 at 9:08 a.m., Resident 26 indicated she did not want oatmeal again today for breakfast. She was not going to try the eggs again as she had already done that three times. She indicated yesterday's lunch had gravy that was really salty. The sweet potatoes were like mush. The spice cake was burnt on the bottom. The food was either over seasoned or under seasoned most of the time.</p> <p>During an interview, on 3/20/25 at 2:53 p.m., LPN 6 indicated the muffins were very hard today at breakfast. The food had been different, not as good, since the kitchen had been outsourced.</p> <p>During an interview, on 3/21/25 at 10:05 a.m., Resident 77 indicated the food was disgusting. He had only had a couple of good meals since he had been here. Yesterday he had gotten what he thought was supposed to be a muffin. The muffin was so hard it bounced off the table. The food was bad. He was considering getting therapy</p>			<p>notifying maintenance when not functioning properly, covering drinks and bowls with food and dating, proper storage and dating of foods in refrigerator and freezer, and cleanliness of equipment on 3-24-2025. Additionally, any staff member that fails to comply with the points of this in-service will be further educated and/or disciplined as indicated.</p> <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> <p>The Dietary Manager/Designee will monitor dishwasher temperatures five times a week x 4 weeks, then 3 times a week x 4 weeks, then once a week x 4 weeks,</p> <p>The Dietary Manager will monitor , freezer and kitchen for proper storage and dating of foods and drinks five times a week x 4 weeks, then 3 times a week x 4 weeks, then once a week x 4 months.</p> <p>If the facility is within 95% compliance at the end of the 6 months, the monitoring will be stopped. At the monthly QAPI meeting, the monitoring will be reviewed. Any concerns will have been corrected as found. Any patterns will be identified. If</p>

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	<p>elsewhere unless the food improved.</p> <p>Resident 26's clinical record was reviewed on 3/18/25 at 1:45 p.m. Diagnoses included type 2 diabetes mellitus without complication.</p> <p>Current orders included consistent carbohydrates with no added salt diet.</p> <p>Resident 26's admission Minimum Data Set (MDS), dated 2/21/25, indicated the resident was cognitively intact.</p> <p>Resident 12's clinical record was reviewed on 3/18/25 at 1:52 p.m. Diagnoses included anemia, gastroparesis (a condition where the stomach muscles do not function properly, resulting in delayed emptying of food into the small intestine), hypokalemia (low potassium blood level), and type 2 diabetes mellitus with diabetic neuropathy (a complication of diabetes that damages the nerves throughout the body).</p> <p>Current orders included consistent carbohydrates with no added salt diet and regular diet with ground meats if resident requested.</p> <p>Resident 12's quarterly MDS assessment, dated 2/3/25, indicated the resident was cognitively intact.</p> <p>Resident 77's clinical record was reviewed on 3/18/25 at 2:22 p.m. Diagnoses included hypothyroidism and hyperlipidemia.</p> <p>Current orders included no added salt packet on tray with regular diet.</p> <p>Resident 77's admission MDS assessment, dated 3/8/25, indicated the resident was cognitively</p>		<p>necessary, an Action Plan will be written by the committee. Any written Action Plan will be monitored by the Administrator weekly until resolution.</p> <p>By what date be completed?</p> <p>4/17/2025</p>	

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	<p>intact.2. During an interview, on 3/17/25 at 10:26 a.m., Resident 17 indicated that he had several complaints regarding the facility dining services which included inappropriate food temperatures, missed items on trays, and he had not consistently received extra protein with his meals as ordered.</p> <p>During an observation, on 3/17/25 at 12:25 p.m., several resident plates were observed in the dining room with more than 1/2 of the served food remaining on the plates, which included plates that staff assisted residents with eating. Residents had departed from tables.</p> <p>During an interview, on 3/17/25 at 3:25 p.m., Resident 15 indicated the facility food was bland, contained no flavor, and soups were served cold.</p> <p>Resident 15's clinical record was reviewed on 3/18/25 at 1:48 p.m. Diagnoses included unspecified dementia, hypertension (high blood pressure), iron deficiency anemia, and hyperlipidemia (high levels of fats in the blood).</p> <p>Current physician orders included regular texture, thin liquids diet.</p> <p>Resident 17's clinical record was reviewed on 3/19/25 at 10:53 a.m. Diagnoses included necrotizing fasciitis (an inflammation of the connective tissue surrounding muscles, blood vessels, and nerves), cutaneous abscess (localized collection of pus that forms under the skin) of groin, diabetes mellitus, and unspecified systolic congestive heart failure.</p> <p>Current orders included consistent carbohydrates with no added salt diet, regular texture with thin liquid; with double protein at breakfast for wound</p>			

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	<p>healing.</p> <p>Resident 17's quarterly Minimum Data Set (MDS), dated 12/30/24, indicated the resident was cognitively intact.</p> <p>During an interview, on 3/19/25 at 12:06 p.m., Resident 15 indicated she did not like the lunch that was served and was given peanut butter and jelly sandwich as an alternative. She does not like the way the food is prepared or the lack of being prepared and felt it caused her diarrhea. Her family supplied her with snacks and drinks.</p> <p>During an observation, on 3/19/25 at 12:16 p.m., a lunch tray was sampled. Two slices of ham were covered with a thin brown gravy/glaze. The gravy tasted excessively salty. The saltiness of the gravy overpowered the taste of the ham. The spice cake's edges/top/bottom were very hard and crunchy. Increased pressure was applied to the fork to go through the edges of the cake. The inner part of the cake was soft and dry, minimally moist, and bland in flavor.</p> <p>During an observation, on 03/19/25 at 12:40 p.m., most plates that remained in the dining room after lunch had at least 50% -100% of ham eaten. At least six plates and six bowls with uneaten green beans, sweet potatoes, and the outer edging of cake, sitting on the dining room tables. Multiple cups of fluids at least half full were left on four tables.</p> <p>During an observation, on 3/20/25 07:43 a.m., Resident's 15's uncovered meal tray sat on her bedside table, untouched. The meal items were scrambled eggs, toast, and Rice Krispie cereal.</p> <p>During an observation and interview, on 3/20/25</p>			

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	<p>at 7:48 a.m., Resident 17 indicated that the eggs were watery, had an odd consistency, and lacked flavor. A watery residue was observed on the resident's plate as he used his fork to push the scrambled eggs from one edge of the plate to the other edge. The top of the scrambled eggs had been covered with pepper; he indicated it had been his attempt to make the eggs edible. He picked up the muffin, flipped it over in his hand, and banged it on his plate and bedside table. The muffin was observed to be dark brown in color and made a thumping noise as he struck it on his plate and bedside table. The resident did not eat the scrambled eggs or the muffin.</p> <p>During an observation, on 3/20/25 at 8:03 a.m., a breakfast tray was sampled. The scrambled eggs had excessive moisture causing eggs to be wet and were very bland. Bread was lightly toasted and was buttered. The oatmeal was very soft and mushy with minimal flavor and was overcooked. The muffin had a darkened and hard top that was crunchy when bitten into. The inner part of the muffin was dry and crumbly. The hot chocolate was very light in color, had a peculiar odor, had a faint odor and taste of coffee, and was poor in flavor.</p> <p>3. During an interview, on 3/17/25 at 11:16 a.m., Resident 23 indicated his biggest complaint was how the food was inedible and bland tasting. The oatmeal was always cold, the French toast was always soggy, and the hot chocolate tasted like chocolate milk. The resident's representative brought him breakfast every morning because he doesn't like the food the facility serves.</p> <p>During an interview, on 3/17/25 at 11:33 a.m., Resident 19 indicated the food was cold and had little flavor.</p> <p>During a dining room observation, on 3/19/25 at</p>				

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	<p>11:55 a.m., RN 4 requested cottage cheese for a resident. Dietary Manager 2 indicated they were out of cottage cheese.</p> <p>During an observation, on 3/19/25 at 12:14 p.m., the lunch meal was sampled. The sampled tray included spice cake with whipped topping, chunks of sweet potatoes, fresh cut green beans, and ham with brown gravy on top. The ham was overpowered by the saltiness of the brown gravy. The crust of the spice cake was extremely hard and crunchy. The top of the cake was dark brown in color, and was hard to pierce with a fork. The inside of the cake was dry and lacked any spice flavor. The lemonade was very weak in flavor and tasted like lemon water.</p> <p>During a dining room observation, on 3/19/25 at 12:40 p.m., eight residents had large amounts of hard, crusty edges of spice cake left on their plates. The plates also contained large amounts of ham and sweet potatoes.</p> <p>During an interview, on 3/20/25 at 7:53 a.m., Dietary Manager 2 indicated the muffins had hardened while they sat on the counter during the breakfast meal.</p> <p>During an observation, on 3/20/25 at 7:56 a.m., the breakfast meal was sampled. The sampled meal included oatmeal with a small plastic container of brown sugar on the side, scrambled eggs, a brown-colored muffin, white toast, hot chocolate, fruit punch, and apple juice. The scrambled eggs were very moist almost wet tasting, with no seasoning. The brown muffin was hard on the top, outside, and bottom and was dry on the inside. The oatmeal was overcooked and very mushy. The hot chocolate had a faint smell of coffee mixed with another unidentifiable smell.</p>				

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	<p>During an interview, on 3/20/25 at 8:20 a.m., Dietary Manager 2 indicated the water used for the hot chocolate came from the water spigot on the side of the coffee maker.</p> <p>During an interview, on 3/20/25 at 8:23 a.m., the Regional Operational Manager indicated the hot water sampled from the coffee pot spigot tasted like well water. They mixed two scoops of hot chocolate mix into the water when preparing it for residents. Prior to serving the residents, he taste tested the food.</p> <p>During an interview, on 3/20/25 at 8:47 a.m., QMA 10 indicated there had been numerous complaints made by residents regarding the food. Sometimes the facility did not have items that were on the menu.</p> <p>During an interview, on 3/20/25 at 8:48 a.m., CNA 11 indicated the food was terrible and lacked flavor.</p> <p>During an interview, on 3/20/25 at 8:52 a.m., RN 4 indicated the food was terrible and lacked flavor.</p> <p>During an interview, on 3/21/25 at 11:43 a.m., the Administrator indicated the residents had a concern regarding the appearance of French fries in December 2024. The fries were checked, and they were served at the correct temperature. The Administrator contacted the outsourced kitchen's regional manager and had discussed ordering a different brand of fries. The kitchen was started on a Performance Improvement Plan (PIP) in February 2025.</p> <p>Resident 23's clinical record was reviewed on 3/19/25 at 1:54 p.m. Diagnoses included</p>			

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	<p>unspecified atrial fibrillation, essential hypertension (high blood pressure), hyperlipidemia (high levels of fats in the blood), acute respiratory failure with hypoxia (the body's tissues do not receive enough oxygen), chronic diastolic (congestive) heart failure, type 2 diabetes mellitus without complications, generalized muscle weakness, and major depressive disorder.</p> <p>Current orders included consistent carbohydrates with no added salt diet, regular texture with thin liquids consistency.</p> <p>Resident 23's quarterly Minimum Data Set (MDS), dated 2/7/25, indicated the resident was cognitively intact.</p> <p>Resident 19's clinical record was reviewed on 3/21/25 at 11:34 a.m. Diagnoses included type 2 diabetes mellitus with hyperglycemia (high blood sugar), chronic kidney disease, generalized muscle weakness, and hypertension (high blood pressure).</p> <p>Current orders included consistent carbohydrates with no added salt diet, regular texture with thin liquids consistency.</p> <p>Resident 19's quarterly Minimum Data Set (MDS), dated 2/10/25, indicated the resident was cognitively intact.</p> <p>A current facility policy, dated 3/25/12, titled "Presentation of the Meal," provided by the Administrator, on 3/21/25 at 11:43 a.m., indicated the following: "...Meals are served attractively, accurately, efficiently, and at the appropriate temperature"</p> <p>A current facility policy, dated 2/18/19, titled</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155571	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2025
NAME OF PROVIDER OR SUPPLIER WATERS OF DUNKIRK SKILLED NURSING FACILITY, THE			STREET ADDRESS, CITY, STATE, ZIP COD 11563 W 300 S DUNKIRK, IN 47336	
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F 0812 SS=F Bldg. 00	<p>"Resident Satisfaction with Food and Dining," provided by the Administrator, on 3/12/25 at 11:55 a.m., indicated the following: "The Director of Food and Nutrition Services monitors the quality of the food served and the level of resident satisfaction regarding their overall dining experience"</p> <p>3.1-21(a)(1)(2)</p> <p>483.60(i)(1)(2) Food Procurement, Store/Prepare/Serve-Sanitary</p> <p>A. Based on observation, interview, and record review, the facility failed to ensure the high-temperature dishwasher functioned at a level to maintain proper sanitization requirements. This deficient practice had the potential to impact 31 of 31 residents who received meals from the facility kitchen.</p> <p>B. Based on observation and interview, the facility failed to properly store and distribute food under sanitary conditions while maintaining equipment cleanliness. This deficient practice had the potential to impact 31 of 31 residents who received meals from the facility kitchen.</p> <p>Findings include:</p> <p>During the initial kitchen tour, on 3/17/25 at 9:59 a.m., the following concerns regarding inaccurate high temperature dishwashing were observed:</p> <p>A. The high temperature dishwashers washing temperature was 113 Fahrenheit degrees (F) instead of the requirement of 150 degrees F or higher.</p> <p>During an interview, on 3/17/25 at 10:34 a.m., the</p>	F 0812	<p>F804: It is the policy of this facility to ensure the palatability of the meals served</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? The DON/Designee assessed residents 77, 12, 26, 15, 23, and 19 on 4-8-2025, no negative outcome related to the cited practice. How be identified and what corrective actions will be taken? All residents had potential to be affected by this alleged deficient practice, therefore, this plan of correction applies to all residents that reside in the facility. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur? The Dietary Manager in-serviced the dietary staff on serving palatable meals on 3-24-2025. Additionally, any staff member that fails to comply with</p>	04/17/2025

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	<p>Maintenance Director indicated the wash temperature would not get above 113 F degrees. The wash temperature should be above 150 degrees F. The wash temperature, the Friday before, was ranging between 146-148 degrees F. The facility had been using the dishwasher since Friday with temperatures below range. The facility should have used the three-compartment sink for sanitation instead.</p> <p>During an interview, on 3/17/25 at 10:38 a.m., Dietary Manager 2 indicated the dishwasher was safe to use prior to Maintenance servicing the dishwashing machine.</p> <p>During an interview, on 3/17/25 at 10:54 a.m., the Maintenance Assistant indicated the dishwasher had a loose thermostat wire that tripped the reset button.</p> <p>A current facility policy, dated 9/27/18, titled, "Mechanical Ware Washing", provided by the Administrator, on 3/21/25 at 11:43 a.m., indicated the following: "...When the dish machine is not washing/sanitizing properly, stop the process and contact the Director of Food and Nutrition Services and/or the Maintenance Director. Food may not be served on dinnerware that has not been sanitized per guidelines"</p> <p>B. During the initial kitchen tour, on 3/17/25 at 9:59 a.m., the following concerns regarding food storage were observed:</p> <p>An upright refrigerator was observed with the following:</p> <p>Uncovered individual drinks sitting on top of a tray.</p>		<p>the points of this in-service will be further educated and/or disciplined as indicated. How the corrective action will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place. The ADM/Designee will monitor the appearance and palatability of 10 meal services weekly x 4 weeks, then 5 meals services weekly x 4 weeks, then 3 meal services monthly x 4 months. The Dietary Manager will interview 10 random residents for meal appearance and palatability weekly x 4 weeks, then 5 random residents weekly x 4 weeks, then 3 random residents monthly x 4 months. If the facility is within 95% compliance at the end of the 6 months, the monitoring will be stopped. At the monthly QAPI meeting, the monitoring will be reviewed. Any concerns will have been corrected as found. Any patterns will be identified. If necessary, an Action Plan will be written by the committee. Any written Action Plan will be monitored by the Administrator weekly until resolution. By what date be completed? 4/17/2025</p>	

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	<p>Fresh fruit in uncovered individual plastic cups in the refrigerator.</p> <p>An upright freezer was observed with the following:</p> <p>An uncovered, undated bowl of fruit was on the bottom shelf of the freezer.</p> <p>Six biscuits were laying loose on top of another pack of biscuits.</p> <p>The toaster had crumbs all over the top of the toaster. The toaster was smeared with a white substance on the top right side. The toaster also had a brown, crumb-like substance inside the dial of the toaster.</p> <p>During an interview, on 3/17/25 at 10:03 a.m., Dietary Manager 2 indicated the six biscuits should have been covered and labeled.</p> <p>During an interview, on 3/18/25 at 10:32 a.m., Dietary Manager 7 indicated all items in the refrigerators and freezers needed to be labeled and covered.</p> <p>A current facility policy, dated 11/25/19, titled, "Food Storage", provided by the Administrator, on 3/21/25 at 11:43 a.m., indicated the following: "...Food is stored and prepared in a clean and safe sanitary manner that complies with state and federal guidelines...."</p> <p>3.1-21(i)(3)</p>			