

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2026
NAME OF PROVIDER OR SUPPLIER Beech Grove Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE 2002 Albany St Beech Grove, IN 46107	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a dependent resident received assistance eating for 1 of 3 residents reviewed for assistance with activities of daily living (ADL). (Resident B) Findings include: On 3/26/26 from 9:11 a.m. until 9:35 a.m., Resident B was sitting up in bed looking forward with a blank star. Resident B spoke nonsensical and repeated the same words. Sitting in front of Resident B was a meal tray on the bedside table which had been pulled up to her. The food had been uncovered and was uneaten. During the observation, Resident B never acknowledged the meal tray that had been sitting in front of her. On 3/26/26 at 9:31 a.m., CNA 1 walked into Resident B's room and asked Resident B why she hadn't eaten any of her food. CNA 1 picked up the spoon and offered to feed Resident B some scrambled eggs. Resident B spoke nonsensical to CNA 1. At that time, CNA 1 indicated staff should have been in Resident B's room to assist her to eat. The clinical record for Resident B was reviewed on 3/26/26 at 10:35 a.m. The diagnoses included, but were not limited to, dementia, malnutrition, and heart failure. An Annual Minimum Data Set (MDS) assessment, dated 12/22/26, indicated Resident B was severely cognitively impaired, had complaints of difficulty and pain swallowing, and had been placed on a mechanically altered diet. A care plan, dated 9/24/20 and current through 6/9/26, indicated Resident B required assistance with ADL's including, but not limited to, eating related to her recent hospitalization. Interventions included, but were not limited to, assist with eating and drinking as needed. During an interview on 3/26/26 at 1:51 p.m., RN 1 indicated the meal tray should not have been left sitting in front of Resident B. The CNA should have taken the tray into her room, prepared the meal for her, and assisted Resident B to eat right then. On 3/26/26 at 1:13 p.m., the Administrator provided a copy of a skills competency, titled Assist to Eat, dated 3/2023, and indicated this was the current skills competency used by the facility. A review of the competency indicated assist resident to sit in upright position. Make sure resident is comfortable and serve meal with main course toward the resident. This citation relates to Intake 2801211410 IAC (Indiana Administrative Code) 16.2-3.1-38(a)(3)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
-----------------------------------------------------------------------	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2026
NAME OF PROVIDER OR SUPPLIER Beech Grove Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE 2002 Albany St Beech Grove, IN 46107	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a dependent resident prescribed with a mechanically altered diet received ground meat for the breakfast meal for 1 of 3 residents reviewed for meal service. (Resident B) Findings include: On 3/26/26 from 9:11 a.m. until 9:35 a.m., Resident B was sitting up in bed staring forward. Sitting in front of Resident B was a meal tray on the bedside table which had been pulled up to her. The meal ticket that sat on the meal tray indicated Resident B had been placed on a regular diet with ground meat. Resident B was to be served scrambled eggs, ground meat sausage patty with pork gravy, toast, butter and jelly. On the tray, a whole (unground) sausage patty with no pork gravy was observed. On 3/26/26 at 9:31 a.m. CNA 1 indicated Resident B's sausage patty should have been ground and there should have been pork gravy on the tray. The clinical record for Resident B was reviewed on 3/26/26 at 10:35 a.m. The diagnoses included, but were not limited to, dementia, malnutrition, and heart failure. An Annual Minimum Data Set (MDS) assessment, dated 12/22/26, indicated Resident B was severely cognitively impaired, had complaints of difficulty and pain swallowing, and had been placed on a mechanically altered diet. A care plan, dated 9/29/20 and current through 6/9/26, indicated Resident B was at risk for unintentional weight loss due to increased nutritional needs. Interventions included, but were not limited to, regular diet with ground meats and monitor food and fluid intake at meals. A current physician's order, started on 4/17/25, indicated Resident B had been placed on a regular diet with ground meats. During an interview on 3/26/26 at 2:00 p.m., the Dietary Manager indicated the sausage patty that had been served to Resident B should have been ground before it left the kitchen. On 3/26/26 at 1:34 p.m., the Administrator provided a copy of a facility policy, titled Diet Orders, dated 8/2025, and indicated this was the current policy used by the facility. A review of the policy indicated in order to help maintain/improve nutrition and quality of life the Registered Dietitian, or designee, will evaluate the need for more restricted diet therapy according to each resident's individual medical condition, needs, desires, and rights. This citation relates to Intake 2801211.410 IAC (Indiana Administrative Code) 16.2-3.1-21(a)(3)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2026
NAME OF PROVIDER OR SUPPLIER Beech Grove Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE 2002 Albany St Beech Grove, IN 46107	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident's meal consumption had been documented accurately for 1 of 3 residents reviewed for documentation. (Resident B) Findings include: On 3/26/26 at 9:11 a.m. until 9:35 a.m., Resident B was sitting up in bed staring forward. Resident B spoke nonsensical and repeated the same words. Sitting in front of Resident B was a meal tray on the bedside table which had been pulled up to her. On the plate was scrambled eggs, toast, a sausage patty, oatmeal, and orange juice. The food had been uncovered and uneaten. The silverware was still in the napkin. On 3/26/26 at 9:31 a.m., CNA 1 walked into Resident B's room and asked Resident B why she hadn't eaten any of her food. CNA 1 picked up the spoon and offered to feed Resident B some scrambled eggs. Resident B spoke nonsensical to CNA 1. The clinical record for Resident B was reviewed on 3/26/26 at 10:35 a.m. The diagnoses included, but were not limited to, dementia, malnutrition, and heart failure. An Annual Minimum Data Set (MDS) assessment, dated 12/22/26, indicated Resident B was severely cognitively impaired, had complaints of difficulty and pain swallowing, and had been placed on a mechanically altered diet. A care plan, dated 9/29/20 and current through 6/9/26, indicated Resident B was at risk for unintentional weight loss due to increased nutritional needs. Interventions included, but were not limited to, regular diet with ground meats and monitor food and fluid intake at meals. The meal consumption documentation, dated 3/26/26 at 9:20 a.m., indicated CNA 1 documented that Resident B had consumed 26-50% of her breakfast meal. This documentation was entered into the electronic medical record approximately ten minutes before CNA 1 entered Resident B's room and asked why she hadn't eaten any of her food. During an interview on 3/26/26 at 1:51 p.m., RN 1 indicated CNA 1 should not have documented Resident B's meal consumption before she checked to see if she had eaten anything. On 3/26/26 at 1:13 p.m., the Administrator provided a copy of a skills competency, titled Assist to Eat, dated 3/2023, and indicated this was the current skills competency used by the facility. A review of the competency indicated after the meal is finished document the meal consumption. This citation relates to Intake 2801211.410 IAC (Indiana Administrative Code) 16.2-3.1-50(a)(2)</p>		