STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155103	A. Building B. Wing	04/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trailpoint Village	1950 Ridgedale Rd South Bend, IN 46614

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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on observation, record review and interviews, the facility failed to updated/revise a comprehensive person-centered care plan for nutritional needs related to continued weight loss (Resident B), for 1 of 21 residents reviewed for care plans.Finding includes:During an interview, with Resident B's daughter, she indicated she had a concern regarding her mother's ongoing weight loss.On 4/10/2026 at 9:01 A.M., Resident B's medical record was reviewed. Diagnoses included, but were not limited to, dementia, chronic obstructive pulmonary disease, depression, anxiety, and osteoporosis.A Quarterly Minimum Data Set (MDS) assessment, dated 3/18/2026, indicated Resident B had severe cognitive impairment, required set up assistance for eating and had experienced a weight loss of 5% or more in the past month and 10% or more in the past 6 months.Resident B weighed 130 pounds on October 1, 2025. However, by November 18, 2025 she had lost weight and only weighted 120 pounds which resulted in an over 7.5% weight loss in a little over a month. A Care Plan initiated, on 12/20/2024 and updated on 6/19/2026, indicated Resident B was at nutritional risk related to her diagnoses. Resident B's goal was to maintain her (UBWR) usual body weight range of 135-140 pounds but was noted to have had a significant weight loss in December 2025. Interventions, initiated on 11/06/2025, included but were not limited to high calorie house milk shakes at lunch and ice cream at dinner.A Follow Up Nutrition Review, completed by the Corporate Dietary Manager, dated 3/26/2026, indicated Resident B's current weight of 118 pounds, indicated the resident had experienced a weight loss of 5% or more in the last month and a 10% or more weight loss in the last 6 months. Current diet orders/interventions included, but were not limited to regular diet, high calorie shakes at lunch, ice cream at dinner. Resident B's average meal intake indicated the following: breakfast 39%, lunch 54% and dinner 54%. Acceptance of extra items provided to help maintain/improve nutrition indicated the interventions had been refused.An Interdisciplinary Team (IDT) Progress Note, dated 3/26/2026 at 12:01 P.M., indicated Resident B's current weight was 116 pounds. A root cause for the weight change/nutrition concerns indicated Resident B was a picky eater. New recommendation/interventions indicated to re-evaluate food choices/preferences and to update the Care Plan. However, a care plan was not updated related to food choices and preferences.A policy was provided by the executive director on 4/13/2026 10:15 A.M., The policy dated 10/2025, titled IDT Comprehensive Care Plan Policy, indicated, . Procedures: . care plan problems, goals, and interventions must be reviewed and revised by the interdisciplinary team periodically.This federal tag is related to Intake 2806507.3.1-35(d)(2)(B)

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