

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155370	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2026
NAME OF PROVIDER OR SUPPLIER New Harmony Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 251 Highway 66 New Harmony, IN 47631	
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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a resident's nutritional status was maintained for 1 of 3 residents reviewed for dietary services. No dietary recommendations were made or additional supplements were added to a resident's plan of care following an unplanned significant weight loss. (Resident B) Finding includes: A record review on 7/15/26 at 1:15 P.M., indicated resident B's diagnoses included but were not limited to, type II diabetes and anemia. The most recent quarterly minimum data set (MDS) assessment dated [DATE] indicated the resident had moderate cognitive impairment and had a weight loss of 5% in one month or 10% in past 6 months while not on a physician prescribed weight-loss regimen. Physician orders included but were not limited to, regular diet, may have finger foods (started 3/10/26) and Vitamin B-12 (started 3/11/26). Resident B's care plan included but was not limited to, resident has the potential for a compromised nutritional status and the potential for significant weight changes related to meal refusals and poor intakes. History of significant weight loss 3/2026 and 6/2026 (revised 6/15/26). Interventions included consult with dietician as needed, dietician to evaluate and make diet change recommendations as needed. Resident B's documented monthly weights included: 2/10/26 - 154.0 pounds (lbs) 3/1/26 - 143.4 lbs - (6.8% weight loss within 30 days) 4/6/26 - 148.2 lbs (Refused weight on 5/30/26) 6/9/26 - 121.4 lbs - (18% weight loss within 90 days) A quarterly dietician assessment dated [DATE] indicated the resident's current nutritional prescription included a regular diet with finger foods. Resident B had a significant weight change. Dietary/Nutrition notes included but were not limited to: 4/3/26 at 2:22 P.M. - Significant weight loss of 11 lbs in 30 days. Meal intakes of regular diet range between 25 - 50 %. Offer finger foods. Will review weight trend with next monthly weight before recommending supplement. 6/15/26 at 2:09 P.M. - Resident has order for multivitamin, which she refuses at times. Meal intakes of regular diet are poor, no more than 50% at times. Resident is offered finger foods as able. Current weight of 121 Lbs indicates a significant weight loss of 22 lbs within 90 days and 23 lbs within 180 days. An observation and interview on 7/16/26 at 7:40 A.M., Resident B was lying in bed awake, awaiting breakfast. The resident indicated she eats in her room and often did not care for the facility breakfast. During an interview on 7/16/26 at 8:10 A.M., CNA 4 indicated Resident B often did not eat well and that the resident received a regular meal with nothing added. During an interview on 7/16/26 at 8:25 A.M., the Dietary Manager (DM) indicated the Registered Dietician (RD) visited the facility weekly and made dietary recommendations based on resident monthly weights. The DM indicated Resident B received a regular diet with no additional shakes, magic cups, or supplements. During an interview on 7/16/26 at 9:05 A.M., the assistant director of nursing (ADON) indicated she was unaware of Resident B's significant weight loss. The ADON also indicated no additional dietician assessments had been completed since 4/3/26. A nutritional supplement order was obtained that morning (7/16/26). On 7/16/26 at 10:19 A.M., the (continued on next page)		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 155370

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Facility Administrator supplied a facility policy titled Dietary Menu Planning and Nourishment, dated 9/23/25. The policy included, XII. Nourishments will be provided to offer therapeutic nutritional support. A physician's order will be required. Residents receiving nourishments may include those who are underweight, who are on therapeutic diets, and those with poor intake, weight loss .This citation relates to intake 3005005. 410 IAC 16.2-3.1-46(a)(1)410 IAC 16.2-3.1-46(a)(2)		