

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155484	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/26/2026
NAME OF PROVIDER OR SUPPLIER  Southwood Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2222 Margaret Ave Terre Haute, IN 47802	
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 record review and interview, the facility failed to prepare a resident's food according to a physician's ordered modified diet for 1 of 3 residents reviewed for death (Resident B). This deficient practice was corrected by 2/20/26 prior to the start of the survey and was therefore Past Noncompliance. Findings include: A clinical record review for Resident B was completed on 2/25/26 at 11:01 a.m. Diagnoses included dementia, oropharyngeal phase dysphagia (difficulty swallowing due to problems in the mouth and throat), and protein-calorie malnutrition. A quarterly Minimum Data Set assessment, dated 1/19/26, indicated Resident B had severe cognitive impairment. She was rarely and/or never understood when expressing ideas or wants, and she could sometimes understand others. She required supervision and/or touching assistance for eating. A current physician's order, dated 10/30/25, indicated regular diet, dysphagia advanced texture, regular consistency. During an interview 2/25/26 at 1:36 p.m., CNA 1 indicated on 1/19/26 at approximately 12:00 p.m., the staff was passing the lunch trays. She looked around the dining room and noticed Resident B was shoving food into her mouth and pocketing food in her cheeks. She would normally feed herself and was a slow eater, so this was unusual. She went over to Resident B and sat next to her to assist her to slow down her eating. She was not chewing the food, just shoving into her mouth. CNA 1 moved her plate out of reach, in an attempt to get her to slow down and address the food in her mouth. Her lips were turning bluish in color. Resident B continued to reach for her plate to get more food. CNA 1 noted her bluish lip color and felt the resident was choking and performed the Heimlich Maneuver using two thrusts, positioning her clasped hands below her sternum with the resident seated. A whole Brussel sprout was expelled. LPN 2 arrived and took over care of Resident B. A lunch tray ticket, dated 2/19/26, Thursday lunch, for Resident B, indicated regular dysphagia advance diet. Roasted Brussels Sprouts, Chop was listed on the resident's menu. A Preliminary Autopsy Report, provided by the coroner's office, completed 2/21/26, indicated the cause of death as acute pulmonary thromboembolism (blood clot in the lungs). During an interview on 2/25/26 at 11:47 a.m., the Corporate Risk Management Nurse (CRMN) indicated the resident had been served whole Brussel sprouts, but according to her ordered diet, should have been served chopped Brussel sprouts. A current facility policy, undated, titled, Textures, provided by the Administrator on 2/26/26 at 10:24 a.m., included the following: .2. Dysphagia advanced . Listed as dys adv on the meal ticket .Foods allowed: .Vegetables: soft, well-cooked. This deficient practice was corrected by 2/20/26 prior to the start of the survey and was therefore Past Noncompliance. The facility implemented a systemic plan that included monitoring meal tray/diet accuracy and staff education regarding accurate modified diet service, and ongoing monitoring by Quality Assurance and Performance Improvement (QAPI). This citation relates to Intake 2748939. These deficiencies reflect State Findings cited in accordance with 410 Indiana Administrative Code (IAC) 16.2-3.1-20(a).</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
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