STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155851	A. Building B. Wing	04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Orchard Pointe Health Campus	702 Sawyer Road Kendallville, IN 46755

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. Based on interview and record review, the facility failed to ensure a therapeutic diet, ordered by the physician to treat heart failure, was provided to 1 of 3 residents reviewed for nutritional needs (Resident D). Findings include:On 4/14/26 at 1:15 P.M., Resident D's record was reviewed. Diagnoses included hypertensive (high blood pressure) heart and chronic kidney disease with heart failure. An admission Minimum Data Set (MDS) assessment, dated 3/11/26, indicated Resident D had no cognitive impairment and no rejection of care. The MDS indicated she had not been prescribed a therapeutic diet (example: low salt) prior to or since admission to the facility. A care plan, dated 3/6/26, indicated Resident D was at risk for malnutrition due to her diagnoses, inadequate nutrient/energy intakes, and metabolic demands. The goal included the resident being able to tolerate her physician ordered Low Salt diet. Interventions included to provide her diet as ordered. A hospital Care and Services Coordination form, dated 3/4/26, indicated while hospitalized , Resident D's heart failure was treated with multiple interventions including a physician ordered therapeutic 3-gram sodium restricted regular diet. Hospital discharge orders, dated 3/5/26, were for Resident D to have a regular diet with 3-gram sodium restriction and mechanically soft foods with thin liquids. A physician's order, dated 3/5/26, was for a regular diet with thin liquids. A Dietary Tech review, dated 3/16/26 at 3:34 P.M., indicated Resident D received a regular diet. Staff were monitoring the resident's weight for changes related to fluid shifts with edema (swelling), providing diuretics (water pill) as ordered, and monitoring labs. Recommendation was to discontinue the resident's diet and change to regular diet with no added salt (NAS) to reduce some sodium at meals. A nurse note, dated 3/17/26 at 11:37 a.m., indicated Diet Tech recommendations had been noted and orders were received to change Resident D's diet to regular with NAS. A Registered Dietician note, dated 3/17/26 at 2:05 p.m., indicated Resident D's chart was reviewed. She was prescribed diuretics, had some abnormal labs, and daily weights due to 4+ pitting edema and weight gain. Resident D was anticipated to have fluid shifts due to edema, diuretics, abnormal labs, and heart failure. Her diet was to remain NAS, regular texture with thin liquids. A diet order, dated 3/17/26, was for a regular diet with ground meat. The resident may have regular bacon. Extra gravy/sauce with all ground meat. The order hadn't indicated no added salt. The dietary recommendations were not followed. On 4/14/26 at 2:40 P.M., the Director of Health Services (DHS) was interviewed. She indicated the facility received diet orders from the hospital prior to, per pre-admission hospital paperwork, and at the time of admission to the facility. Residents were to be provided with therapeutic diets as ordered by the physician. A current facility policy, titled Diet Order Formulary and Translation Guide was provided by the DHS on 4/14/26 at 4:28 p.m., which indicated each resident diet order must contain a therapeutic, texture, and liquid consistency component to ensure clarity in each order. A No Added Salt (NAS) diet order replaced physician orders for low sodium/low salt, 3G or 4 G sodium, or Cardiac/Heart Healthy diets. This Citation relates to Intake 2964186. 410 Indiana Administrative Code (IAC) 16.2-3.1-46

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