

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155851	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/10/2025
NAME OF PROVIDER OR SUPPLIER Orchard Pointe Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>51881</p> <p>Based on observation, interview, and record review, the facility failed to ensure food that was at proper temperature in 2 of 2 observations. Food prepared in the kitchen was consumed by 57 of 57 residents who resided in the facility.</p> <p>Findings include:</p> <p>During a continuous observation on 1/6/25 from 09:24 AM to 10:00 AM the following observation was made:</p> <p>The temperature of the alcohol cooler was 62 deg. Several bottles of various types of alcohol, one case of bottled water, and a cheese tray were found to be inside. Employee 2, indicated the cheese tray would be thrown away.</p> <p>In an interview on 01/06/25 at 02:17 PM, a resident's family member indicated the resident had complained her food was served cold sometimes.</p> <p>During an observation on 1/8/25 from 10:47 AM - 11:00 AM, the following observation was made:</p> <p>Two of three plates of pureed food, sitting on a shelf above steam table under warming lights, had a temperature measurement of 89 degrees.</p> <p>Resident Counsel minutes, dated 10/28/24, indicated menu changes hadn't improved much since the before month. Food was coming out cold during meal services. Dietary Aids were reaching across other plates to drop off other resident food.</p> <p>Resident Counsel minutes, dated 11/25/24, indicated food was coming out cold during meal services. Dietary Aides were continuing to reach across other plates to drop off resident food.</p> <p>Resident Counsel minutes, dated 12/30/24, indicated cold food was being served and vegetables were not being cooked all the way.</p> <p>A current policy, dated 1/2024, titled Hot and Cold Food Temperature Holding Guideline was provided by an administrator on 1/8/15 at 1:28 PM. The policy indicated hot food in the steam table should be at least 135 or higher degrees Fahrenheit and arrive approximately at greater than or equal to 120 degrees Fahrenheit when the resident is served.</p> <p>(continued on next page)</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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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	3.1-21 (a)(1)(2)		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51881</p> <p>Based on observation, interview, and record review, the facility failed to ensure safe and sanitary food storage and serving practices for 3 of 3 observations. Food prepared in the kitchen was consumed by 57 of 57 residents who resided in the facility.</p> <p>Findings include:</p> <p>During a continuous observation on [DATE] from 09:24 AM - 10:00 AM the following observations were made:</p> <p>The drying rack had clear, round, lids stacked with moisture in between lids.</p> <p>The floor in the dishwashing area and dry pantry had dry, brown, particles in sizes from grains of sand to grains of rice. ,</p> <p>Observations of the dry pantry included the following:</p> <p>An opened bottle of molasses had must a use by date of [DATE].</p> <p>There were 2 onions sprouting green leaves, one with 4 inches of green growth. One onion was brown, black, and was soft.</p> <p>A yellow cake mix had an expired date of [DATE].</p> <p>Observations in the walk-in refrigerator included the following:</p> <p>Six bowls of cottage cheese were uncovered and undated.</p> <p>There were quarter-sized areas of a white, fuzzy substance, on top of 2 strawberries. The received on date was [DATE].</p> <p>There was a broken eggshell, whites, and yolk spread to a softball sized area on the floor.</p> <p>Observations in the walk-in freezer included the following:</p> <p>A frozen leftover turkey with a use by date of [DATE], was not sealed.</p> <p>A bag with 2 pork patties was not labeled or sealed.</p> <p>In an interview on [DATE] at 09:40 AM, the Director of Food Service indicated a deep floor clean was completed at the end of each day, the egg was broken during the delivery.</p> <p>In an interview, on [DATE] 02:53 PM, the facility administrator indicated 57 residents of 57 residents residing in the facility consumed food that was prepared in the kitchen.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A current policy, dated ,d+[DATE], titled Food Labeling and Dating Policy was provided by an administrator on [DATE] at 3:24 PM. The policy indicated any product removed from its original container, has a broken seal, has been processed in any way must have a label . that contains the following: . Date and Time the food was labeled . Use by date .Securely cover the food item.</p> <p>A current policy, dated ,d+[DATE], titled Storage Procedures was provided by an administrator on [DATE] at 3:24 PM. The policy indicated open packages are labeled, dated, and stored in closed containers. Refrigerated storage temperature will be at 41 degrees F or below. Prepared perishables such as salads, puddings, milk, etc., are stored in a refrigerator and covered, labeled, and dated until used. All foods in the freezer are wrapped in a moisture proof wrapping or placed in suitable containers, to prevent freezer burn. Items are labeled and dated.</p> <p>3XXX,d+[DATE](i)(3)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46756</p> <p>Based on observation, interview, and record review the facility failed to ensure sanitary handling of personal protective gowns for 2 of 8 residents reviewed (Resident 34 and Resident 45) and proper hand hygiene in meal service in the assisted dining room. This practice affected 7 of 10 residents who ate their meals in the assisted dining room.</p> <p>Findings include:</p> <p>1. During an observation, on 1/7/24 at 10:32 AM, upon opening the door to Resident 45's room a yellow, disposable gown drifted into the doorway of Resident 45's door touching the doorframe, handle and door. The gown was hanging on the wall on Resident 45's roommate's side of the room near his belongings. Resident 45's bed was empty. Water was heard running in the shower of the attached bathroom. Certified Nurse Aide (CNA) 19 opened the bathroom door, and indicated Resident 45 was in the shower. CNA 19 was not wearing a gown.</p> <p>Resident 45s record was reviewed on 1/7/24 at 1:50 PM. Diagnoses included presence of urogenital implants, and neuromuscular dysfunction of the bladder.</p> <p>Resident 45's current quarterly Minimum Data Set (MDS) indicated their Basic Interview for Mental Status (BIMS) score was 15 (cognitively intact). The MDS indicated Resident 45 used an indwelling catheter.</p> <p>A physician's order dated 1/7/25 indicated Resident 45 should receive levofloxacin (an antibiotic) 750 mg daily for 7 days for a urinary tract infection.</p> <p>Resident 45's current care plan titled: Resident requires enhanced barrier precautions, indicated the resident had a problem of suprapubic catheter use, with a goal date of 4/2/25. Interventions included don/doff and dispose of PPE systematically and appropriately utilize gown and gloves per EPB policy during high contact ADL care.</p> <p>In an interview, on 1/7/25 at 10:32 AM, Licensed Practical Nurse (LPN) 20 indicated used gowns should not hang in the doorway of the room due to contamination risk.</p> <p>During an interview, on 1/7/25 at 10:35 AM, the Assistant Director of Nursing (ADON) indicated staff should be wearing gloves and a gown when performing showers for Resident 45. She indicated disposable gowns are stored in a closet in the hallway and should not be stored hanging in the doorway after use.</p> <p>2. During an observation, on 1/7/24 at 10:33 AM, upon opening the door to Resident 34's room a yellow, disposable gown was observed wadded up and stuffed into the inside door handle.</p> <p>Resident 34's record was reviewed on 1/7/24 at 1:50 PM. Diagnoses included neuromuscular dysfunction of the bladder and gastrostomy status.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident 34's current annual Minimum Data Set (MDS) dated [DATE] indicated their Basic Interview for Mental Status (BIMS) score was 15 (cognitively intact). The MDS indicated Resident 34 used an indwelling catheter and a gastric tube.</p> <p>Resident 34's current care plan titled, Resident requires enhanced barrier precautions, indicated the resident had a problem of feeding tube and indwelling catheter use, with a goal date of 4/1/25. Interventions included don/doff and dispose of PPE systematically and utilize gown and gloves during high contact ADL care.</p> <p>A physician's order dated 1/7/25 indicated Resident 34 should receive cephalexin (an antibiotic) 500 mg three times daily for 7 days for a urinary tract infection.</p> <p>In an interview, on 1/7/25 at 10:33 AM, LPN 20 indicated used gowns should not be placed on the inside of the door handle due to contamination risk.</p> <p>During an interview, on 1/7/25 at 10:35 AM, the ADON indicated disposable gowns are stored in a closet in the hallway and should not be stored after use in the door handle. She indicated disposable gowns should be discarded after use.</p> <p>A current policy, titled Standard Precautions Guidelines, dated 5/11/16 provided by the Administrator on 1/8/24 at 12:07 PM indicated equipment or items in the resident's environment likely to have been contaminated with potentially infectious matter should be handled in such a manner to prevent transmission of infectious agents.</p> <p>3. During an observation, on 1/9/25 at 9:06 AM, Qualified Medicine Aide (QMA) 21 passed trays to 6 residents seated in the assisted dining room. As she passed the trays she touched each resident's silverware, cut up and prepared residents' food and handed utensils to the residents, frequently contacting their hands, clothing and belongings. No hand hygiene was performed. Certified Nurse Aide (CNA) 22 assisted an unidentified male resident to apply a sweater and then washed her hands with 12 seconds of scrubbing. QMA 21 washed her hands with a 5- second hand scrub and returned to resident care. QMA 21 washed her hands two additional times during observation with durations of 5 and 7 seconds of scrubbing.</p> <p>During an interview, on 1/9/25 at 9:47 AM, CNA 22 indicated staff should sanitize their hands between each tray and perform handwashing after every third tray or when they touch a resident or contaminate their hands. She indicated scrubbing should last 20 seconds. She indicated she was in a hurry and should have washed her hands correctly.</p> <p>During an interview, on 1/9/25 at 9:48, QMA 21 indicated staff should scrub their hands for 60 seconds each time they washed their hands. She indicated she should have washed her hands while passing the trays but was in a hurry to get all the food out and forgot.</p> <p>A current policy titled Guidelines for Handwashing/Hand Hygiene, dated 5/11/16, provided by the ADON on 1/9/25 at 11:07 AM indicated hand hygiene should be performed before and after serving meals and before and after having direct contact with residents. The policy indicated handwashing should include 20 seconds of friction.</p> <p>3.1-18(l)</p>		