

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 03/13/2026
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on observation, interview, and record review, the facility failed to provide dignified, timely meal service for 1 of 8 residents observed (Resident 60). Findings include: In a continuous observation, beginning on 03/09/2026 at 1:04 PM, Resident 60 was assisted to her table in the restorative dining room. Another resident was eating her lunch at the table. On 03/09/2026 at 1:17 PM, Certified Nurse Aide (CNA) 2 indicated to Resident 60 staff members were looking for her lunch tray. Resident 60 indicated she did not want to be a bother and would go back to her room without eating. CNA 2 indicated Resident 60's lunch tray would arrive soon and encouraged Resident 60 to stay. On 03/09/2026 at 1:24 PM, CNA 3 offered Resident 60 a cup of watermelon indicating Resident 60 could eat the watermelon while waiting for the meal tray to be delivered. Resident 60 again indicated she did not want to be a bother and could return to her room. CNA 6 then assisted Resident 60 to fill out a lunch order on a menu form. On 3/9/2026 at 1:33 PM, Resident 60's lunch tray was delivered. In an interview on, 03/09/2026 at 1:33 PM, Registered Nurse (RN) 4 indicated residents should be served promptly at mealtime. RN 4 indicated Resident 60 should not have had to wait so long to be served. In an interview on, 03/09/2026 1:35 PM, CNA 3 indicated she did not know what went wrong with Resident 60's meal service, CNA 3 indicated 2 staff members were asked to look for the tray on the hall tray cart or the kitchen and no one returned with the tray or any update on when the tray could be expected. CNA 3 indicated Resident 60 waited an excessive amount of time to receive her tray. Resident 60's record was reviewed on 03/09/2026 at 11:08 AM. Diagnoses included displaced intertrochanteric fracture of the left femur. A Basic Interview for Mental Status (BIMS) assessment, dated 03/07/2026 at 10:07 AM, indicated Resident 60 had a BIMS score of 13 (cognitively intact). A current care plan, titled Profile Care guide, with a goal date of 6/6/2026 indicated Resident 60 required set up assistance with meals. In an interview on, 3/11/2026 at 11:40 AM, the Director of Nursing indicated the facility did not have a policy addressing timely meal service. A current policy, titled Resident Rights Guidelines, dated 12/08/2025, provided by the Administrator on 03/11/2026 at 11:47 AM, indicated residents have a right to be treated with dignity and respect. 410 IAC 16.2- 3.1-3(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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 155851
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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>Based on observation, interview, and record review the facility failed to ensure showering was completed for 1 of 6 residents reviewed (Resident 65). During an interview, on 3/9/26 at 10:32 AM, Resident 65 indicated she had not had a shower since before her admission. A review of an admission BIMS (Basic Interview for Mental Status) Assessment for Resident 65 dated 3/5/26, indicated her BIMS score was 15 (cognitively intact). A review of bathing notes, dated 3/5/26-3/10/26, indicated Resident 65 had not received a shower on Saturday, 3/7/26. A partial bed bath was completed on 3/6/26, 3/7/26, 3/8/26, 3/9/26, and 3/10/26. In an interview, on 3/10/26 at 2:30 PM, Resident 65 indicated she had not showered yet and needed a shower badly. In an interview, on 3/10/26 at 2:40 PM, QMA 12 indicated Resident 65 needed 1 staff member to assist her with a shower. QMA 12 indicated they did not know when Resident 65 was due for a shower. In an interview, on 3/10/26 at 2:44 PM, RN 10 indicated they did not know when Resident 65 was due for a shower. RN 10 indicated they reviewed the electronic record, but scheduled shower days had not been assigned. A review of the Shower Schedule Binder on 3/10/26 at 2:50 PM, indicated Resident 65 was scheduled to shower on Saturdays and Wednesdays, during the day shift. A review of Resident 65's current Care plan titled Profile Care Guide, indicated the resident was to have showers twice a week, per schedule. In an interview, on 3/12/2026 at 11:22 AM, the Director of Nursing indicated showers are ordered two days a week for every resident, unless contraindicated. The Executive Director indicated in an interview on 3/12/26 at 11:28 AM, the facility did not have a policy about shower frequency. A current admission agreement indicated residents had a right to receive services in the facility with reasonable accommodation of resident needs and preferences. 410 IAC 3.1-38(a)(3)</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>Based on observation, interview, and record review, the facility failed to ensure choices for dining and dressing were upheld for 1 of 6 residents reviewed (Resident 60). Findings include: In an observation, on 03/09/2026 at 1:04 PM, Resident 60 was observed seated in the Restorative Dining room, fully dressed, awaiting lunch service. In an observation, on 03/10/2026 at 1:06 PM, Resident 60 was observed sitting in her bed leaning to the right with her lunch tray positioned on a tray table in front of her. In an interview, on 03/10/2026 at 1:07 PM, Resident 60 indicated she was very upset. Resident 60 indicated staff told her she could not get out of bed. Resident 60 asked if she had a terrible disease that confined her to bed she had not been told about. Resident 60 indicated she preferred to eat in the dining room, but she was not allowed to get out of bed. Resident 60 indicated she was not in a comfortable position to eat and kept falling to the right side. Resident 60's record was reviewed on 03/09/2026 at 11:08 AM. Diagnoses included displaced intertrochanteric fracture of the left femur. A Basic Interview for Mental Status (BIMS) assessment, dated 3/7/2026 at 10:07 AM, indicated Resident 60 had a BIMS score of 13 (cognitively intact). Resident 60's Inventory of Personal Items, dated 3/6/2026 at 3:34 PM, had no marks or notations recording any clothing or personal items had been inventoried for Resident 60. In an interview, on 03/10/2026 at 1:08 PM, Licensed Practical Nurse (LPN) 5 indicated Resident 60 could not get out of bed because Resident 60's family had not brought in enough clothes. LPN 5 indicated the facility has no clothing to offer to assist her to get up, only a hospital gown. In an interview, on 03/10/2026 1:11 PM, the Social Services Director (SSD) indicated staff should reach out to family to see if someone had anything they could bring when a resident did not have enough clothes. The SSD indicated the facility had donated items of all sizes that were kept on hand for occasions of clothing shortages. The SSD indicated Resident 60 had a family member who visited daily, so she did not know why Resident 60 did not have adequate clothing. The SSD indicated staff should come to the SSD office to obtain clothes when shortages occurred, but no staff had notified her of a shortage. She indicated she would notify the staff of the clothing supply in case they were not aware. In an interview, on 03/11/2026 11:44 AM, Certified Nurse Aide (CNA) 6 indicated on the morning of 3/10/2026, no pants were available in Resident 60's closet. CNA 6 indicated she checked the lost and found supply and was unable to find any pants for Resident 60. CNA 6 indicated she did not contact the SSD for additional assistance in finding clothes. CNA 6 indicated Resident 60 was positioned upright in the bed to eat her lunch, but needed frequent repositioning due to falling to the right side. A current policy, titled Resident Rights Guidelines, dated 12/08/2025, provided by the Administrator on 3/11/2026 at 11:27 AM, indicated residents had a right to enjoy full use of all areas of the campus, including dining rooms. The policy indicated residents have the right to exercise choice in daily activities. 410 IAC 16.2- 3.1-3(u)(1)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on interview and record review the facility failed to follow physician orders for 1 of 23 residents reviewed. (Resident 8) Findings include: Resident 8's record review, began on 03/09/2026 at 11:04 AM diagnosis included diabetes, Alzheimer's, and epilepsy. A physician order, dated 1/13/26 indicated Resident 8 was at risk for malnutrition related to comorbidities. Nursing was to monitor weight and intakes as ordered, monitor dental status to ensure ability to chew was adequate, follow up with dietician as recommended, monitor meds for adverse effects nausea/vomiting/diarrhea, decreased appetite, monitor for any negative outcomes such as decreased oral intakes or weight loss and notify the physician every shift. Resident 8's weights documentation indicated on 2/9/26 Resident 8 weighed 175lbs and on 03/04/26 she weighed 168.8. This was a loss of 3.54% in 23 days. Resident 8's progress notes, dated March 2026, indicated there was no documentation the physician was notified of Resident 8's weight loss. In an interview, on 03/11/2026 at 8:42 AM, the Director of Nursing (DON) indicated the nursing staff fax or call the medical provider regarding resident changes or needs or place concerns in an internal communication book for the following day. The DON indicated the facility nursing staff document physician notification in a progress note. The physician communication book, dated 3/4/26 through 3/10/26, contained no documentation of physician notification for Resident 8's weight loss. In an interview, on 03/11/2026 at 10:12 AM, Qualified Medication Assistant (QMA) 7, indicated Resident 8 ate in the restorative dining room so the staff could assist him when needed and monitor his intakes. QMA 7 indicated the staff documents intakes in the medical record under intakes and outputs. QMA 7 indicated if she were to notice a change in resident eating, she would inform a nurse. In an interview, on 3/11/2026 at 10:16AM, Licensed Practical Nurse (LPN) 9 indicated when staff enter weights into the computer, nursing gets an alert in red when nursing needs to notify the dietician. LPN 9 indicated staff become concerned when residents lose 5% of body weight in 30 days and 10% of body weight in 6 months. Resident 8's intakes were reviewed between 2/9/26 and 03/04/26. The following intakes were documented as 50% or less: 3/4 lunch 26-50%2/24 breakfast zero2/20 dinner 26-50%2/19 lunch 1-25%2/18 breakfast and lunch 1-25%2/13 dinner 1-25% There was no documentation to indicate the resident was offered alternatives or supplements. In an interview, on 03/11/2026 at 10:52 AM, the DON indicated there was no documentation regarding a physician had been notified regarding Resident 8's weight loss in the communication book or in his medical record. A policy titled, Provider Notification Guidelines dated 9/12/17 last updated 12/8/25, was provided by the Executive Director on 3/11/25 at 11:31AM. The policy indicated 11. Attempts to notify the physician/provider and their response should be documented in the resident electronic health record. This policy did not include to follow physician orders. 410 IAC 16.2 3.1-37</p>		