STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	07/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINCOLNSHIRE PLACE - FORT WAYNE	11911 DIEBOLD ROAD, FORT WAYNE, , 46845

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for a State Residential Licensure Survey. Survey dates: July 15 and 16, 2025 Facility number: 013687 Residential Census: 41 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality reivew completed July 17, 2025	R 0000		
R 0414	Infection Control - Deficiency 410 IAC 16.2-5-12(k) (k) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. Based on observation, interview, and record review the	R 0414	1 Immediately following observation, CNA 2 was in-serviced on correct handwashing, hand hygiene and resident care policies and procedures. CNA 2 attended and signed off on correct policies and procedures. CNA 2 demonstrated understanding and competency to the Director of	07/23/2025

	facility failed to ensure hand hygiene was completed for 1 of 1 resident observed. (Resident 25) Findings include: During an observation, on 7/15/25 at 09:44 AM, the following was observed: Certified Nurse Aide (CNA) 2 provided perineal incontinence care for Resident 25 while wearing gloves. CNA 2 continued to wear the same gloves while dressing the resident, transferring the resident to a specialized chair, and then wiped Resident 25's face with a moist washcloth. Hand hygiene was not performed. CNA 2 applied clear ointment to resident's skin around her left eye, then doffed gloves and disposed of them into the trash. During an interview, on 7/15/25 at 10:00 AM, CNA 2 indicated the same gloves had been worn for the entire observation. CNA 2 indicated hand hygiene should have been performed after incontinence care and before applying ointment around the resident's eye. Resident 25's record was reviewed on 7/15/25 at 11:30 AM, diagnoses included chronic dacryocystitis of the left lacrimal passage, bilateral glaucoma, senile degeneration of brain and		Nursing immediately after training on 7/15/25. 2 Director of Nursing will immediately audit handwashing/hand hygiene and resident care practices with nursing staff to ensure overall compliance. Any deficiency identified will be in-serviced and corrected immediately. 3 All staff will be in-serviced on correct handwashing/hand hygiene and related resident care policies and procedures. This was taken place on 7-23-25. Lincolnshire Place will add these materials to the in-service again in fall 2025 and spring 2026. Random handwashing audits will be completed monthly with staff from July 2025 until July 2026. 4 The quality assurance committee will audit these corrections quarterly to ensure compliance. Any non-compliance will be identified and corrected immediately. Inservice records will be kept on file and monthly random handwashing/hand hygiene audits will be recorded and kept in the quality	

	delusional disorders. Purlent drainage from Resident 25's eyes was documented on a 7/6/25 progress note. Erythromycin ointment was ordered for the drainage and treatment was completed on 7/13/25. A current policy, undated, provided by the Administrator indicated the facility requires staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. During an interview, on 7/16/25 at 10:20 AM, the Administrator indicated the facility follows the CDC Guidelines for Hand Hygiene. During an interview, on 7/16/25 at 11:25 AM, the Director of Nursing indicated hand washing should have been completed after incontinence care. A review of "Clinical Safety: Hand Hygiene for Healthcare Workers | Clean Hands | CDC.gov" indicated hand hygiene will be performed before moving from work on a soiled body site to a clean body site on the same patient, after touching a patient or patient's surroundings, and or after contact with blood, body fluids, or contaminated surfaces. Based on observation,		assurance binder. 5 These systematic changes were completed on 7/23/25.	

interview, and record review the facility failed to ensure hand hygiene was completed for 1 of 1 resident observed. (Resident 25)

Findings include:

During an observation, on 7/15/25 at 09:44 AM, the following was observed: Certified Nurse Aide (CNA) 2 provided perineal incontinence care for Resident 25 while wearing gloves. CNA 2 continued to wear the same gloves while dressing the resident, transferring the resident to a specialized chair, and then wiped Resident 25's face with a moist washcloth. Hand hygiene was not performed. CNA 2 applied clear ointment to resident's skin around her left eye, then doffed gloves and disposed of them into the trash.

During an interview, on 7/15/25 at 10:00 AM, CNA 2 indicated the same gloves had been worn for the entire observation. CNA 2 indicated hand hygiene should have been performed after incontinence care and before applying ointment around the resident's eye.

Resident 25's record was reviewed on 7/15/25 at 11:30 AM, diagnoses included chronic dacryocystitis of the left lacrimal passage, bilateral glaucoma,

senile degeneration of brain and delusional disorders. Purlent drainage from Resident 25's eyes was documented on a 7/6/25 progress note. Erythromycin ointment was ordered for the drainage and treatment was completed on 7/13/25.

A current policy, undated, provided by the Administrator indicated the facility requires staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.

During an interview, on 7/16/25 at 10:20 AM, the Administrator indicated the facility follows the CDC Guidelines for Hand Hygiene.

During an interview, on 7/16/25 at 11:25 AM, the Director of Nursing indicated hand washing should have been completed after incontinence care.

A review of "Clinical Safety: Hand Hygiene for Healthcare Workers | Clean Hands | CDC.gov" indicated hand hygiene will be performed before moving from work on a soiled body site to a clean body site on the same patient, after touching a patient or patient's surroundings, and or after contact with blood, body fluids, or contaminated surfaces.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE