STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROVIDENCE HOME BY FIR	1410 DEER RUN DRIVE, MISHAWAKA, , 46545

(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: November 5, 6 & 7, 2025. Facility number: 015429 Residential Census: 21 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality Review completed on 11/14/2025	R 0000		
R 0052	Residents' Rights - Offense 410 IAC 16.2-5-1.2(v)(1-6) (v) Residents have the right to be free from: (1) sexual abuse; (2) physical abuse; (3) mental abuse; (4) corporal punishment;	R 0052	**What Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:** Executive Director reported the third degree burn to the Indiana Department of Health.	11/25/2025

	(5) neglect; and (6) involuntary seclusion. Based on record review and interview, the facility failed to report a third degree burn to the Indiana Department of Health for 1 of 3 residents reviewed for clinical records. (Resident 5) Finding includes: A record review for Resident 5 was completed on 11/5/2025 at 11:33 A.M. Diagnoses included, but were not limited to: diabetes mellitus type 2, emphysema, seizures and hypothyroidism. A SLUMS (St. Louis University Mental Status) Evaluation, dated 7/24/2025, indicated Resident 5 had mild neurocognitive impairment, scoring 21/30 on the cognitive test. A current Service Plan, dated 3/26/2025, indicated Resident 5 required assistance to move around the facility, did not have any cognitive deficiencies and was unable to make independent decisions. A Health Status Note, on 9/19/2025 at 5:15 P.M., indicated Resident 5 had stayed outdoors all day and when asked about his facial rash, Resident 5 indicated he had been sitting outdoors under the		**How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken:** Director of Nursing reviewed all resident's skin assessment forms to ensure other residents were not affected. **What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur** Executive Director, Director of Nursing and Assistant Director of Nursing were reducated on the Long-Term Care Incident Reporting Policy. **How the corrective action will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place and** Director of Nursing/Designee will review all resident skin	

	shade and his face had gotten sunburned. A Health Status Note, on 9/20/2025 at 11:48 A.M., indicated the facility Nurse Practitioner was notified of Resident 5's sunburnt face and a new order had been obtained for Silvadene Cream three times daily to the burned skin. A Nurse Practitioner Note, dated 9/23/2025, indicated Resident 5 had been seen for a sunburn that had occurred over the weekend after the resident had sat outside in the shade. Third degree burns were noted to Resident 5's bilateral cheeks, nose, chin and bottom lip. The note indicated Resident 5 frequently spent time outdoors without having any problems with burning, but it was discovered Resident 5 had been prescribed doxycycline (an antibiotic) on 9/10/2025 for bilateral lower extremity wounds. The diagnoses from the visit included an "open wound of multiple sites of the face with complications and sunburn of the third degree." The note indicated the plan of action was to treat the burns with Silvadene cream and antibiotic ointment. Resident 5 was also placed on aloe vera gel ointment as needed and a prednisone (oral steriod) pack. A Health Status Note, on		assessment forms weekly for 6 months to ensure this rule is met. **What date the systemic changes will be completed** 11/12/2025	

	9/26/2025 at 9:40 A.M., indicated Resident 5 had a water blister to his right forefinger and Resident 5 had indicated the blister had "just shown up." A Health Status Note, on 9/30/2025 at 3:06 P.M., indicated the nurse had observed blisters to Resident 5's fingers and notified the Nurse Practitioner. An order was again obtained for Silvadene Cream to be applied to the area three times daily. During an interview, on 11/7/2025 at 11:26 A.M., with the Executive Director and Director of Nursing, the Executive Director indicated Resident 5 sat outside under an awning and Resident 5 had not realized he had been getting sun on him. The Executive Director indicated she was not aware Resident 5 had received third degree burns after sitting outside. The Director of Nursing indicated she had known Resident 5 had blisters and had been prescribed Silvadene cream, but was unaware of the third-degree burns. A policy was provided by the Director of Nursing, on 11/7/2025 at 12:26 P.M. The policy, titled, "Unusual Occurrence Reporting", indicated, " ...As required by federal or state regulations, our			

facility reports unusual occurrences or other reportable events which affect the health, safety, or welfare of our residents, employees or visitors ...g. Allegations of ...major accidents [i.e., all fractures, burns greater than first degree, choking resulting in death or required hospital treatment] ...."

Based on record review and interview, the facility failed to report a third degree burn to the Indiana Department of Health for 1 of 3 residents reviewed for clinical records. (Resident 5)

Finding includes:

A record review for Resident 5 was completed on 11/5/2025 at 11:33 A.M. Diagnoses included, but were not limited to: diabetes mellitus type 2, emphysema, seizures and hypothyroidism.

A SLUMS (St. Louis University Mental Status) Evaluation, dated 7/24/2025, indicated Resident 5 had mild neurocognitive impairment, scoring 21/30 on the cognitive test.

A current Service Plan, dated 3/26/2025, indicated Resident 5 required assistance to move around the facility, did not have any cognitive deficiencies and was unable to make independent decisions.

A Health Status Note, on

	9/19/2025 at 5:15 P.M., indicated Resident 5 had stayed outdoors all day and when asked about his facial rash, Resident 5 indicated he had been sitting outdoors under the shade and his face had gotten sunburned. A Health Status Note, on 9/20/2025 at 11:48 A.M., indicated the facility Nurse Practitioner was notified of Resident 5's sunburnt face and a new order had been obtained for Silvadene Cream three times daily to the burned skin. A Nurse Practitioner Note, dated 9/23/2025, indicated Resident 5 had been seen for a sunburn that had occurred over the weekend after the resident had sat outside in the shade. Third degree burns were noted to Resident 5's bilateral cheeks, nose, chin and bottom lip. The note indicated Resident 5 frequently spent time outdoors without having any problems with burning, but it was discovered Resident 5 had been prescribed doxycycline (an antibiotic) on 9/10/2025 for bilateral lower extremity wounds. The diagnoses from the visit included an "open wound of multiple sites of the face with complications and sunburn of the third degree." The note indicated the plan of action was to treat the burns with Silvadene cream and			

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R 0406	Infection Control - Offense 410 IAC 16.2-5-12(a) (a) The facility must establish and maintain an infection control practice designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of diseases and infection. Based on observation, record review and interview, the facility failed to provide medication administration under sanitary conditions for 3 of 4 residents reviewed for medication administration. (Residents 6, 9 & 10) Findings include: 1. During a medication administration preparation observation for Resident 6, on	R 0406	**What Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:** QMA was immediately prevented from administering medications, was reeducated on proper infection control practices/hand washing, and provided correct demonstration of infection control practices before returning to administering medications. **How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective**	11/25/2025

	11/6/2025 at 7:24 A.M., QMA 2 was observed to drop three pills on top of the medication cart and pick the pills up with his bare hands and put them back into the souffle cup for administration. In addition, QMA 2 dispensed five pills into his bare hand from the medication blister packets and then crushed the pills and capsules with a pill crushing device. Prior to crushing the capsules, QMA 2 removed the capsule from the medication packet placed and opened the crushed capsule with his bare hands. QMA 2 had not sanitized his hands prior to the medication preparation nor did the QMA wear gloves when handling the medications. The medications were then administered to Resident 6. Finally, at 7:40 A.M., QMA 2 administered Systane eye ointment to Resident 6 without wearing gloves and without sanitizing his hands prior to the administration of the eye ointment. 2. During a medication administration observation, on 11/6/2025 at 7:45 A.M., QMA 2 was observed handling two Inbrija Inhalation capsules with his bare hands prior to administering the inhalation medication within the inhalation device for Resident 9. QMA 2 had not sanitized his hands prior to the administration of the capsules and did not wear		**actions will be taken:** All residents had the potential to be affected. All licensed nursing staff were reducated by DON/Designee on proper infection control practices. **What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur** All licensed nursing staff were reducated by DON/Designee on proper infection control practices. **How the corrective action will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place and** DON will complete random audits on licensed nursing staff to ensure infection control standards are being met 3 times a week for 2 months. Then 1 time a week for 4 months.	

	gloves. 3. During a medication administration observation, on 11/6/2025 at 7:55 A.M., QMA 2 was observed to have removed an additional pill from the medication cup with his bare hands for Resident 10. QMA 2 had not sanitized his hands prior to the retrieval of the medication. During an interview, on 11/7/2025 at 11:32 A.M., the Director of Nursing (DON), indicated QMA 2 should not have handled medications with his bare hands. She indicated QMA 2 should have sanitized his hands between administration of medication to the residents. She indicated eye ointment should have been administered with a gloved hand. A policy was provided by the Director of Nursing on 11/7/2025 at 12:26 P.M. The policy titled, "administering Medications", indicated, " ...Medications shall be administered in a safe and tinely manner, and as prescribed ...22. Staff shall follow established facility infection control procedures [e.g., handwashing, aseptic technique, gloves, isolation precautions, etc.] for the administration of medications, as applicable ...."		**What date the systemic changes will be completed** 11/12//2025	

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R 0407	Infection Control - Noncompliance 410 IAC 16.2-5-12(b)(1-4) (b) The facility must establish an infection control program that includes the following: (1) A system that enables the facility to analyze patterns of known infectious symptoms. (2) Provides orientation and in-service education on infection prevention and control, including universal precautions. (3) Offering health information to residents, including, but not limited to, infection transmission and immunizations. (4) Reporting communicable disease to public health authorities. Based on record review and interview, the facility failed to ensure their infection control program properly documented bacterium types (bacteria	R 0407	**What Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:** All residents had the potential to be affected by this. Surveillance infection control tracking forms were updated to include pathogen and symptoms. **How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken:**	11/25/2025

causing infections) and included a system that enabled the facility to thoroughly analyze patterns of know infectioous symptoms and conduct transmission surveillance. This practice had the potential to affect 21 of 21 residents.

Finding include:

During a review of the infection control binder, on 11/7/2025 at 10:24 A.M., the binder had a spreadsheet that included the date, resident's name, source of infection (urine, URI (upper respiratory infection)/Pneumo (pneumonia)/Resp (respiratory), wounds/skin, eyes and ears and antibiotic prescribed.

The spreadsheet did not identify the bacteria source, nor the room numbers for the residents to identify a potential pattern for spread of the bacteria.

The November 2025 spreadsheet had no data transcribed.

The October 2025 spreadsheet had identified five urinary tract infections (UTIs) and one respiratory infection. The spreadsheet had not indicated the type of bacteria for the UTIs, the symptoms of the upper respiratory infection or the room locations for the infections.

The September 2025 spreadsheet had identified three

All residents had the potential to be affected by this. Surveillance infection control tracking forms were updated to include pathogen and symptoms.

What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur

DON and ADON were reducated on infection control program

How the corrective action will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place and

ED will review surveillance infection control tracking forms monthly for 6 months to ensure standards are being met.

What date the systemic changes will be completed

11/12/2025

urinary tract infections (UTIs), two respiratory infections and one eye infection. The spreadsheet had not indicated the type of bacteria for the UTIs, the symptoms of the upper respiratory infection and eye infection or the room locations for the infections.

During an interview, on 11/7/2025 at 11:35 A.M., the Director of Nursing (DON) indicated the patterns were identified by the source of the infection (urine, respiratory, skin, eye and ear). She indicated the facility would not document as intricately as a skilled facility. She indicated an algorithm was used for tracking of infection, titled, "Infection Control Transfer Form". The form only identified infections of MRSA, VRE, Acinetobacter not suspectable to carbapenems, Carbapenemase-producing CRE and C. difficile or other indicated issues with lice, scabies, disseminated shingles, norovirus, influenza, tuberculosis and others. She indicated laboratory results were kept on the resident's chart and if necessary, would red-flag for additional precautions.

A policy was provided by the Director of Nursing, on 11/7/2025 at 12:26 P.M. The policy titled, "Surveillance for Infections", indicated, " ...The Infection Preventionist will

conduct ongoing surveillance for Healthcare-Associated Infections [HAIs] and other epidemiologically significant infections that have substantial impact on potential resident outcome and that may require transmission-based precautions and other preventative interventions. Policy Interpretation and Implementation ...1. The purpose of the surveillance of infections is to identify both individual cases and trends of epidemiologically significant organisms and Healthcare-Associated Infections, to guide appropriate interventions, and to prevent future infections ...3. Infections that will be included in routine surveillance include those with: a. Evidence of transmissibility in a healthcare environment; b. Available processes and procedures that prevent or reduce the spread of infections; c. Clinically significant morbidity or mortality associated with infections [e.g.' pneumonia, UTIs [urinary tract infections], C. difficile ...Gathering Surveillance Data ...2. Surveillance should include a review of any or all of the following information to help identify possible indicators of infections: a. Laboratory records ...e. antibiotic reviews ...b. Positive would cultures ...c. Positive urine cultures [bacteremia] with corresponding signs and symptoms that

	suggest infection ...Data Collection and Recording ...1. For residents with infections that meet the criteria for definition of infection for surveillance, collect the following data as appropriate: a. Identifying information [i.e., resident's name, age, room number, unit, and Attending Physician);..d. infection site [be as specific as possible, e.g. cutaneous infections should be listed as 'Pressure ulcer, left foot,' pneumonia as 'right upper lobe', etc.]; e. Pathogens; f. Invasive procedures or risk factors [i.e., surgery, indwelling tubes, Foley, etc., fractured hip, malnutrition, altered mental status, etc.];..h. Treatment measures and precautions [interventions and steps taken that may reduce risk] ..." Based on record review and interview, the facility failed to ensure their infection control program properly documented bacterium types (bacteria causing infections) and included a system that enabled the facility to thoroughly analyze patterns of know infectioous symptoms and conduct transmission surveillance. This practice had the potential to affect 21 of 21 residents. Finding include: During a review of the infection control binder, on 11/7/2025 at			

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The September 2025 spreadsheet had identified three urinary tract infections (UTIs), two respiratory infections and one eye infection. The spreadsheet had not indicated the type of bacteria for the UTIs, the symptoms of the upper respiratory infection and eye infection or the room locations for the infections.

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	'Pressure ulcer, left foot,' pneumonia as 'right upper lobe', etc.]; e. Pathogens; f. Invasive procedures or risk factors [i.e., surgery, indwelling tubes, Foley, etc., fractured hip, malnutrition, altered mental status, etc.];..h. Treatment measures and precautions [interventions and steps taken that may reduce risk] ..."			

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 SIGNATURELeah Bennett	TITLEExecutive Director	(X6) DATE12/08/2025