

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155188	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/28/2022
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NAME OF PROVIDER OR SUPPLIER GREENFIELD HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 200 GREEN MEADOWS DR GREENFIELD, IN 46140
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00382080 and IN00383604.</p> <p>Complaint IN00382080 - Substantiated. Federal/state deficiencies related to the allegations are cited at F584 and F812.</p> <p>Complaint IN00383604 - Substantiated. Federal/state deficiencies related to the allegations are cited at F584 and F812.</p> <p>Survey dates: June 27 and 28, 2022</p> <p>Facility number: 000099 Provider number: 155188 AIM number: 100291140</p> <p>Census Bed Type: SNF/NF: 123 Total: 123</p> <p>Census Payor Type: Medicare: 7 Medicaid: 96 Other: 20 Total: 123</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on June 30, 2022</p>	F 0000	Greenfield Healthcare Center is asking for desk review based on responses given in relation to tags F0584 and F0812.	
F 0584 SS=D Bldg. 00	<p>483.10(i)(1)-(7) Safe/Clean/Comfortable/Homelike Environment §483.10(i) Safe Environment. The resident has a right to a safe, clean,</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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.

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	<p>comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>The facility must provide-</p> <p>§483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.</p> <p>(i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.</p> <p>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2) (iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>Based on interview and record review, the facility</p>	F 0584	F 584	07/17/2022

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	<p>failed to exercise reasonable care for the protection of a resident's property from loss for 1 of 3 residents reviewed for a homelike environment. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 6/27/22 at 1:45 p.m. Resident B was admitted to the facility on 2/16/22. Resident B's diagnoses included, but not limited to, status post fracture of left femur. Resident B's clinical record did not contain an inventory list of items brought with Resident B to the facility.</p> <p>A confidential interview was conducted on 6/27/22 at 12:04 p.m. They indicated, Resident B had some of his personal property go missing during the first few weeks of him being at the facility. They stated, Resident B had 3 shirts, 2 pairs of "wind" pants and a cell phone charger go missing which they had to replace and were not compensated for by the facility. They indicated, they had told the social worker for that unit about the missing items and the need to replace the lost/missing items. They could not remember the social workers name, but referenced that it was a male social worker who no longer works at the facility.</p> <p>An interview was conducted with MR (Medical Records) 2 on 6/28/22 at 11:27 p.m. MR 2 indicated, she had just took over that position in March 2022. She indicated, as part of the admission paperwork/process is to fill out an inventory sheet with items the residents bring with them. She stated, the filling out of the personal item inventory sheet was the responsibility of the nurse who admitted the resident. She also indicated, upon review of</p>		<p>Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: 1 resident had the potential to be affected by this alleged deficient practice. Facility is currently working with discharged patients family to locate/replace items that were reported missing. Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: The Director of Nursing or designee will observe all residents clinical record to ensure a personal item inventory sheet is uploaded. Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: Director of Nursing Services or designee will re-educate the nursing staff on the following expectation: on admission, the nursing staff will complete the personal item inventory sheet and give to medical records to upload in the residents chart. How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The following observations for each resident will be conducted by the Director of Nursing Services or</p>	

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F 0812 SS=F Bldg. 00	<p>Resident B's clinical record, she was unable to locate a completed personal item inventory sheet.</p> <p>An interview with ED (Executive Director) was conducted on 6/28/22 at 11:37 a.m. ED indicated, he did not have a grievance form filed for Resident B regarding any missing/lost items during his stay at the facility. ED indicated, the social worker for the unit Resident B resided on no longer works at the facility. ED attempted to call the prior social worker right then, but was unable to reach him.</p> <p>Several attempts to contact the previous social worker were had been made however, the social worker was unable to be reached.</p> <p>An Abuse & Neglect & Misappropriation of property policy was received from ED on 6/28/22 at 1:38 p.m. The policy indicated, " Instructions for Reporting...b. If a resident states that his or her belongings are missing, the facility must determine whether the item ever existed in the facility and/or do a quick search. i. As soon as it is determined that the item did exist within the facility but was not found during the initial search, the facility must make a report of misappropriation of resident property..."</p> <p>This Federal tag relates to complaint IN00383604 and IN00382080.</p> <p>3.1-9(b) 3.1-9(c) 3.1-9(d)</p> <p>483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must -</p>		<p>designee 2 times per week times 8 weeks then monthly x 4 months to ensure compliance: inventory sheets checked and confirmed in the patients EMAR, new admissions checked for completion and accuracy of the inventory sheet. The results of the audit observations will be reported, reviewed and trended for compliance thru the facility Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.</p>		

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	<p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. Based on observation and interview, the facility failed to serve food in accordance with professional standards for food service safety by placing unwrapped bread rolls directly on food trays with bare hands, having the maintenance manager while in the kitchen, with his surgical mask pulled down below his chin leaving his nose and mouth exposed and licking his fingers to separate meal tickets then touching tops of lunch trays and milk cartons; having fruit cups, cottage cheese cups, dinner rolls and pre-poured drinks left open to air in a high traffic area when delivered to resident rooms; and not ensuring proper hot holding temperatures were maintained for 123 residents who reside at the facility.</p> <p>Findings include:</p> <p>1. A sample, test lunch tray was received from the 200 hallway food delivery cart at 2:08 p.m. on</p>	F 0812	<p>F 812 Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: All residents have the potential to be affected by this alleged deficient practice. Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: All residents have the potential to be affected by this alleged deficient practice. Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: Health Care</p>	07/17/2022	

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	<p>6/27/22 by the RD (Registered Dietician). The lunch tray consisted of a chicken breast, cooked spinach, mashed sweet potatoes, and a dinner roll. RD had brought a thermometer from the kitchen and tested the temperature of each of the hot lunch food items. The holding temperatures were as follows: Chicken Breast - 90 degrees Fahrenheit Cooked Spinach - 102 degrees Fahrenheit Mashed Sweet Potatoes - 139 degrees Fahrenheit</p> <p>A confidential interview was conducted on 6/27/22 at 2:42 p.m. At that time, they had just been served their lunch tray. They indicated, the meal trays have been late as of recently and sometimes they don't receive dinner until after 7 p.m. They stated, the chicken on their lunch tray was cold and hard and they were unable to eat it. They indicated, on the previous day, their roommate's lunch tray never arrived and they frequently needed to order out food because the meals were cold.</p> <p>A Food Preparation policy was received from ED (Executive Director) on 6/27/22 at 3:20 p.m. The policy indicated, "13. All foods will be held at appropriate temperatures, greater than 135 degrees Fahrenheit (or as state regulation requires) for hot holding, and less than 41 degrees Fahrenheit for cold food holding.</p> <p>2. A random observation of the kitchen was made on 6/27/22 at 2:23 p.m. During the random observation, staff member (SM) 4 was seen placing dinner rolls on resident trays with her bare hands. SM 4 had with bare hands, reached into a bag containing the dinner rolls, pulled a roll out, with the other hand she pulled a lunch tray out of the meal cart and then placed the unwrapped dinner roll directly on the tray. SM 4 repeated this</p>		<p>Services Group or designee will re-educate the dietary staff on the following policy: Food: Preparation. Healthcare Services Group, Inc-Dining Services Policy and Procedure Manual</p> <p>How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The following audits / observations will be conducted by the Dietary Manager or designee 2 times per week times 8 weeks, then monthly times 4 months to ensure compliance: 1). Observe all kitchen staff are practicing proper hand washing and glove use.2). Observe food temps: all foods will be held at appropriate temps, greater than 135 degrees Fahrenheit for hot holding and less than 41 degrees Fahrenheit for cold food holding.3). Observe tray line during meal pass to ensure all food is covered and protected from contamination. The results of the audit observations will be reported, reviewed and trended for compliance thru the facility Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.</p>	
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	<p>procedure several times with other lunch trays.</p> <p>During the same random kitchen observation, maintenance manager (MM) was in the kitchen and was observed with his surgical mask pulled down below his chin leaving his nose and mouth exposed. He then licked his fingers to separate the meal tickets and then with the same hand he had licked his fingers, he touched the top of the meal tray and the milk carton which he had placed on the tray. MM did not perform hand hygiene during the observation.</p> <p>The Indiana Retail Food Establishment Sanitation Requirements effective as of November 13, 2004 indicated, "When to wash hands Sec. 129. (a) Food employees shall clean their hands and exposed portions of their arms as specified under section 128 of this rule immediately before engaging in food preparation, including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles and the following:</p> <ol style="list-style-type: none"> (1) After touching bare human body parts other than clean hands and clean, exposed portions of arms. (2) After using the toilet room. (3) After caring for or handling service animals or aquatic animals as specified in section 435(b) of this rule. (4) After coughing, sneezing, or using a handkerchief or disposable tissue. (5) After drinking, other than as specified in section 136(b) of this rule, using tobacco, or eating. (6) After handling soiled surfaces, equipment, or utensils. (7) During food preparation, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks. 			

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	<p>(8) When switching between working with raw food and working with ready-to-eat food.</p> <p>(9) Before touching food or food-contact surfaces.</p> <p>(10) Before placing gloves on hands.</p> <p>(11) After engaging in other activities that contaminate the hands.</p> <p>(b) For purposes of this section, a violation of subsection (a) is a critical item."</p> <p>3. An observation of the lunch meal delivery on the one hundred unit was made on 6/27/22 at 2:34 p.m. The meal delivery cart was parked across from the nurse's station. As staff members removed the lunch trays, it was observed that on some of the trays the dinner roll, fruit cups, cottage cheese cups, and prepoured drinks were not covered and thus left open to air as they were delivered to the residents. During this time, the area near the meal cart was a heavy traffic area with many staff and residents nearby.</p> <p>The Indiana Retail Food Establishment Sanitation Requirements effective as of November 13, 2004 indicated, "Food storage Sec. 177. (a) Except as specified in subsections (b) and (c), food shall be protected from contamination by storing the food as follows:</p> <p>(1) In a clean, dry location.</p> <p>(2) Where it is not exposed to splash, dust, or other contamination.</p> <p>(3) At least six (6) inches above the floor.</p> <p>(4) In a manner to prevent overcrowding.</p> <p>(5) In packages, covered containers, or wrappings."</p> <p>This Federal tag relates to complaint IN00383604 and IN00382080.</p> <p>3.1-21(a)(2) 3.1-21(i)(3)</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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