

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

PRINTED: 09/15/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155783		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/09/2023	
NAME OF PROVIDER OR SUPPLIER  GREENLEAF HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 1201 E BEARDSLEY AVE ELKHART, IN 46514			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00407654, IN00409767, and IN00414225. This visit included the Investigation of Residential Complaint IN00413755.</p> <p>Complaint IN00407654 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00409767 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00414225 - Federal/State deficiencies related to the allegations are cited at F656 and F690.</p> <p>Complaint IN00413755 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: August 7, 8, &amp; 9, 2023</p> <p>Facility number: 002661 Provider number: 155783 AIM number: 201056540</p> <p>Census Bed Type: SNF/NF: 28 SNF: 27 Total: 55</p> <p>Census Payor Type: Medicare: 15 Medicaid: 27 Other: 13 Total: 55</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p>			F 0000	<p>The submission of this plan of correction does not indicate an admission by Greenleaf Health Campus that the findings and allegations contained herein are an accurate and true representation of the quality of care provided to the residents. This facility recognizes its obligation to provide legally and medically necessary care and service to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for residential and health care facilities. To this end, this plan of correction shall serve as the credible allegation of compliance with all state requirements governing the management of this facility. It is thus submitted as a matter of statue only. Greenleaf Health Campus respectfully request from the Department a desk review for paper compliance.</p>		

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

TITLE

(X6) DATE

Brittney Plantinga

Executive Director

09/01/2023

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 disclosable 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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F 0656 SS=D Bldg. 00	<p>Quality review completed 8/18/2023.</p> <p>483.21(b)(1)(3) Develop/Implement Comprehensive Care Plan §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document</p>						

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	<p>whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed.</p> <p>Based on interview and record review, the facility failed to develop a comprehensive person centered care plan for 1 of 3 residents reviewed for infections, (Resident E).</p> <p>Finding includes:</p> <p>On 8/9/23 at 11:30 A.M., Resident E's clinical record was reviewed, and indicated the resident was admitted to the facility with diagnoses that included overactive bladder, urge incontinence, and personal history of urinary tract infections.</p> <p>An Admission Minimum Data Set (MDS) assessment, dated 5/25/23, indicated Resident E was cognitively intact, required extensive assistance for transfers, and toilet use, and was occasionally incontinent of bladder.</p> <p>A fax, from Resident E's urologist, dated 8/1/23, indicated, "...Attached is a new RX [prescription] for the patient [Resident E] to treat UTI. Please start her on this ASAP..."</p> <p>A Physicians order, dated 8/1/23, indicated to administer Levo floxacillin 250 mg orally every day</p>			F 0656	<p>1. a. Resident E's Care Plan was not updated upon admission to reflect history of UTI. Resident E's Care Plan was updated on 8/7/23 to reflect resident's history of UTI.</p> <p>2. a. All residents in the Health Care Center at risk for and with current UTIs have the potential to be affected by alleged deficient practice. MDS Coordinator and/or Designee will complete an initial Health Care Center audit to review all residents that have potential risk for and/or current UTI. The MDS Coordinator and/or Designee will conduct an initial audit of all residents' continence status and current ICD diagnoses of UTI.</p> <p>3. a. As a measure of ongoing compliance, the MDS Coordinator and/or designee will audit 5 resident care plans weekly for 4 weeks, then twice monthly for 2 months, then monthly for 3 months to ensure accurate</p>		09/08/2023

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	<p>and Diphenhydramine HCL 25 mg capsule orally every day for urinary tract infection.</p> <p>Review of Resident E's Care Plans indicated a lack of a comprehensive person centered care plan that addressed the resident's history of urinary tract infections until 8/7/23 after the resident had been diagnosed with a urinary tract infection.</p> <p>On 8/8/23 at 12:30 P.M., during an interview with (MDS) Clinical Support nurse, she indicated Resident E did not have a care plan in place to address her history of urinary tract infections until 8/7/23, and that the resident should have had a care plan in place related to her history of urinary tract infections upon admission.</p> <p>On 8/9/23 at 12:30 P.M., a policy titled, "Comprehensive Care Plan Guideline Policies and Procedures Clinical," dated 12/31/22, was provided by the Executive Director and indicated, "...To ensure appropriateness of services and communication that will meet the resident's needs...b. The comprehensive care plan...should be reflective of risk areas or disease processes that impact the individual resident...d. A comprehensive care plan will be developed within 7 days of completion of the admission comprehensive assessment..."</p> <p>This Federal tag is related to complaints IN00414225. 3.1-35(a) 3.1-35(c)(1)</p>				<p>reflection of care plan for residents at risk for UTI. Clinical Assessment Support will reeducate the MDS Coordinator on resident centered comprehensive care plans per the RAI manual and facility policy.</p> <p>4. a. As a measure of quality assurance, The MDS Coordinator and/or Designee will complete an audit to ensure residents comprehensive care plan reflects personal history of UTI are in place and revised as appropriate. For quality assurance, MDS Coordinator and/or Designee will review any findings, and subsequent corrective actions at least monthly in the campus quality assurance meeting. The plan will be revised, as warranted. The QA team will review audits monthly and increase frequency of audits if increased concerns are noted and will decrease the frequency of audits if no concerns are noted.</p> <p>Survey POC Audit Tool Month: _____ Year: 20231234567 F Tag: 656 S/S: _____891011121314 Audit to be completed: Audit 5 resident care plans weekly for 4 weeks, then twice monthly for 2 months, then monthly for 3 months to ensure accurate reflection of care plan for residents at risk for</p>		

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			UTI. 15161718192021 22232425262728 293031In this section: Initial the day of the month that the audit was completed 1234567  Signature Log891011121314 Name: Jody Braun Initials: _____  Title: MDS Coodinator  Name: Amy Hernandez Initials: _____  Title: MDS Clinical Support15161718192021  Name: _____ ____ Initials: _____  Title: _____ _____ 22232425262728  Name: _____ ____ Initials: _____  Title: _____ _____		

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F 0690 SS=D Bldg. 00	<p>483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.</p> <p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter</p>		<p>293031 In this section: List resident initials or area of audit completed</p> <p>Name: _____</p> <p>____ Initials: _____</p> <p>Title: _____</p>		

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	<p>as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>Based on interview and record review, the facility failed to ensure 1 of 3 residents reviewed for infections (Resident E), received appropriate services to prevent a worsening urinary tract infection when a resident's personal caregiver reported a suspicion of a urinary tract infection and requested urine testing for infection.</p> <p>Finding includes:</p> <p>On 8/8/23 at 10:41 A.M., during an interview with the Director of Nursing Services (DNS), she indicated on 7/31/23 Resident E's personal care giver wanted an antibiotic ordered for the resident because she felt the resident had a urinary tract infection (UTI). The DNS indicated LPN 2 indicated to the personal care giver that she could not order an antibiotic but could test Resident E's urine for infection. The DNS indicated LPN 2 was unable to collect a urine sample that evening, so the resident's urine was not tested at the facility.</p> <p>On 8/8/23 at 2:00 P.M., during an Interview with LPN 2, she indicated on 7/31/23 at around 6:00 P.M., Resident E's personal care giver indicated</p>			F 0690	<p>1. a. Resident E's labs, diagnosis, and medications list were reviewed immediately. Resident E's continence status was reviewed. Resident E's signs and symptoms of UTI were reviewed. Resident's UTI has been treated with no adverse effects.</p> <p>2. a. 3. a. Staff educated to enter an order to dip urine and/or collect for all 3 shifts and will be discontinued once collected when a resident and/or caregiver reports a concern of UTI and or signs or symptoms of a UTI. Staff educated to document all resident and/or caregiver concerns related to a UTI. As a measure of ongoing compliance, the Director of Health Services and/or designee will complete an audit of like residents to determine if they have signs or symptoms of a UTI and that staff promptly respond with an order as</p>		09/08/2023

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	<p>the resident had a UTI and demanded an antibiotic. LPN 2 indicated she didn't have reason to suspect a UTI because Resident E was at baseline and had offered no complaints. LPN 2 indicated she told the personal care giver that she could dip the resident's urine for infection if needed. LPN 2 indicated she never saw Resident E after the personal care giver indicated the resident had a UTI and needed antibiotics. LPN 2 indicated she passed the concern to the evening shift nurse.</p> <p>On 8/8/23 at 2:20 P.M., during a second interview with the DNS, she indicated on 8/1/23, Resident E's personal care giver came to her at the facility and was upset that the facility had not tested the resident's urine the night before and that she collected a urine sample herself, took it to the resident's urologist for testing, and found the resident was positive for a UTI. The DNS indicated by 8/01/23 at 12:00 P.M., Resident E had an order for an antibiotic. The Director of Nursing Services indicated she was unaware of the concern of a possible UTI, or the request for an antibiotic until Resident E's personal care giver notified her on 8/1/23. The DNS indicated LPN 2 was written-up for not documenting the incident. The DNS indicated the facility has Standing Orders for UTI testing.</p> <p>On 8/8/23 at 3:05 P.M., during an interview with Resident E, she indicated she was feeling symptoms of frequency and urgency on 7/31/23 and had reported to an unknown CNA that she thought she may have a urinary tract infection. Resident E indicated the CNA told her the nurse would be in to see her, but the nurse never came in. Resident E indicated her personal care giver came to the facility in the afternoon and the care giver reported to LPN 2 that the resident may have</p>				<p>appropriate and treatment if indicated. This audit will occur for 5 like residents weekly for 4 weeks, then twice monthly for 2 months, then monthly for 3 months to ensure ongoing compliance and will continue as appropriate for compliance.</p> <p>4. a. For quality assurance, Director of Health Services and/or Designee will review any findings, and subsequent corrective actions monthly and as needed in the campus quality assurance meeting. The plan will be revised, as warranted. The QA team will review audits monthly and increase frequency of audits if increased concerns are noted and will decrease the frequency of audits if no concerns are noted.</p> <p>Survey POC Audit Tool Month: _____ Year: 20231234567 F Tag: 690 S/S: _____891011121314 Audit to be completed:  Audit of 5 like residents weekly for 4 weeks, then twice monthly for 2 months, then monthly for 3 months to determine if they have signs or symptoms of a UTI and that staff promptly respond with an order as appropriate and treatment if indicated. 15161718192021 22232425262728 293031In this section: Initial the</p>		



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	<p>a UTI, and the resident needed to be tested for a UTI. After her personal care giver requested that LPN 2 initiate a urine test, LPN 2 never came in to assess her or ask if she was having any UTI symptoms. She did not see LPN 2 again that day.</p> <p>On 8/8/23 at 3:20 P.M., during an interview with Resident E's personal care giver, she indicated she had come to the facility on 7/31/23 and Resident F was complaining that she was having frequency and urgency with urination. Resident F was not having pain, but other symptoms. The personal care giver indicated around 2:30 P.M., she reported Resident F's concerns to LPN 2 and that the LPN indicated she could dip her urine as it was a Standing Order. She returned to the facility the following morning to find they had not tested the resident's urine so she collected a sample herself and took it to the resident's urologist for testing and it was positive for a urinary tract infection that required treatment of antibiotics.</p> <p>On 8/9/23 at 11:41 A.M., during an interview RN 3 indicated on 7/31/23 around 6:00 P.M., LPN 2 reported that Resident E requested urine testing, and that LPN 2 indicated the resident did not have symptoms of a UTI, so did not test the resident's urine. LPN 2 never reported to her that the resident's urine needed to be tested and was unaware that the personal care giver requested urine testing. RN 2 indicated she did not chart an assessment related to UTI or UTI symptoms when she saw the resident that evening.</p> <p>On 8/9/23 at 11:30 A.M., Resident E's clinical record was reviewed, and indicated the resident was recently admitted with a fractured femur. Other diagnoses included heart failure, overactive bladder, urge incontinence, and personal history of urinary tract infections.</p>				<p>day of the month that the audit was completed 1234567</p> <p>Signature Log891011121314 Name:Tina Horvath Initials: _____</p> <p>Title: Director of Health Services</p> <p>Name: Sarah Davis Initials: _____</p> <p>Title: Assistant Director of Health Services15161718192021</p> <p>Name:_____ ____ Initials: _____</p> <p>Title: _____ 22232425262728</p> <p>Name:_____ ____ Initials: _____</p> <p>Title: _____ _____</p>		

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	<p>An Admission Minimum Data Set (MDS), assessment dated 5/25/23, indicated Resident E was fully cognitively intact, required extensive assistance for transfers, and toilet use.</p> <p>A fax, from Resident E's Urologist, dated 8/01/23, indicated, "...Attached is a new RX [prescription] for the patient [Resident E] to treat UTI. Please start her on this ASAP..."</p> <p>The resident's Physician Order Report dated 5/22/23 -8/09/23, indicated an open ended order dated 5/22/23, "...May dip urine is [if] s/s [signs or symptoms] of UTI, then may send urine for C &amp; S [culture and sensitivity] if positive for leukocytes...."</p> <p>A Physician order, dated 8/01/23, indicated to administer Levofloxacin (an antibiotic) 250 mg (milligram) orally every day and Diphenhydramine HCL 25 mg capsule orally every day.</p> <p>On 8/9/23 at 12:30 P.M., a current policy titled, "Guideline for Medication Orders Policies and Procedures Clinica," dated 12/31/22, was provided by the Executive Director and indicated, "...Standing Orders a. The admitting nurse shall review the standing order list with the physician when verifying admission orders. b. the physician shall inform the admitting nurse if any of the standing orders should be eliminated, modified and/or other standing orders added for the specific resident. c. Standing orders shall be in the medical record with other physician orders...."</p> <p>This Federal tag relates to complaint IN00414225.</p> <p>3.1-41(2)</p>				<p>293031In this section: List resident initials or area of audit completed</p> <p>Name: _____</p> <p>____ Initials: _____</p> <p>Title: _____</p> <p>_____</p> <p>_____</p>		

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NAME OF PROVIDER OR SUPPLIER  GREENLEAF HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 1201 E BEARDSLEY AVE ELKHART, IN 46514			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
R 0000  Bldg. 00	<p>This visit was for the Investigation of Residential Complaint IN00413755. This visit included the Investigation of Nursing Home Complaints IN00407654, IN00409767, and IN00414225.</p> <p>Complaint IN00413755 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00407654 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00409767 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00414225 - Federal/State deficiencies related to the allegations are cited at F656 and F690.</p> <p>Survey dates: August 7, 8, &amp; 9, 2023.</p> <p>Facility number: 002661</p> <p>Residential Census: 38</p> <p>Greenleaf Health Care was found to be in compliance with 42 CFR Part 483 Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Nursing Home Complaint IN00413755.</p> <p>Quality review completed 8/18/23.</p>			R 0000	<p>The submission of this plan of correction does not indicate an admission by Greenleaf Health Campus that the findings and allegations contained herein are an accurate and true representation of the quality of care provided to the residents. This facility recognizes its obligation to provide legally and medically necessary care and service to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for residential and health care facilities. To this end, this plan of correction shall serve as the credible allegation of compliance with all state requirements governing the management of this facility. It is thus submitted as a matter of statute only. Greenleaf Health Campus respectfully request from the Department a desk review for paper compliance.</p>		