STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155188	A. BUILDING 00 B. WING	01/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENFIELD HEALTHCARE CENTER	200 GREEN MEADOWS DR GREENFIELD, IN 46140

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00369535. This visit included a COVID-19 Focused Infection Control Survey. Complaint IN00369535 - Substantiated. Federal/State deficiencies related to the allegations are cited at F550 and F686. Survey dates: January 3 and 4, 2022 Facility number: 000099 Provider number: 155188 AIM number: 100291140 Census Bed Type: SNF/NF: 115 Total: 115 Census Payor Type: Medicare: 14 Medicaid: 84 Other: 17 Total: 115 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on January 6, 2022	F 0000	Greenfield Healthcare is requesting paper compliance. Please see audits attached with POC. Thanks.	
F 0550 SS=D Bldg. 00	483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility,			

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

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	including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. Based on interview, observation, and record review, the facility failed to promote a dignified	F 0550	**F550 Resident Rights** **Corrective action for the resident(s) found to have been**	01/17/2022

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	environment by not pulling the curtain or closing the door during care for 1 of 3 residents reviewed for assistance with activities of daily living. (Resident D) Findings include: During an observation on 1/4/2022 at 12:07 p.m., Resident D turned on her call light due to needing to be repositioned in bed. Resident D was in a hospital gown and brief. Certified Nursing Assistant (CNA) 2 responded to the call light. CNA 2 then proceeded to reposition Resident D in bed without pulling the privacy curtain past the end of the bed or closing the door. Resident D was viewable from the hallway. During this activity, CNA 2 lifted Resident D's hospital gown to not bunch under Resident D, exposing Resident D's brief, legs, and lower stomach. The clinical record for Resident D was reviewed on 1/4/2022 at 1:45 p.m. The diagnoses include, but are not limited to, acquired absence of the left leg above the knee, muscle weakness, and acquired absence of the right leg above the knee. An interview with the Director of Nursing (DON) on 1/4/2022 at 4:03 p.m., indicated she had reached out to CNA 2 to discuss the issue above. During the conversation, DON stated CNA 2 believed the roommate could not see Resident D but didn't think about closing the door to the hallway. DON indicated re-education will be provided to CNA 2. A policy entitled, "Routine Resident Care", dated 10/31/2013 was provided by the DON on 1/4/2022 at 2:50 p.m. The policy indicated the following, "Provide routinely daily care by a		**affected by the deficient practice:** Resident D was identified as being part of the deficient practice. **Corrective action taken for those residents having the potential to be affected by the same deficient practice:** All residents have been identified as being at risk for deficient practice. **Measures/ systemic changes put into place to ensure the deficient practice does not recur:** The Administrator/Director of Nursing/ Designee have completed education with all staff using" Resident Rights" policy to ensure dignity is provided to all resident during care. **Corrective actions to be monitored to ensure the deficient practice does not recur:** The Director of Nursing/Designee will conduct visual audits for those resident who are at risk for the deficient practice. Audits will be conducted on 10 residents per week for 4 weeks, then 5 residents per week for 4 weeks, then 1 resident per week for 4 weeks for no less than 3 months and compliance is maintained. Any identified concerns will be addressed immediately. The Director of Nursing will present the results of the audits	

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	certified nursing assistant ...includes but is not limited to ...providing privacy ..." This Federal tag relates to complaint IN00369535. 3.1-3(p)(4)		monthly to QAPI committee for no less than 3 months. Any patterns that are identified will have an Action plan initiated. The QAPI committee will determine when 100% compliance is achieved or if ongoing monitoring is required.	
F 0686 SS=D Bldg. 00	483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. Based on interview, observation, and record review, the facility failed to maintain a wound dressing treatment and interventions as indicated for 1 of 3 residents reviewed for advanced pressure areas. (Resident D) Findings include: During an observation on 1/4/2022 at 12:07 P.M., Resident D was lying in bed on her right side. The negative pressure wound therapy was noted to be off. Resident D indicated it had been off since at least 8 a.m. on 1/4/2022. Resident D	F 0686	**F686-Treatment/Services to Prevent/Heal Pressure Ulcer Corrective Action for the resident found to have been affected by the deficient practice:** Resident D's dressing change was completed on 1/4/2022. Resident stated she did not want a wedge cushion behind her back and prefers pillows for positioning. Care plan updated to reflect preference. CNA was educated immediately on Kardex plan of	01/17/2022

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	was repositioned during this observation by Certified Nursing Assistant (CNA) 2. CNA 2 rolled Resident D onto her back and lifted Resident D via one person assistance utilizing a sheet to drag Resident D to the top of the bed before positioning Resident D to the left side with a pillow behind the middle of their back. Resident D then asked CNA 2 if CNA 2 notified the nurse about the negative pressure wound therapy not "working". CNA 2 indicated she had told the nurse that morning about 8:30 a.m. The clinical record for Resident D was reviewed on 1/4/2022 at 1:45 p.m. Diagnoses included, but were not limited to, protein-calorie malnutrition, muscle weakness, acquired absence of the left leg above the knee, acquired absence of the right leg above the knee, and pressure ulcer of the buttocks stage 4. Wound care notes dated 12/27/2021 indicated Resident D had stage 4 pressure areas on the right ischium, left ischium, and sacrum. Pressure area to the right ischium had a total volume of 0.29 centimeters squared on 12/27/2021, gradually decreasing in size from 2.65 centimeters squared on 10/25/2021. Pressure area to the left ischium had a total volume of 0.33 centimeters squared on 12/27/2021, gradually decreasing in size from 0.41 centimeters squared on 11/15/2021. The pressure area to the sacrum had a total volume of 52.31 centimeters squared on 12/27/2021, gradually decreasing in size from 83.91 centimeters squared on 10/25/2021. A wound care note for the sacrum pressure area dated 12/27/2021 indicated wedge/foam cushion for offloading. A wedge/foam cushion is a triangle shaped cushion placed behind the		care. **Corrective action taken for those residents having the potential to be affected by the same deficient practice.** All residents with pressure wounds have been identified as having the potential to be affected by the deficient practice. An audit has been conducted of all residents to ensure those residents have not been affected by the facilities deficient practice. Any identified concerns were immediately addressed. **Measures/ systemic changes put into place to ensure deficient practice does not recur:** The Administrator/Director of Nursing/ Designee have completed education using Skin care and wound Management policy to all nursing staff to ensure wound care is being provided per plan of care. **Corrective actions to be monitored to ensure the deficient practice does not recur:** The Director of Nursing/Designee will audit residents with pressure wounds to ensure treatments are completed per MD order, positioning devices per plan of care, and bed mobility per plan of care is being practiced. The audit will occur as follows 5 residents per week for 4 weeks, then 3 residents per week for 4 weeks,	

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	resident when laying on the side. A physician order for Resident D dated 10/22/2021 indicated ensure clear, a nutritional supplement, three times a day. A physician order for Resident D dated 11/11/2021 indicated proheal, a wound healing supplement, twice a day. A physician order for Resident D dated 12/13/2021 indicated collagen dressing to left and right ischium wound beds, pack with small gauze and cover with bordered gauze three times a week and as needed. A physician order for Resident D dated 12/13/2021 indicated negative pressure wound therapy to the sacrum at 125 millimeters of mercury (mmHg) continually with detailed dressing change orders three times a week and as needed. A physician order for Resident D dated 12/13/2021 indicated if negative pressure wound therapy was off for two hours to apply normal saline moist gauze and cover with dry protective dressing until negative pressure wound therapy could be replaced. Director of Nursing (DON) was notified about negative wound pressure therapy being off of Resident D on 1/4/2022 at 12:35 p.m. Wound nurse was notified at 12:47 p.m. Negative wound pressure therapy had been reinstated to the sacrum pressure area per observation on 1:59 p.m. on 1/4/2022. An interview with the DON on 1/4/2022 at 4:03 p.m., indicated CNA 2 was unaware of Resident		then 1 resident per week for 4 weeks for no less than 3 months and compliance is maintained. Any identified concerns will be addressed. The Director of Nursing will present the results of the audits monthly to QAPI committee for no less than 3 months. Any patterns that are identified will have an Action plan initiated. The QAPI committee will determine **when** 100% compliance is achieved or if ongoing monitoring is required.	

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	D being a 2 person assist or how to access the Kardex, a sheet containing activities of daily living information specific to each resident. DON indicated re-education would be provided to CNA 2. An activities of daily living care plan, dated 10/7/2020, indicated Resident D needed assistance of 2 staff members in repositioning and turning. A wound care plan, dated 11/24/2021, indicated staff to administer treatments as ordered. A policy entitled, "Skin Care & Wound Management", dated 7/1/2016 was provided by the DON on 1/4/2022 at 2:50 p.m. The policy indicated the facility strived for the prevention and promotion of healing of skin impairments through individualized interventions. The policy indicated, " ... Communicate interventions to the caregiving team ...Modify goals and interventions as indicated ..." This Federal tag relates to Complaint IN00369535. 3.1-40(a)(2)			