STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155205	A. BUILDING 00 B. WING	11/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
GREENCROFT HEALTHCARE	1225 GREENCROFT DR GOSHEN, IN 46527

(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	This visit was for the Investigation of Complaints IN00393004, IN00392936 and IN00391768. Complaint IN00393004 - Unsubstantiated due to lack of evidence. Complaint IN00392936 - Substantiated. No deficiencies related to the allegations were cited. Complaint IN00391768 - Unsubstantiated due to lack of evidence. Unrelated deficiency is cited. Survey dates: November 2 and 3, 2022 Facility number: 000112 Provider number: 155205 AIM number: 100288710 Census Bed Type: SNF/NF: 160 SNF: 21 Total: 181 Census Payor Type: Medicare: 21 Medicaid: 109 Other: 51 Total: 181 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed 11/5/22.	F 0000	This Plan of Correction constitutes my written statement of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Anthony Ughetti	Administrator	12/09/2022

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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F 0880 SS=D Bldg. 00	483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections;			

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	(iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.			
	Based on observation, record review and interview, the facility failed to ensure 1 of 2 licensed nurses (LPN 2) observed obtaining blood glucose levels and administering insulin followed acceptable standard of practice for 1 of 3 residents observed receiving insulin. (Resident F) Finding includes:	F 0880	This Plan of Correction constitutes my written statement of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is	11/30/2022

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	During an observation of blood glucose assessments and administration of insulin, conducted on 11/03/2022 between 6:25 A.M. - 7:25 A.M., the following was noted: At 6:40 A.M., LPN 2 gathered supplies, including a lancet, glucometer, test strip and alcohol swabs and entered Resident F's room. Resident F was lying in his bed. LPN 2 was observed to swab a finger on Resident F's right hand with an alcohol swab, then prick his finger with a lancet, obtain a drop of blood from Resident F's finger and ensure it was placed on the test strip, which had been inserted into the glucometer. LPN 2 was not wearing any gloves when she obtained Resident F's blood for the glucose test. At 7:00 A.M., LPN 2 was noted to swab the top of an insulin vial with an alcohol swab, aspirate 15 units of Lantus insulin from a vial with an insulin syringe, and recap the syringe. She then lifted Resident F's shirt, swabbed his right lower abdominal quadrant with alcohol and administered the insulin via the syringe. LPN 2 was not wearing nay gloves when she administered the insulin to Resident F. During an interview with LPN 2, immediately after she had administered insulin to Resident F, when the lack of glove use was brought to her attention, LPN 2 stated "Sorry." Review of the current facility policy and procedure, titled "Blood Glucose Fingerstick" provided by the Director of Nursing on 11/02/2022 at 10:30 A.M. indicated the following procedure was included: "...9. Perform hand hygiene and don gloves.... 23. Remove gloves and discard into designated container..."		submitted to meet requirements established by state and federal law. F 880 The community was alleged to be out of compliance by failing to ensure 1 of 2 licensed nurses (LPN 2) observed obtaining blood glucose levels and administering insulin followed acceptable standard of practice for 1 of 3 residents observed receiving insulin. LPN 2 obtained blood for glucometer and administered insulin without wearing gloves. A. A. Staff was immediately educated on glove use and procedures for obtaining blood for glucometers and insulin administration. B. B. All residents who receive insulin or glucometer checks have the potential to be affected. *C.* *C.* All nursing staff, to include QMAs who administer insulin were educated on hand hygiene, glove use, and insulin administration. D. D. The IP nurse/DON/Designee will complete accucheck and insulin administration monitoring as per the Directed Plan of Correction Schedule: Daily for 6 weeks, then weekly for four weeks, then monthly for two months. Results will be reported and reviewed in	

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	Review of the current facility policy and procedure titled "Administration of Injections Policy" provided by the Director of Nursing on 11/02/2022 at 10:30 A.M. indicated the following procedure was included: "...4. Gloves and other PPE (personal protective equipment) are not required for preparing the medications, but are required for administering medications that might involve contact with blood or body fluids..." 3.1-18(a)		QAA. E. E. November 30, 2022	