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	05/09/2022

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 Complaints IN00371241, IN00371806, IN00377476, IN00378110 and IN00379495. Complaint IN00371241 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00371806 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00377476 - Substantiated. Federal/state deficiency related to the allegations is cited at F880. Complaint IN00378110 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00379495 - Substantiated. No deficiencies related to the allegations are cited. Survey dates: May 4, 5, 6 and 9, 2022 Facility number: 000099 Provider number: 155188 AIM number: 100291140 Census Bed Type: SNF/NF: 116 Total: 116 Census Payor Type: Medicare: 7 Medicaid: 92 Other: 17 Total: 116 These deficiencies reflect State Findings cited in	F 0000	Greenfield Healthcare Center is asking for desk review based on response given in relation to tag F0880.	

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

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	accordance with 410 IAC 16.2-3.1 Quality review completed on May 11, 2022			
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			

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	be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (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, interview and record review, the facility failed to ensure 1 of 2 staff members did not touch medications with their bare hands during 1 of 2 Medication	F 0880	F880- Infection Prevention & Control Corrective Action for the resident found to have been affected by	05/28/2022

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	Administration Observations. (QMA [qualified medication assistant] 4) Findings include: During a Medication Administration Observation on 5-9-22 at 0900 a.m., with QMA 4, she was observed to remove 2 medications, from each card of medication by "popping" the medication directly into her bare palm, then place the medication into Resident H's medication cup in preparation for administration of each medication to Resident H. Upon observation of QMA 4 placing the second medication into her bare hand, she was halted prior to further medication preparation and queried regarding this practice. She indicated she was very nervous about being observed and was relatively new in regards to being a QMA. She added she sometimes has problems being able to pop the pills from the card packaging into the medication cup accurately as some of the medications do not fall into the medication cup as she wants them to do. The medications involved in this event were paroxetine (an anti-depressant) 20 mg orally every morning and metoprolol tartrate (an anti-hypertensive) 50 mg orally every morning and every bedtime. On 5-9-22 at 2:06 p.m., the Director of Nursling provided a copy of a policy entitled, "Medication Administration," with a revision date of 12-14-2017 and was indicated to be the current policy utilized by the facility. This policy indicated its "purpose of this policy is to provide guidance for general medication administration to be provided by personnel recognized as legally able to administer [medications]...do not touch		the deficient practice: Resident H is confidential as part of this complaint survey. Corrective action taken for those residents having the potential to be affected by the same deficient practice. All residents that take mediations orally have been identified as having the potential to be affected by this alleged deficient practice. Education regarding infe ction control practices during medication administration to prevent possible contamination immediately provided to QMA by DNS on 5/9/22. Measures/ systemic changes put into place to ensure deficient practice does not recur: The Administrator/Director of Nursing/ Designee have completed education with the Licensed Nurses and QMAs on infection control practices during medication administration to prevent possible contamination of medication using the facility Medication Administration policy. A Root Cause Analysis (RCA) was conducted with the Infection Preventionist (IP) and input from the IDT and the facility Medical Director/IP/DON. The root cause was identified resulting in the facility's alleged failure. Solutions were developed and	

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	the medication, either when opening a liquid or dose pack." This Federal tag relates to Complaint IN00377476. 3.1-18(a)		systemic changes were identified that need to be taken to address the root cause. The Infection Preventionist and IDT reviewed the LTC infection control self-assessment and identified changes to make accurate Corrective actions to be monitored to ensure the deficient practice does not recur: After the IDT and Infection Preventionist completed the RCA and LTC infection control assessment, training identified above was implemented to facility staff. The training will be conducted by the DON, IP or Medical Director with documentation of completion. To ensure Infection Control Practices are maintained, the following monitoring will be implemented. 1. The IP nurse/DON/Designee will monitor each solution and systemic change identified in RCA and as noted above, daily or more often as necessary for 6 weeks and until compliance is maintained. Ensure staff are executing infection control practices during medication administration to prevent possible contamination of medication. 2.¿The IP nurse/DON/Designee will complete daily visual rounds throughout the facility to ensure	

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			staff are practicing appropriate Infection Control Practices and complying with the solutions identified as above. This will occur for 6 weeks and until compliance is maintained. Ensure staff are executing infection control practices during medication administration to prevent possible contamination of medication. Quality Assurance and Performance Improvement (QAPI): The facility through the QAPI program, will review, update and make changes to the DPOC as needed for sustaining substantial compliance for no less than 6 months.	