

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 12/10/2024	
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 a Recertification and State Licensure Survey. This visit included the Investigation of Complaints IN00444183, IN00445714, and IN00446124.</p> <p>Complaint IN00444183 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00445714 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00446124 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: December 3, 4, 5, 6, 9, and 10, 2024</p> <p>Facility number: 000099 Provider number: 155188 AIM number: 100291140</p> <p>Census Bed Type: SNF/NF: 108 Total: 108</p> <p>Census Payor Type: Medicare: 1 Medicaid: 84 Other: 23 Total: 108</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on December 12, 2024.</p>			F 0000	<p>Preparation and execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The plan of correction is prepared and executed solely because it is required by the provisions of federal and state law. The facility cordially requests paper compliance regarding alleged deficient practices.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Andrew Clark	Executive Director	12/24/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 30 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 0657 SS=D Bldg. 00	<p>483.21(b)(2)(i)-(iii) Care Plan Timing and Revision</p> <p>Based on interview and record review, the facility failed to include a resident and a resident's representative in their care plan conferences for 2 of 5 residents reviewed for care planning. (Residents 13 and 104)</p> <p>Findings include:</p> <p>1. The clinical record for Resident 13 was reviewed on 12/4/24 at 12:30 p.m. His diagnoses included, but were not limited to, heart failure.</p> <p>The 7/8/24 Annual, 10/2/24 Quarterly, and 10/24/24 Quarterly Minimum Data Set (MDS) assessments indicated he was cognitively intact.</p> <p>There was no information in the clinical record that indicated a care plan conference was held in coordination with any of the three above referenced MDS assessments.</p> <p>An interview was conducted with Resident 13 in his room on 12/4/24 at 12:42 p.m. He indicated he hadn't been invited to a care plan conference in the facility, but he would like to attend.</p> <p>An interview was conducted with Social Services Director (SSD) 2 on 12/6/24 at 10:45 a.m. She indicated she was responsible for coordinating care plan meetings for the residents on the unit. They were conducted every three months, beginning with the initial, then quarterly thereafter. They usually scheduled the next meeting at the current meeting. She had everything lined up so that meetings were held in line with quarterly assessments. They</p>			F 0657	<p>F657 Care Plan Timing and Revision</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Resident 13 continues to reside in the facility. Resident 13 has been offered a care plan meeting to ensure person centered care is being provided.</p> <p>Resident 104 continues to reside in the facility. Resident 104 and their family has been offered a care plan meeting to ensure person centered care is being provided.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</p> <p>All residents have the potential to be affected by the deficient practice.</p> <p>SSD/designee has completed an audit of all residents residing in the facility to identify residents who are in need of a quarterly care plan meeting. Residents and their</p>		12/24/2024

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	<p>documented care plan meetings in the progress notes of the electronic health record (EHR). She remembered discussing laundry and Resident 13's wife at Resident 13's last care plan meeting. SSD 2 reviewed Resident 13's EHR at this time and indicated she did not see any documentation of an actual care plan meeting for him in July or October 2024, and suggested there may be documentation in a soft file in another office. She and the Unit Manager (UM) would have been the only staff present.</p> <p>On 12/6/24 at 12:22 p.m., an interview was conducted with SSD 2, who provided the, 10/9/24, handwritten Care Plan Notes for Resident 13 at this time. The notes indicated Resident 13, and his wife were in attendance. The notes were signed by SSD 2, but there was no signature for Resident 13. SSD 2 indicated she was unable to locate any care plan notes for July 2024.</p> <p>An interview was conducted with Resident 13 on 12/10/24 at 11:31 a.m. He indicated he did not recall having a care plan meeting on 10/9/24. He was able to sign his name, as he signed his name every time he withdrew money from his personal funds account and would have signed that he attended the care plan meeting, if asked.</p> <p>2. The clinical record for Resident 104 was reviewed on 12/4/24 at 2:00 p.m. His diagnoses included, but were not limited to, Parkinson's disease, dementia, and intermittent explosive disorder.</p> <p>The 7/17/24 Quarterly and 9/12/24 Significant Change MDS assessments indicated he was severely cognitively impaired.</p> <p>There was no information in the clinical record</p>		<p>families who have not had a care plan meeting in the last quarter will be invited to schedule a care plan to ensure person centered care is being provided.</p> <p>What measures will be put in place and what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>The Administrator/Designee has reviewed "The Plan of Care" policy and procedure with the SSD and SS regarding Quarterly Care Plan meetings to ensure person centered care and inviting the resident and resident representative to the meeting.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur:</p> <p>The Administrator/SSD/Designee will audit 5 residents per week x 4 weeks, then 3 residents per week x 4 weeks, then 1 resident a week for 4 weeks to ensure their Quarter Care Plan meeting has been scheduled and resident/representative have been invited to ensure person centered care. This will continue for no less than 3 months or compliance is maintained.</p> <p>The Director of Nursing will</p>		

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	<p>that indicated a care plan conference was held in coordination with the two above referenced MDS assessments.</p> <p>An interview was conducted with Family Member 3 on 12/4/24 at 2:02 p.m. She indicated she hadn't been invited to a care plan conference in the facility yet.</p> <p>An interview was conducted with SSD 2 on 12/6/24 at 10:55 a.m. She indicated she invited Family Member 3 to Resident 104's care plan meetings, but she wasn't able to attend. SSD 2 did not document care plan invitation in the clinical record, but she invited Family Member 3 to his last care plan meeting. SSD 2 reviewed Resident 104's EHR and indicated she didn't see any documentation of an actual care plan meeting for him in September 2024, and suggested there may be documentation in a soft file in another office. She and the UM would have been the only staff present.</p> <p>On 12/6/24 at 12:22 p.m., an interview was conducted with SSD 2, who provided the, 10/4/24, handwritten Care Plan Notes for Resident 104 at this time. The notes indicated Family Member 3 was unable to attend the meeting and the only people in attendance were SSD 2 and the Unit Manager. SSD 2 indicated she was unable to locate any care plan notes for July 2024.</p> <p>An interview was conducted with Family Member 3 on 12/6/24 at 12:13 p.m. She indicated she did not recall being invited to a care plan meeting held on 10/4/24. She would have been able to attend, but didn't know anything about it. She tried to come to the facility two to three times a week, and moving forward, she would very much like to be invited to care plan meetings to be kept in the</p>				<p>present the results of these audits monthly to the 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.</p> <p>By what date the systemic changes for each deficiency will be completed:</p> <p>12/24/2024</p>		

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F 0679 SS=E Bldg. 00	<p>loop.</p> <p>The Plan of Care Overview policy was provided by the Executive Director on 12/6/24 at 12:00 p.m. It read, "The facility will ...vii. support and encourage resident/representative participation including but not limited to working cooperative to ...3. schedule meeting to accommodate a resident's representative that may include conference calls, video conference sessions or live sessions ...Attendees will sign and date care plan meeting agendas/documents."</p> <p>3.1-35(d)(2)(B)</p> <p>483.24(c)(1) Activities Meet Interest/Needs Each Resident</p> <p>Based on interview and record review, the facility failed to provide weekend activities, as preferred, for 2 of 4 residents reviewed for activities (Residents 13 and 71). This had the potential to affect 19 of 19 residents on the Reflections 1 Unit of the facility.</p> <p>Findings include:</p> <p>1. The clinical record for Resident 71 was reviewed on 12/4/24 at 12:30 p.m. Her diagnoses included, but were not limited to, dementia. She resided on the Reflections 1 Unit, a memory care unit, of the facility.</p> <p>The activities care plan, revised 3/11/24, indicated she had a cognitive deficit that required supervised activities with staff. She enjoyed painting, coloring, small group events, and bingo. A goal was to show engagement in activities of interest through the next review. Two of the</p>			F 0679	<p>F679 Activities Meet Interest /Needs Each Resident</p> <p>Corrective action for the resident(s) found to have been affected by the deficient practice:Resident 13 and 71 continue to reside at the facility. The Activity Director has scheduled evenings and weekends activities to reflect activity preferences of residents.Corrective action for the resident(s) found to have been affected by the deficient practice:All residents on the reflections 1 unit have the potential to be affected by this deficient practice. The Activity Director will implement evenings and weekends activities to meet the preferences of the residents.Measures/systemic</p>		12/24/2024

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	<p>interventions were to encourage attendance to entertainment programs, large and small group activities, volunteer demonstrations, and religious activities and to invite her to scheduled activities.</p> <p>2. The clinical record for Resident 13 was reviewed on 12/4/24 at 12:30 p.m. His diagnoses included, but were not limited to, heart failure. He resided on the Reflections 1 unit in a room with Resident 71.</p> <p>The activities care plan, revised 10/5/23, indicated he enjoyed small group activities. The goal was for him to show engagement in activities of interest through the next review. Three of the interventions were to encourage him to participate in music and memory programs; encourage attendance to entertainment programs, large and small group activities, volunteer demonstrations, and religious activities; and to provide activity materials of interest such as library books, word puzzles, and magazines.</p> <p>The 10/24/24 Quarterly Minimum Data Set (MDS) assessment indicated he was cognitively intact.</p> <p>An interview was conducted with Resident 13, on 12/4/24 at 12:31 p.m., in his room in the presence of Resident 71. He indicated the facility had no scheduled weekend activities, and he was bored with that. They had church service once a month on a weekend but would like to have it every Sunday.</p> <p>The December 2024 Reflections 1, Reflections 2, and Rosewood Units Activity Calendar was posted on the wall in the hallway outside of the dining room on the Reflections 1 Unit. It indicated the following weekend activities:</p>				<p>changes put into place to ensure the deficient practice does not recur:The Administrator/Activity Director/Designee held an in-service to provide education and expectations to facility staff as it relates to the "Activity Program Policy" and providing evening and weekend activities. Corrective actions to be monitored to ensure the deficient practice will not recur:The Administrator/Activity Director/Designee will audit 5 residents per week x 4 weeks, then 3 residents per week x 4 weeks, then 1 resident per week x 4 weeks to ensure evenings and weekend activities are being provided per their preference. This will continue for no less than 3 months and compliance is maintained. Any identified concerns will be immediately addressed.The Director of Nursing will present the results of these audits monthly to the 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.By what date the systemic changes for each deficiency will be completed:12/24/2024</p>		

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	<p>Sunday, 12/1/24 - no activities scheduled, just a picture of candy canes,</p> <p>Saturday, 12/7/24 - Weekend Worksheet Packets,</p> <p>Sunday, 12/8/24 - Pics (Pictures) with Santa,</p> <p>Saturday, 12/14/24 - Weekend Worksheet Packets,</p> <p>Sunday, 12/15/24 - no activities scheduled, just a picture of holiday bells,</p> <p>Saturday, 12/21/24 - Weekend Worksheet Packets,</p> <p>Sunday, 12/22/24 - Weekend Worksheet Packets,</p> <p>Saturday, 12/28/24 - no activities scheduled, just a picture of a holiday mug, and</p> <p>Sunday, 12/29/24 - no activities scheduled, just a picture of gingerbread man.</p> <p>The Weekend Worksheet Packet for the Reflections 1 Unit was provided by the Infection Preventionist on 12/10/24 at 10:45 a.m. It included a stapled packet of four word searches and four coloring pages.</p> <p>An interview was conducted with Resident 13 and Resident 71 in their room on 12/10/24 at 11:27 a.m. Resident 13 looked over the Reflections 1 Weekend Worksheet Packet and indicated no one provided him this over the weekend. It looked familiar to him, but he hadn't received one of these "for a long time." Resident 71 indicated she liked word searches and would do them if provided, preferably with Resident 13.</p> <p>An interview was conducted with Qualified Medication Aide (QMA) 5, who was working the Reflections 1 Unit, on 12/10/24 at 11:40 a.m. She indicated she sometimes worked the unit on weekends, and she'd seen coloring pages for residents before, but never a packet, nor had she seen anyone pass out a packet on the unit. She stated, "Activities needs a lot of work."</p> <p>An interview was conducted with Certified</p>						

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	<p>Nursing Assistant (CNA) 6 and CNA 7 on 12/10/24 at 11:47 a.m. They indicated the facility needed more activities on the weekends. Activity staff were amazing, but only there Monday through Friday.</p> <p>On 12/9/24 at 12:16 p.m., an interview was conducted with Unit Manager (UM) 4, who managed the Reflections 1, Reflections 2, and Rosewood Units of the facility. She indicated there was a new Activity Director (AD) in the facility, who was working on having scheduled weekend activities. There used to be weekend packets for residents to do, that consisted of word searches, coloring, and some tactile simulations to pull out. The packet was different for each unit and not everyone received one. She occasionally worked on weekends and sometimes saw residents play Uno on the Reflections 1 Unit. On the Rosewood Unit, they watched a movie and had a snack or a game. None of it was scheduled and hadn't been in the past. She thought the facility was "moving towards" scheduled weekend activities.</p> <p>An interview was conducted with the AD on 12/9/24 at 2:02 p.m. She indicated she began working at the facility a week ago, and was told there were no weekend activities. There was church service the first Sunday of every month, but that was all she knew of on weekends. There was someone currently scheduled to be interviewed for weekends and evening activities.</p> <p>An interview was conducted with the Executive Director (ED) on 12/10/24 at 10:48 a.m. He indicated they were working on hiring someone for weekend activities.</p> <p>The Activities Program policy was provided by</p>						

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F 0690 SS=D Bldg. 00	<p>the Infection Preventionist on 12/10/24 at 10:22 a.m. It indicated, "It is the policy of this facility to provide resident centered care that meets the psychosocial, physical and emotional needs and concerns of the residents...Procedure: I. The activity program is ...b. Scheduled daily and residents are given an opportunity to contribute to the planning, preparation, conducting, cleanup and critique of the program...f. Reflect the schedules, choices and rights of the resident i. Are offered at hours convenient to the residents, including holidays and weekends."</p> <p>3.1-33(a) 3.1-33(c)</p> <p>483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI</p> <p>Based on interview, observation, and record review, the facility failed to ensure Resident 36's indwelling urinary catheter remained free of contact with the floor while in bed for 1 of 2 residents reviewed for indwelling urinary catheters.</p> <p>Findings include:</p> <p>The clinical record for Resident 36 was reviewed on 12/4/2024 at 1:45 p.m. The medical diagnoses included obstructive uropathy.</p> <p>A Quarterly Minimum Data Set assessment, dated 11/22/2024, indicated Resident 36 utilized an indwelling urinary catheter, dependent on staff assistance for toileting needs, and dependent on staff for transferring regarding activities of daily living.</p>			F 0690	<p>F690 Bowel/Bladder Incontinence, Catheter, UTI</p> <p>Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident #36 remains in the facility and had their foley bag changed and was placed in a wash basin due to residents low bed to ensure the collection bag is not on the floor.Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: All residents with an indwelling catheter have the potential to be affected. An audit has been completed of all residents with an indwelling urinary catheter to</p>		12/24/2024

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	<p>During an observation on 12/4/2024 at 12:45 p.m., Resident 36 was in bed with his urinary catheter drainage bag laying on the floor.</p> <p>During an interview on 12/4/2024 at 1:30 p.m., Certified Nursing Assistant (CNA) 7 indicated urinary catheter drainage bags should remain free of contact with the ground.</p> <p>During an observation on 12/10/2024 at 10:45 a.m., Resident 36 was in bed with his urinary catheter drainage bag laying on the floor.</p> <p>A policy entitled, "Catheter Care," was provided by the Executive Director on 12/10/2024 at 12:30 p.m. The policy indicated to ensure " ...the collection bag is not on the floor ..."</p> <p>3.1-41(a)(2)</p>				<p>validate collection bags remain free from the floor. Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: Director of Nursing Services or designee will educate the nursing staff on the following policy: Catheter Care with emphasis of ensuring the collection bag remains free from the floor.How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The DON/ designee will audit 3 residents per week x 4 weeks, then 2 residents a week x4 weeks, then 1 resident weekly x4 weeks to ensure compliance. Monitoring / auditing of this plan of correction will occur on all shifts: 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.By what date the systemic changes for each deficiency will be completed:12/24/2024</p>		