

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155205	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/19/2020
NAME OF PROVIDER OF SUPPLIER GREENCROFT HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 1225 GREENCROFT DR GOSHEN, IN 46527	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based in record review, interview and observation, the facility failed to ensure that the guidance provided to decrease the potential spread of COVID-19 were implemented for isolation requirements for symptomatic residents, relocating roommates to different rooms when another was symptomatic with pending tests, and discontinuing nebulizer treatments in 5 of 16 residents reviewed for COVID-19. (Resident D, B, C, F & G) Findings include: During an interview, on [DATE] at 2:25 P.M., CNA (certified nurse aide) 2 indicated residents with pending COVID-19 tests were not being separated from roommates that were asymptomatic, resident were not being moved until the positive test results were received. During an interview, on [DATE] at 2:30 P.M., LPN (Licensed Practical Nurse) 4 indicated the facility did not have rooms to move residents or roommates for isolation requirements when awaiting pending tests. During an interview, on [DATE] at 2:35 P.M., CNA 2 and CNA 3 indicated Resident H was showing symptoms of COVID-19 and they had reported the information to the nurse. They stated the facility would place residents that presented with fevers in 72-hour room restrictions and they only had to wear face mask and gloves into room. During an interview, on [DATE] at 2:45 P.M., LPN 5 indicated she was aware that Resident H was presenting with symptoms of the COVID-19 and she was waiting to hear from the Unit Manager on what was to be done next. During an observation, on [DATE] at 1:45 - 2:45 P.M., Resident H and Resident J were in the same room with the door open. 1. The record for Resident D was reviewed on [DATE] at 12:00 P.M. The [DIAGNOSES REDACTED]. A quarterly MDS (Minimum Data Set), dated [DATE], indicated Resident D had a BIMS (Brief Interview of Mental Status) score of 10, mild cognitive impairment. Progress note, dated [DATE] at 1:08 PM, indicated Resident D tired at time of nebulizer this morning and resident had been for restorative exercises and therapy. Progress note, dated [DATE] 1:02 P.M., indicated Resident D was sleepy on day-shift as she was up some at night, continues on neb treatments. Progress note, dated [DATE] at 7:31 PM, indicated lung sounds diminished before breathing treatment bilaterally and throughout. Oxygen saturation was 97%. Resident reported headache, indicated she had headache all day. Progress note, dated [DATE] at 7:49 PM, Resident confused with periods of lucidity. Progress note, dated [DATE] 11:58 PM, lung sound with wheezing noted. Progress note, dated [DATE] at 7:19 P.M. indicated Resident D was found sitting on floor in room. Complained of pain more than usual. Progress note, dated [DATE] at 2:26 P.M., oxygen saturation 91%, encouraged to place oxygen on. Progress note, dated [DATE] at 7:20 P.M., Resident more confused with oxygen off. Progress note, dated [DATE] at 8:07 A.M., resident very sleepy today and difficult to awake for medications. Progress note, dated [DATE] at 3:23 P.M. resident experiencing hallucinations. Seeing and hearing small children and deceased husband. Progress note, dated [DATE] at 3:31 P.M., breathing treatment administered. Progress note, date [DATE] at 4:13 P.M., thoughts are very disorganized and resident was making very little sense. Progress note, dated [DATE] at 11:46 P.M., resident very confused on this shift. Seeing bugs and animals. She was found going into other resident's rooms, closets and bathrooms. Progress note, dated [DATE] at 3:49 P.M. indicated Resident was very tired and did not wake up until 9:00 A.M. Progress note, dated [DATE] indicated Resident D had temp 99.6, had cough and stated she did not feel well. COVID test ordered and resident was placed in isolation. Progress note, dated [DATE] at 9:34 AM indicated positive COVID-19 test. During an interview, on [DATE] at 1:59 P.M., the interim DON (Director of Nursing) indicated nebulizer were not discontinued throughout the facility from the time the recommendation was made by the CDC (Center of Disease Control), the facility policy was to discontinue nebulizers once a resident tested positive for COVID-19. During an interview, on [DATE] at 4:00 P.M., the DON indicated she was unaware of symptoms of increased confusion, complained of headaches, wheezing and diminished lung sounds the Resident D was exhibiting. 2. The record for Resident C was reviewed on [DATE] at 3:20 P.M. The [DIAGNOSES REDACTED]. A Progress note, dated [DATE] at 4:15 PM indicated Resident C had increasing frequency of cough. In light of positive COVID 19 test in resident's hallway and several other pending tests on unit, will ask MD for order for COVID 19 testing. A Progress note, dated [DATE] at 4:38 AM indicated order for COVID-19. A progress note, dated [DATE] at 5:07 P.M., indicated resident stayed in room most of the day and needed a few reminders to stay in room. A progress note, dated [DATE] at 9:50 A.M., indicated Resident C was + for COVID 19 and moved to COVID unit. 3. The record for Resident F was reviewed on [DATE] at 3:30 P.M. The [DIAGNOSES REDACTED]. A progress note, dated [DATE] at 4:00 P.M., indicated Resident F was in room with roommate that had tested positive for COVID-19. Swab test ordered. A progress note, dated [DATE] at 10:22 A.M., indicated Resident F temp 100.0, difficult to arouse this am. Wet, non-productive cough noted and eyes appear red and puffy. During an interview, on [DATE] at 2:07 PM, the DON indicated Resident C was moved from room on [DATE] to COVID area. She did have a roommate, Resident F. Resident C was tested [DATE] and presented with symptoms on [DATE] early evening. Resident C not isolated on [DATE] because they did not have order to do the test yet. 4. The record for Resident B was reviewed on [DATE] at 11:20 A.M. The [DIAGNOSES REDACTED]. A Progress note, dated [DATE] at 2:04 A.M., indicated a CNA had reported that Resident B had felt warm to touch in the earlier in the evening. Temp,[DATE] was 99.6 and QMA took 30 minutes later and it was 100.3. Did not wake resident because it is difficult to keep her in her room. 72 hour room restriction was implemented. A progress note, dated [DATE] at 10:52 AM indicated Resident B had occasional short wheeze and appeared to be working hard to breathe more than usual. Had mild rhinorrhea and congestion and occasional moist cough. Currently in droplet isolation. COVID test ordered. A progress note, dated [DATE] at 9:43 P.M. indicated resident had exited room and 4 times in the last 4 hours but was easily redirected. A progress note, dated [DATE] at 9:09 P.M., indicated Resident B was + for COVID 19 and moved to COVID unit. 5. The record for Resident G was reviewed on [DATE] at 1:00 P.M. The [DIAGNOSES REDACTED]. A progress note, dated [DATE] at 22:29 P.M., indicated Resident G had a temp of 100.3 at 5 PM and Tylenol was given, temp down to 97.9 A progress note, dated [DATE] at 11:29 AM indicated Resident G appeared weak and with slightly diminished to left lower lobe. A progress note, dated [DATE] at 12:24 P.M., indicated Resident G was placed on room restrictions for temp yesterday evening. A progress note, dated [DATE] at 5:36 P.M., indicated Resident G had order to be tested for COVID 19, currently in droplet isolation. During an interview, [DATE] at 2:00 P.M., the DON indicated resident were placed in 72 room restrictions with changes in condition to assess for further symptoms. No isolation in place, staff only worn masks and gloved. She indicated with was used for surveillance. During an interview on [DATE] at 11:00 A.M., the DON indicated the facility currently had 8 positive COVID-19 residents and 8 presumptive residents with pending tests. There has been one COVID-19 death and 1 currently in local hospital. All resident that are positive or have pending tests were on the same unit except Resident G and Resident K. Resident K was admitted with COVID-19. On [DATE] at 2:20 P.M., the DON provided the Corona Surveillance policy, dated [DATE], and The policy indicated residents would be monitored for signs and symptoms of corona illness and the physician would be notified immediately. Staff shall follow established procedures when COVID-19 was suspected. If the resident did not require to be transferred to higher level of care, the facility would adhere to recommended infection prevention and control practices. On [DATE] at 4:00 P.M., the DON provided the IC for COVID Positive Resident or Staff, dated [DATE], and indicated this was the policy currently being used by the facility. The policy indicated residents that began to display COVID symptoms would be laced in droplet isolation in a private room, if one was available, physician and families notified and tested for COVID per physician orders. Residents that tested positive would be moved to COVID unit. Consider</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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 90 days 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 14 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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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1)</p> <p>changing aerosolized treatments to MDI (meter-dosed inhaler) during the outbreak. On [DATE] at 4:00 P.M., the DON provided the Aerosolizing Procedures-COVID 19, dated [DATE], and indicated this was the policy currently being used by the facility. The policy indicated its purpose was to address the risk of increased aerosolization with the use of nebulizers. On [DATE] at 4:00 P.M., a policy on 72-hour room restrictions was requested and DON indicated there was no policy available. This Federal tag relates to complaint IN 529. 3XXX,[DATE](a)</p>		