

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155086	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/05/2025
NAME OF PROVIDER OR SUPPLIER  Woodland Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  343 S Nappanee St Elkhart, IN 46514	

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)
<p>F 0576</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p>52118</p> <p>Based on interview and record review, the facility failed to provide mail delivery on Saturdays. This deficient practice affected 10 of 10 residents who attended the resident /surveyor group meeting.</p> <p>Finding includes:</p> <p>During the resident/surveyor group meeting on 4/30/2025 at 1:30 P.M., 10 of 10 participating residents indicated mail was not delivered to them on Saturdays.</p> <p>Resident 271 indicated she delivered the mail during the week to the residents, but the Saturday mail was not available for delivery to the residents. She indicated she never delivers the mail to residents on Saturdays.</p> <p>During an observation on Monday, 5/5/2025 at 8:25 A.M., staff was observed to remove a large amount of mail from an outside mailbox.</p> <p>During an interview, on 5/5/2025 at 3:58 P.M., the Business Office Manager indicated the facility and resident mail was delivered Monday through Friday to the receptionist who separated out the resident's mail for Resident 271 to deliver to the residents. The Business Office Manger indicated the receptionist only worked during the weekdays and the BOM did not know who, if any staff, retrieved the mail on Saturdays. She thought on an occasional Saturday, the Activity staff might have gottent he mail from the mailbox but she was unsure if anyone actually delivered the mail to residents on Saturdays.</p> <p>A policy was provided, on 5/5/2025 at 4:10 P.M., titled, Resident Rights: Policy Interpretation and Implementation by the Quality Assurance Nurse. The policy did not describe how residents would be provided with their personal mail Monday through Saturday.</p> <p>3.1-3(s)1</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>38845</p> <p>Based on observation, interview and record review, the facility failed to provide showers for 1 of 7 residents reviewed for ADL (Activities of Daily Living) care. (Resident 1)</p> <p>Finding includes:</p> <p>During an observation, on 4/30/2025 at 9:07 A.M., Resident 1 was noted to have a large amount of facial hair on her chin and her fingernails had a brown substance underneath them</p> <p>The record for Resident 1 was reviewed on 5/01/2025 at 1:25 P.M. diagnosed included, but were not limited to quadriplegia, epilepsy, blindness, arthritis and non-Alzheimer's dementia.</p> <p>A Quarterly MDS (Minimum Data Set) assessment, dated 4/22/2025, indicated the resident had severe cognitive impairment and required extensive assist of 2 staff for bed mobility transfers, toilet use and showering.</p> <p>A current Care Plan, initiated on 12/7/2021, indicated Resident 1 required assistance with ADL's due to her cognitive deficits, arthritis, blindness, and quadriplegia. Interventions included, but were not limited to: I prefer to complete bathing with staff assist and prefer my showers Monday and Thursday evening.</p> <p>Resident 1's shower schedule indicated she was to receive showers on Mondays and Thursdays on the day shift.</p> <p>The shower documentation, dated March 2025, indicated the resident had received a shower on the following dates: 3/18, 3/21 and 3/28, and bed baths on 3/11, 3/14, 3/18, 3/21 and 3/25/2025.</p> <p>The shower documentation, dated April 2025, indicated the resident had received a shower on 4/21, and bed baths on 4/7 and 4/17/2025.</p> <p>There was no documentation to indicate Resident 1 had received showers on 4/3, 4/10, 4/14, 4/21, 4/24 or 4/28/2025.</p> <p>There was no documentation of any shower refusals in the Nursing Progress Notes from March 1st to April 30th for Resident 1.</p> <p>During an interview, on 5/5/2025 at 3:27 P.M., the Director of Nursing indicated she could not provide any further shower documentation for Resident 1.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/5/2025 at 3:15 P.M., the Quality Assurance Administrator provided the policy titled, Activities of Daily Living (ADL) Supporting, dated April 2025, and indicated the policy was the one currently used by the facility. The policy indicated . Residents who are unable to carry out activities of daily living independently receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene . 5. Appropriate care and services are provided for residents who are unable to carry out ADL's independently, with consent of the resident, and in accordance with the plan of care, including appropriate support and assistance with: a. hygiene (bathing, dressing, grooming, and oral care)</p> <p>3.1-38(b)(2)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>45120</p> <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on record review and interview, the facility failed to notify the physician of abnormal blood sugars for 1 of 1 resident reviewed for insulin usage. (Resident 3)</p> <p>Finding includes:</p> <p>During an interview, on 4/29/2025 at 11:25 A.M., Resident 3 indicated she had recently had an abnormally high blood sugar reading of over 300 mg/dL (milligram per deciliter).</p> <p>A record review was completed for Resident 3 on 5/1/2025 at 9:47 A.M. Diagnoses included, but were not limited to: diabetes mellitus type 2, diabetes with polyneuropathy and acute kidney failure.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 12/23/2024, indicated Resident 3 was cognitively intact and received insulin injections.</p> <p>A current Care Plan, initiated on 4/9/2021 and revised on 10/6/2024, indicated Resident 3 had diabetes mellitus with a goal of Resident 3 would not exhibit signs of hypo/hyperglycemia. Interventions included, but were not limited to: administer medications as ordered by the physician and blood sugar monitoring as ordered by the physician.</p> <p>A Physician's Order, dated 11/13/2024, indicated Resident 3 was to receive Lantus insulin solution inject 10 units subcutaneously daily at bedtime.</p> <p>A Physician's Order, dated 12/21/2024, indicated Resident 3 was to have blood sugar monitoring at bedtime and to notify the physician for a blood sugar reading below 70 mg/dL or above 400 mg/dL.</p> <p>Blood sugar readings, outside the physician ordered parameters, were documented as follows:</p> <p>-12/25/2024 at 9:57 A.M. 60 mg/dL</p> <p>-12/30/2024 at 9:45 A.M. 59 mg/dL</p> <p>There was no documentation the physician had been notified of the blood sugar readings below 70 mg/dL.</p> <p>During an interview, on 5/2/2025 at 9:15 A.M., LPN 8 indicated Resident 3 must have requested a blood sugar level to have been obtained. She indicated the physician should have been notified of the blood sugars below 70 mg/dL.</p> <p>During an interview, on 5/5/2025 at 11:15 A.M., the Assistant Director of Nursing indicated residents have written orders for when the physician should be notified for abnormal blood sugar readings. He indicated that a blood sugar of 59 mg/dL or 60 mg/dL should have had physician notification documented.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A policy was provided, on 5/5/2025 at 2:46 P.M., by the Quality Assurance Administrator. The policy titled, Acute Condition Changes, indicated, .Assessment and Recognition .8. The nursing staff will contact the physician based on the urgency of the situation .9. The attending physician will respond in a timely manner to notification of problems or changes in condition and status .Monitoring and Follow-Up .1. The staff will monitor and document the resident's/patient's progress and responses to treatment, and the physician will adjust treatment accordingly</p> <p>3.1-37(a)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>38845</p> <p>Based on observation, record review and interview, the facility failed to store respiratory equipment in a sanitary manor for 2 of 3 residents reviewed for respiratory care. (Resident 1 &amp; 50)</p> <p>Findings include:</p> <p>1. During an observation, on 4/30/2025 at 9:11 A.M., Resident 1's oxygen concentrator humidification bottle was dated 4/2/2025 and was not hooked up to the concentrator. The oxygen storage bag was dated 4/28/2025 and the nasal cannula tubing was not dated.</p> <p>The record for Resident 1 was reviewed on 5/1/2025 at 1:25 P.M. Diagnoses included, but were not limited to quadriplegia, blindness, arthritis, and non-Alzheimer's dementia.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 4/22/2025, indicated the resident had severe cognitive impairment and required the use of oxygen.</p> <p>Resident 1's current physician orders included:</p> <ul style="list-style-type: none"> <li>- Oxygen at 2 Liters per minute per Nasal Cannula on continuous to keep oxygen saturation above 90%.</li> <li>- Change the oxygen tubing, and humidification bottle; clean oxygen filter, and inspect easy foam wraps (replace if soiled or missing), on the night shift every Sunday. The oxygen tubing to be changed and dated weekly on night shift and as needed.</li> </ul> <p>A current Care Plan, initiated on 7/29/2022, indicated the resident had altered respiratory status: Difficulty breathing related to morbidly obese and SOB (shortness of breath) while flat. The resident was at risk for alterations in oxygen levels and sometimes removed the oxygen tubing and had to be reminded to leave it in place.</p> <p>During an observation, on 5/1/2025 at 1:29 P.M., Resident 1's oxygen concentrator humidification bottle was still dated 4/2/2025 and was not hooked up to the concentrator. The oxygen nasal cannula tubing was still not dated.</p> <p>During an observation, on 5/1/2025 at 2:30 P.M., Resident 1's oxygen tubing was not hooked up to the humidification bottle, still dated 4/2/2025 and the oxygen tubing was still not dated.</p> <p>During an observation, on 5/2/2025 at 9:55 A.M., with LPN 2, Resident 1's oxygen tubing was not dated, the date on the humidification water bottle was 4/2/2025 and not attached to the concentrator to provide humidified oxygen.</p> <p>During an interview, on 5/2/2025 at 9:56 A.M., LPN 2 indicated the oxygen tubing should have been dated, the humidification water bottle should have been changed, dated, and should have been placed on the concentrator to provide humidified air.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-BiPap as ordered.</p> <p>-Nebulizer treatments as directed.</p> <p>-Oxygen as ordered.</p> <p>During an interview, on 5/5/2025 at 11:37 A.M., Qualified Medication Assistant (QMA) 9 indicated respiratory equipment (masks, nasal cannulas) should be stored on a clean surface and stored in a respiratory bag when the equipment was not in use</p> <p>A policy was provided, on 5/5/2025 at 2:46 P.M., by the Quality Assurance Administrator. The policy titled, Respiratory Therapy-Prevention of Infection, indicated, .The purpose of this procedure is to guide prevention of infection associated with respiratory therapy tasks and equipment, including ventilators, among residents and staff .Infection Control Considerations Related to Oxygen Administration .8. Keep the oxygen cannulae and tubing used PRN [as needed] in a plastic bag when not in use .Infection Control Considerations Related to Medication Nebulizers/Continuous Aerosol: 7. Store the circuit in a plastic bag, marked with date and resident's name, between uses</p> <p>3.1-47(a)(6)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>38845</p> <p>Based on observation, interview and record review, the facility failed to ensure medication storage areas were clean and free from loose medications and failed to ensure medications were labeled and dated when opened, during medication storage review in 2 of 2 medication carts reviewed. (medication cart 1 on 100/200 hall and Memory Care 400 medication cart).</p> <p>Findings include:</p> <p>1. During a medication storage observation, on 5/2/2025 at 10:30 A.M., on the medication cart 1 with LPN 2 the following was observed:</p> <ul style="list-style-type: none"> <li>- An unopened tube of glucose for a discharged resident.</li> <li>- An opened and undated bottle of Milk of Magnesia.</li> <li>- An opened bottle of ant-acid tablets with no resident label on the container.</li> <li>- Fourteen loose pills in the medication cart.</li> <li>- An opened package of Albuterol inhalation vials with no resident identifier.</li> </ul> <p>The over flow medication cart had an unopened box of Omeprazole tablets with no resident identifiers on the box.</p> <p>During an interview, on 5/5/2025 at 10:48 A.M., LPN 2 indicated the medications should have been labeled and dated when opened, and there should be labels on the medication bottles. LPN 2 indicated there should have not been loose pills in the medication cart.</p> <p>2. During a medication storage observation, on 5/5/2025 at 11:02 A.M., on the Memory Care Unit with LPN 7, the following was observed:</p> <ul style="list-style-type: none"> <li>- Four loose pills in the 2nd and 3rd drawers.</li> </ul> <p>During an interview, on 5/5/2025 at 11:10 A.M., LPN 7 indicated the loose pills should have not be in the cart.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/5/2025 at 1:58 P.M., the Quality Assurance Administrator provided the policy titled, Medication Labeling and Storage, undated, and indicated the policy was the one currently used by the facility. The policy indicated . Medication Storage . 2. The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner . Medication Labeling 1. Labeling of medications and biological's dispensed by the pharmacy is consistent with applicable federal and state requirements and currently accepted pharmaceutical practices . 8. If medication containers have missing, incomplete, improper or incorrect labels, contact the dispensing pharmacy for instructions regarding returning or destroying these items</p> <p>3.1-25(j)</p> <p>3.1-25(r)</p>		