

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  09/20/2024
NAME OF PROVIDER OR SUPPLIER  Greencroft Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>34966</p> <p>Based on interview and record review, the facility failed to ensure a resident's responsible party was notified in a timely manner after a fall for 1 of 3 residents reviewed for falls, (Resident C).</p> <p>Finding includes:</p> <p>During an interview on 9/17/24 at 2:40 P.M., Resident C's Responsible Party indicated she heard from an unnamed Certified Nursing Assistant (CNA) that Resident C had fallen over a recent weekend. Resident C's responsible party indicated the facility had not notified her of the fall.</p> <p>During an interview, on 9/20/24 at 9:00 A.M., the Director of Nursing indicated Resident C had a fall on 8/23/24 without injuries. The Director of Nursing indicated the physician was notified at the time, but the family was not notified though they should have been notified. The Director of Nursing indicated the Nurse called the family on 9/19/24 to apologize for the oversight.</p> <p>A record review for Resident C was completed on 9/20/24 at 9:42 A.M. Diagnoses included, but were not limited to: repeated falls, congestive heart failure, restlessness and agitation, chronic obstructive pulmonary disease, hypertension, restless leg syndrome and macular degeneration.</p> <p>Resident C's Admission Fall Risk assessment, dated 4/29/24, indicated the resident was at high risk for falls having had three or more falls in the past three months.</p> <p>A facility Incident form, dated 8/23/24 at 12:15 A.M., indicated the CNA had went to check on Resident C and found the resident on the floor in front of her recliner. There were no injuries observed and no pain or discomfort was voiced from the resident. The Incident form indicated the physician was notified on 8/23/24 at 12:20 A.M. There was no documentation regarding notification of Resident C's family.</p> <p>A policy titled Notification of Changes, dated 1/23/24 was provided by the Director of Nursing on 9/19/24 at 1:03 P.M., indicating it was the current policy. The policy indicated, .The purpose of the policy is to ensure the campus promptly informs the resident, consults the resident's physician, and notifies, consistent with his or her authority, the resident's representative when there is a change requiring notification .The campus must inform the .resident's family member or legal representative .</p> <p>(continued on next page)</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>This Federal tag relates to complaint IN00443554.</p> <p>3.1-5(a)(1)(3)</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>34966</p> <p>Based on interviews and record review, the facility failed to ensure hot food temperatures were assessed and logged consistently in the main kitchen to ensure food was served at palatable temperatures. This deficient practice had the potential to affect 155 of 155 residents in nursing care who were served from the main kitchen.</p> <p>Finding includes:</p> <p>During an interview, on 9/16/24 at 12:28 P.M., the Dietary Team Lead staff member indicated food was prepared in the main kitchen and then delivered to the unit servery kitchens, where it was held in steam tables. She indicated she had heard some concerns the food was not always as warm as it should be when served. She indicated hot foods should be held and served at at least 140 degrees Fahrenheit.</p> <p>During an interview, on 9/17/24 at 10:20 A.M., Resident B indicated he/she had been served cold food many times. Resident B indicated when food that was supposed to be served hot was served cold, he/she lost their appetite. Resident Bt indicated he/she had refused to eat cold food and planned to throw their tray across the dining room if food was ever served cold to them again.</p> <p>During a Resident Council meeting, conducted on 9/17/24 at 10:45 A.M., 3 of 12 alert and oriented residents indicated the hot food on the Knolls and Vista units was sometimes served cold.</p> <p>During an interview on 9/20/24 at 10:37 A.M., the Interim Dietary Manager indicated all hot and cold foods should be checked for adequate temperatures as indicated in the facility policy. The Interim</p> <p>Dietary Manager indicated the kitchen had not been consistently documenting food temperatures in the kitchen before serving food to the nursing units.</p> <p>The Kitchen Food Temp Log sheets were reviewed for 8/11/24 to 9/15/25 and indicated no recorded food temperatures were logged for the following days:</p> <p>8/11,12,13,14, 16, 17, 18, 21, 22, 23, 25, 26, 27, 28, 29, 2024 and</p> <p>9/1, 2, 4, 5, 6, 11, 2024.</p> <p>On 9/19/24 at 1:03 P.M., the Executive Director provided a policy titled, Record of Food Temp Policy, dated 3/1/22 indicating it was the current facility policy. The policy indicated, .It is the policy of this facility to record food temperatures daily to ensure food is at the proper serving temperature(s) before trays are assembled . Hot foods will be held at 135 degrees Fahrenheit or greater .cold food temperatures will be kept at or below 41 degrees Fahrenheit .Measure and record the temperatures for each food product and milk at all meals. Record temperature on temperature log .</p> <p>This citation relates to Complaint IN00442353.</p> <p>(continued on next page)</p>

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