

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/07/2025
NAME OF PROVIDER OR SUPPLIER  Woodlands The		STREET ADDRESS, CITY, STATE, ZIP CODE  3820 W Jackson St Muncie, IN 47304	

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 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>52268</p> <p>Based on observation, interview, and record review, the facility failed to manage resident funds using acceptable accounting principles for 2 of 3 residents reviewed for personal funds. (Residents 34 and 27)</p> <p>Findings include:</p> <p>During a medication storage and labeling observation accompanied by LPN 14 on 3/6/25 at 9:49 a.m., in the Hickory medication room, small labeled and dated envelopes were on a storage shelf open with dollar bills in plain view. The envelopes were labeled November 2024 and October 2024, and included the names of Resident 34 and 27.</p> <p>During an observation of Hickory Medication Cart 1 accompanied LPN 15 on 3/6/25 at 10:04 a.m., hand-written money logs for Residents 34 and 27 were in the narcotic reconciliation book, dating back to December 2024.</p> <p>During an interview on 3/6/25 at 11:00 a.m., LPN 15 indicated the logs were kept for Residents 34 and 27, who were roommates, because they had a history of stealing each other's money when it was kept in their room.</p> <p>Resident 34's clinical record was reviewed on 3/6/25 at 11:15 a.m Diagnoses included unspecified dementia, bipolar disorder, and schizoaffective disorder.</p> <p>The current care plan indicated the resident had specific preferences and had misplaced personal items. She had ordered fast food on her own and required money during offsite hours and weekends. Due to her frequent misplacement of money, her funds were placed in the medication storage room.</p> <p>A facility Resident Fund Management Service agreement, dated 4/21/22, was signed by the resident.</p> <p>Resident 27's clinical record was reviewed on 3/6/25 at 11:10 a.m Diagnoses included unspecified schizophrenia and bipolar disorder manic without psychotic features.</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 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The current care plan indicated the resident had behaviors related to anxiety and would misplace personal items. She frequently ordered fast food on her own and required funds during offsite hours and weekends. Due to her repeated misplacement of money, her funds were kept in the medication storage room.</p> <p>A progress note, dated 5/17/24 at 6:28 a.m., indicated the resident requested money from her envelope.</p> <p>A facility Resident Fund Management Service agreement, dated 4/21/22, was signed by Resident 27's representative.</p> <p>During an interview on 3/6/25 at 12:11 p.m., the Director of Nursing indicated Residents 34 and 27 often misplaced money, as opposed to stealing from each other. The money logs and envelopes were interventions put in place by the business office.</p> <p>During an interview on 3/7/25 at 11:50 a.m. , the Business Office Manager (BOM) indicated when a resident requested a deposit or withdrawal from their account, a receipt/deposit slip was created and signed by the resident and a witness. The BOM was unaware of the money logs controlled by nursing.</p> <p>During an interview on 3/7/25 at 11:53 a.m. , the Administrator indicated the facility lacked a policy regarding keeping of resident funds outside the trust, but noted, on admission, the facility offered residents and family a lockbox to be kept in the resident's room. If staff noticed the resident had valuables in plain view, they again offered a lockbox.</p> <p>A current facility policy titled Resident Trust Policy and Procedures, provided by the Regional Clinical Support on 3/7/25 at 11:15 a.m., indicated the following: .The facility will follow all regulations regarding resident trust funds .Resident Access to Funds: The facility shall maintain a petty cash-on-hand fund. This fund shall be made from operating funds. As such, disbursements to residents serve as an advance to the resident. The cash-on-hand is then replenished with withdrawals made from the resident accounts of those resident to whom the cash was advanced A disbursement of cash to a resident should be documented with a signed receipt in triplicate. a. One copy of the signed receipt shall be provided to the resident. b. One copy of the signed receipt shall be kept with the petty cash-on-hand until the next replenishment reconciliation. At that point, the receipt shall be kept with the reconciliation as backup. c. The final copy of the receipt shall remain in the receipt book as a chronological archive</p> <p>3.1-6(e)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>42685</p> <p>Based on observation, record review, and interview, the facility failed to ensure preventative interventions were implemented for 1 of 3 residents reviewed for pressure ulcers. (Resident 5)</p> <p>Finding includes:</p> <p>During an observation on 3/3/25 at 9:42 a.m., Resident 5 was seated in a wheelchair in her room. The resident indicated she had pain to her buttocks. The facility put cream on her buttocks, but she thought it needed more than that. This had been going on for the last couple of months. Staff used a mechanical lift when they assisted her in and out of bed. The resident's bed had a standard healthcare mattress.</p> <p>Resident 5's clinical record was reviewed on 3/4/25 at 3:49 p.m. Diagnoses included unilateral primary osteoarthritis of the right knee, difficulty in walking, unspecified lack of coordination, unsteadiness on feet, and pain.</p> <p>Current orders included an airflow mattress (1/10/23) and hydrocolloid dressing (wound treatment) (3/4/25) to the left guteal fold every three days and as needed for friction.</p> <p>An annual Minimum Data Set (MDS) assessment, dated 1/8/25, indicated the resident was cognitively intact. Rejection of care behaviors were not exhibited during the assessment period. She was dependent on staff assistance for toileting, bathing, lower body dressing, personal hygiene, rolling left and right, and transfers. The resident used a wheelchair for mobility. She was at risk for pressure ulcers. The resident did not have any pressure ulcers. Skin interventions included a pressure reducing device for the bed.</p> <p>A current care plan, initiated on 6/3/19, indicated the resident was at risk for a break in skin integrity/pressure ulcers related to decreased mobility, incontinence, and obesity. The resident had friction and shearing to the left buttocks. Interventions included the following: apply an air mattress to the bed and a cushion to the chair (1/15/23), clean and dry the skin after each incontinent episode (6/3/19), apply the treatment as ordered (4/10/24), and apply a cushion to the wheelchair (1/10/24).</p> <p>During an observation on 3/5/25 at 4:45 p.m., Resident 5 was in bed, turned slightly to her left side. The bed lacked a low air loss mattress.</p> <p>During an interview on 3/6/25 at 11:15 a.m., LPN 14 indicated Resident 5 had a skin impairment to the left gluteal fold that healed, then reopened on 3/3/25 due to friction and shear.</p> <p>During a wound observation on 3/6/25 at 3:00 p.m., Resident 5 was turned to her right side on a standard mattress. An intact hydrocolloid dressing was on her left lower buttock, where the unsecured brief rested against the skin. A low air loss mattress was not in place to the bed.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/7/25 at 12:20 p.m., CNA 12 indicated the resident did not have a low air loss mattress in place.</p> <p>During an interview on 3/7/25 at 1:53 p.m., Corporate Nurse Consultant 8 indicated the resident's low air loss mattress was not in place as ordered and care planned. The clinical record lacked documentation for a reason the low air loss mattress was not in place.</p> <p>During an interview on 3/7/25 at 1:58 p.m., LPN 10 indicated Resident 5 was at risk for skin impairment due to incontinence, skin moisture, and her lack of self mobility. The order for a low air loss mattress should have been followed. The clinical record typically contained an order to ensure the low air loss mattress was in place and working properly. The resident's clinical record lacked an order to check the low air loss mattress.</p> <p>A current facility policy, revised 8/25/21, titled Skin Integrity &amp; Pressure Ulcer/Injury Prevention and Management, provided by the Regional Clinical Support on 3/7/25 at 2:12 p.m., indicated the following: POLICY .Provide associates and licensed nurses with procedures to manage skin integrity, prevent pressure ulcer/injury, complete wound assessment/documentation, and provide treatment and care of skin and wounds utilizing professional standards of the NPIAP [National Pressure Injury Advisory Panel] and WOCN [Wound, Ostomy, Continent Nurses Society]</p> <p>3.1-35(g)(2)</p>		

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>48146</p> <p>Based on observation, record review, and interview, the facility failed to post the daily facility census number and actual hours worked of licensed and unlicensed nursing staff directly responsible for resident care per shift daily during random observations.</p> <p>Finding includes:</p> <p>During an observation and record review, on 3/3/25 at 9:25 a.m., the two Nursing Staff Directly Responsible for Resident Care boards were posted from 2/27/25- 2/28/25 on the wall outside the Admissions Office and indicated the following:</p> <p>On 2/27/25, the total number of licensed and unlicensed staff was 3 Registered Nurses (RN), 7 Licensed Practical Nurses (LPN), 1 Qualified Medication Aide (QMA), and 19 Certified Nursing Assistants (CNA). The census was 68.</p> <p>On 2/28/25, the total number of licensed and unlicensed staff was 3 RN's, 7 LPN's, 1 QMA, and 17 CNA's. The census number was 68.</p> <p>During an observation and record review, on 3/3/25 at 11:00 a.m., the two Nursing Staff Directly Responsible for Resident Care boards were updated and indicated the following:</p> <p>On 3/2/25, the total number of licensed and unlicensed staff was 3 RN's, 7 LPN's, 1 QMA, and 17 CNA's. The census was 69.</p> <p>On 3/3/25, the total number of licensed and unlicensed staff was 3 RN's, 8 LPN's, 1 QMA, and 19 CNA's. The census was 69.</p> <p>During an observation and record review, on 3/4/25 at 9:44 a.m., the two Nursing Staff Directly Responsible for Resident Care boards were unchanged and had not been updated.</p> <p>During an observation and record review, on 3/4/25 at 2:07 p.m., the two Nursing Staff Directly Responsible for Resident Care boards were unchanged and had not been updated.</p> <p>During an observation and record review, on 3/5/25 at 9:20 a.m., the two Nursing Staff Directly Responsible for Resident Care boards were unchanged and had not been updated.</p> <p>During an observation and record review, on 3/5/25 at 10:40 a.m., the two Nursing Staff Directly Responsible for Resident Care boards were updated and indicated the following:</p> <p>On 3/4/25, the total number of licensed and unlicensed staff was 2 RN's, 10 LPN's, 2 QMA's, and 21 CNA's. The census was 72.</p> <p>On 3/5/25, the total number of licensed and unlicensed staff was 3 RN's, 7 LPN's, 2 QMA's, and 24 CNA's. The census was 72.</p> <p>(continued on next page)</p>		

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>During an interview, on 3/7/25 at 10:45 a.m., the Administrator indicated the Director of Nursing (DON) was responsible for updating the staffing information daily.</p> <p>During an interview, on 3/7/25 at 10:57 a.m., the DON indicated this was a task recently added to her responsibilities as the facility did not have a scheduler. She tried to ensure this was updated daily. She was aware the staff posting on Monday, at the beginning of the annual survey, was incorrect and showed the previous Thursday and Friday information. She worked Monday through Friday and tried to remember to change the staff posting before she left work on Friday nights to reflect the weekend information. She also missed updating the staff posting on Tuesday of this week.</p> <p>A current facility policy, last reviewed on 11/26/24 and titled, Area of Focus: Facility Staffing Posting, was provided by the Regional Clinical Support on 3/7/25 at 11:04 a.m., and indicated the following: .The facility needs to post nurse staffing information in a prominent place where it is accessible to residents and visitors. The data should be clear, readable, up to date and current . The nurse staffing data needs to be posted on a daily basis at the beginning of each shift .</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48146</p> <p>Based on observation and interview, the facility failed to ensure insulin (a medication to treat diabetes mellitus) pens were dated when opened and disposed of when expired for 1 of 4 carts reviewed for medication storage. (Hickory Hall 2 cart)</p> <p>Finding includes:</p> <p>During a medication storage observation of the Hickory Hall 2 cart, accompanied by LPN 14 on [DATE] at 9:55 a.m., the following was observed:</p> <p>One undated NovoLog (aspart insulin) Flexpen with 10 units remaining and one lispro (insulin) KwikPen, dated [DATE], with 185 units remaining.</p> <p>During an interview, at the time of the observation, LPN 14 indicated insulin was good for 28 days and all insulin pens and vials should be dated when opened. The lispro insulin was expired and should not be given to the resident. LPN 14 indicated there were 9 diabetic residents who received medication from the Hickory Hall 2 medication cart.</p> <p>During an interview, on [DATE] at 2:21 p.m., the Director of Nursing (DON) indicated the expectation for staff was to date all insulin pens and vials on the day they were opened. Staff should be checking this date each time the medication was utilized to ensure it was not expired.</p> <p>A current facility policy, revised [DATE], titled, Storage and Expirations Dating of Medications and Biological's, provided by the Administrator on [DATE] at 1:30 p.m., indicated the following: .11. Once any medication or biological package is opened, facility should follow manufacturer/supplier guidelines with respect to expiration dates for opened medications. Facility staff should record the date opened on the primary medication container (i.e., vial, bottle, inhaler) when the medication has a shortened expiration date once opened or opened .11.3 If a multi-dose vial of an injectable medication has been opened or accessed (e.g. needle-punctured), the vial should be dated and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial .</p> <p>3XXX,d+[DATE](j)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>09676</p> <p>Based on observation, interview and record review, the facility failed to ensure food was prepared and served using safe sanitary food preparation and handling methods. This deficient practice has the potential to impact 69 of 69 residents who received their meals from the kitchen.</p> <p>Findings include:</p> <p>During the lunch meal preparation and service on 3/6/25 from 11:48 a.m. to 12:10 p.m., the following concerns were observed:</p> <p>At 11:51 a.m., Cook 6 touched the refrigerator door with her gloved hands. Using the same contaminated gloves, she removed two hot dogs from a plastic bag and placed them on plates to put them in the microwave.</p> <p>At 11:52 a.m., she used her same gloved hands to pull up her pants. She then removed her hotdogs from the microwave.</p> <p>At 11:53 a.m., she washed her hands and put on new clean gloves. She then went to the food service area where she began to serve food. Wearing the same gloves, she touched meal tickets, counter tops, trays, lids, end utensil handles.</p> <p>At 12:00 p.m., [NAME] 6 left the meal service area wearing her soiled gloves. She went into the dry storage area where she obtained a bag of hot dog buns. She opened the hot dog buns touching the exterior of the bag with her same soiled gloves. She then touched a hot dog and buns with the same soiled gloves she had been completing her other work.</p> <p>At 12:02 p.m., she touched a second hot dog and bun placing them on a plate, using her soiled gloves. She then touched tarter sauce packets with the same gloved hands.</p> <p>At 12:03 p.m., she moved a hot dog on the plate using her same gloved hands.</p> <p>At 12:05 p.m., she then touched a hamburger bun with her soiled gloved hands.</p> <p>At 12:08 p.m., she carried a hamburger bun on the flat palm of her soiled gloved hands over to the grill where a hamburger was being prepared.</p> <p>During an interview on 3/06/25 at 12:08 p.m., [NAME] 6 indicated she was not supposed to handle or serve food with her gloved hands.</p> <p>A current 9/8/22, facility policy titled Safe Food Handling, provided by the Dietary Manager on 3/6/25 at 3:15 p.m., indicated the following: .Cross-contamination-means to transfer of harmful substances or disease-causing organisms to food by hands, food contact surfaces, sponges, cloth towels, or utensils which are not cleaned</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>All food is handled carefully to avoid contamination with potentially harmful debris .</p> <p>3.1-21(i)(1)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>42685</p> <p>A. Based on observation and interview, and record review, the facility failed to utilize infection prevention and control practices related to hand hygiene during medication administration for 2 of 3 random residents reviewed during medication administration. (Residents 26 and 6)</p> <p>B. Based on observation, interview, and record review, the facility failed to implement and follow enhanced barrier precautions (EBP) for a resident at higher risk for infection with a wound and indwelling urinary catheter for 1 of 3 residents reviewed for pressure ulcers. (Residents 22)</p> <p>Findings include:</p> <p>A. During a medication administration observation on 3/5/25 from 8:46 a.m. to 8:48 a.m., LPN 13 performed hand hygiene after she prepared Resident 26's medications and entered the resident's room. She administered one spray of saline nasal solution 0.65% in each of the resident's nostrils. Without performing hand hygiene, she cleansed the resident's left upper arm with an alcohol wipe using her right hand, and administered the resident's Humalog using her right hand. She removed the needle from the insulin pen with her left hand and placed it in the sharps container. She did not don gloves during the nasal spray administration, nor when she removed the used needle. LPN 13 administered oral medications to the resident. After LPN 13 disposed of the medication cup into the trash, she administered fluticasone nasal spray with her ungloved hand and administered one spray to each nostril.</p> <p>During an interview on 3/5/25 at 4:48 p.m., LPN 13 indicated she should have washed her hands prior to the administration of the resident's insulin during the medication administration observation and after she administered the resident's nasal sprays. Gloves should have been used for nasal spray administration and insulin administration.</p> <p>During an interview on 3/6/25 at 2:44 p.m., the DON indicated gloves were required when nasal sprays and insulins were administered. Hand hygiene was required after medication administration and prior to touching other surfaces.</p> <p>A current facility policy, last revised 11/15/24, titled Medication Administration through certain Routes of Administration, provided by the DON on 3/6/25 at 3:00 p.m., indicated the following: Applicability . establishes guidelines for the safe and effective administration of medications through various routes of administration in a long-term care [LTC] facility. It ensures that medications are administered according to best practices, physician orders, and in compliance with current practice guidelines, and state and federal regulations .</p> <p>Subcutaneous [sic] Injections . Procedure . 7. Perform hand hygiene and don gloves . 11. Cleanse site with alcohol swab beginning at center of site and rotating outward approximately 2 inches. Allow skin to dry completely; do not fan or blow on site . 14. Inform resident he/she will feel a slight pinch, pressure or stinging sensation as the medication is injected . 16. After injection, remove needle quickly and gently . 19. Remove gloves and perform hand hygiene .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Nasal Medications . 4. Perform hand hygiene and put on gloves . 6. Shake the suspension well . 11. Atomizer (Nasal Spray) . Occlude one nostril . Insert atomizer tip into open nostril. Instruct resident to inhale and squeeze atomizer once, quickly, and firmly. Repeat if ordered, then repeat on other side, if appropriate . 13. Replace cap/cover; discard barrier. 14. Remove and dispose of gloves and perform hand hygiene</p> <p>B.1. During a random observation on 3/3/25 at 3:00 p.m., Resident 22 rested in her bed. A urinary catheter was hung on the bed frame.</p> <p>Resident 22's clinical record was reviewed on 3/4/25 at 3:47 p.m. Diagnoses included unspecified dementia, flaccid neuropathic bladder, need for assistance with personal care, and stage four pressure ulcer of the sacral region.</p> <p>A current physician's order, dated 2/28/25, indicated to cleanse the left buttock/coccyx area with normal saline and pat dry. Place a small amount of Medihoney (wound treatment) on the wound on day shift every 3 days and as needed for soilage or dislodgement.</p> <p>The clinical record lacked an order for enhanced barrier precautions.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 1/29/25, indicated the resident had severe cognitive impairment. She was dependent on staff assistance for eating, toileting, dressing, bathing, repositioning, and personal hygiene. She utilized an indwelling urinary catheter and always had bowel incontinence. She was at risk for pressure ulcers and had one stage three pressure ulcer that was present on admission. Skin interventions included a pressure reducing device for the bed, a pressure reducing device for the chair, and pressure ulcer care.</p> <p>A current care plan, dated 12/20/24, indicated the resident had a stage two pressure area to the left buttocks/coccyx, unavoidable, related to the end of life. Interventions included the following: pressure reducing mattress (12/20/24), treatment as ordered (12/20/24), and Prosource and Med Pass (supplements) as ordered (12/23/24). The care plan lacked interventions for enhanced barrier precautions.</p> <p>A left buttock pressure wound assessment, dated 2/28/25, indicated the wound was present on admission. It was a partial thickness loss wound with exposed dermis. The wound to the left buttock was healing well and measured 0.9 centimeters (cm) length by 0.8 cm width by 0.1 cm depth. There was no drainage, wound edges were clean, and the surrounding skin was pink. There were no signs of infection.</p> <p>During an observation on 3/5/25 at 4:05 p.m., Resident 22 was lying in bed turned slightly to her left side on a low air loss mattress. The urinary catheter was hung on the right side bed frame.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/07/2025
NAME OF PROVIDER OR SUPPLIER  Woodlands The		STREET ADDRESS, CITY, STATE, ZIP CODE  3820 W Jackson St Muncie, IN 47304	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a wound care observation for Resident 22 on 3/6/25 from 9:45 a.m. to 9:49 a.m., a urinary catheter drainage bag was hung on the frame of the bed. LPN 7, CNA 11, and the Staff Development Coordinator (SDC) entered the room. The SDC stood at the foot of the bed. CNA 11 donned gloves and leaned in, with her clothing directly against the resident's bed linens and catheter tubing, and she rolled the resident onto her left side. LPN 7 washed her hands in the sink after placing wound care supplies on the overbed table. LPN 7 donned gloves, removed the old dressing from the resident's sacral area, doffed her gloves, and washed her hands. LPN 7 donned clean gloves, performed cleansing of the wound, doffed her gloves, and washed her hands. With clean gloves, she measured the open wound which was slightly smaller than a dime coin with no discernable depth. LPN 7 doffed her gloves, washed her hands, donned clean gloves, and applied the Medihoney to the wound bed with a cotton tipped applicator. The wound was covered with the new dated dressing. CNA 11 assisted the resident to her back. Both CNA 11 and LPN 7 leaned in with their clothing directly against the bed linens and repositioned the resident. CNA 11 and LPN 7 did not wear gowns during the wound care observation.</p> <p>During an interview on 3/6/25 at 10:01 a.m., LPN 7 indicated Resident 22's room lacked indication that enhanced barrier precautions in place. Residents who required enhanced barrier precautions typically had a yellow PPE canister on the door and an enhanced barrier precaution sign similar to a room just down the Southern Pines Unit. She believed residents were in enhanced barrier precautions if they had specific bacteria in their urine. LPN 7 was uncertain what other reasons a resident required enhanced barrier precautions. She was not aware she should have followed enhanced barrier precautions and worn additional PPE when a resident had wounds or a urinary catheter.</p> <p>During an interview on 3/6/25 at 10:14 a.m., the SDC indicated the resident's room lacked indication of enhanced barrier precautions being in place. Neither LPN 7 nor CNA 11 wore gowns during high contact care during the wound care observation. The SDC was responsible for staff education.</p> <p>During an interview on 3/6/25 at 10:28 a.m., CNA 12 indicated residents who had central lines, feeding tubes, respiratory devices, and catheters required enhanced barrier precautions. Staff were required to wear gowns, masks, gloves, and potentially goggles to provide care for enhanced barrier precautions. When enhanced barrier precautions were implemented, the resident's door had an EBP sign and a PPE canister on the outside of the resident's door. Staff were required to clarify what PPE had to be worn in the room prior to entering the room for resident care in the event a resident had a urinary catheter without an EBP sign on their door,</p> <p>During an interview on 3/6/25 at 10:35 a.m., CNA 11 indicated she had not followed EBP during the wound care observation because an EBP sign and PPE canister was not on the resident's door. Residents with an open wound, catheter, tracheostomy, central lines, and dialysis access devices were required to have EBP. She regularly provided Resident 22's care since she admitted to the facility and she had never seen an EBP sign nor a PPE canister on the resident's door. The resident had an open wound and a urinary catheter since admission. To her knowledge, the resident had not been in EBP prior to the wound care observation on 3/6/25.</p> <p>A current facility policy, last revised 3/21/24, titled Enhanced Barrier Precautions, provided by the Administrator on 3/6/24 at 11:00 a.m., indicated the following: Policy . The facility should use Enhanced Barrier Precautions [EBP] as an additional MDRO [Multi-drug Resistant Organism] mitigation strategy for residents that meet the following criteria, during high-contact resident care activities;</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>EBP are indicated for resident with any of the following: . 2. Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO</p> <p>3.1-18(l)</p> <p>3.1-18(b)(2)</p>		