STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155783	A. Building B. Wing	09/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenleaf Health Campus	1201 E Beardsley Ave Elkhart, IN 46514

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to organize and participate in resident/family groups in the facility. Based on record review and interviews, the facility failed to ensure resident and resident group grievances regarding call lights were answered in a timely manner.During a Resident Council Meeting on 9/23/2025 at 2:08 P.M. 4 of 5 residents indicated call light wait times are 20-30 minutes or more and this happens 3-4 times a week, especially at night. At times they are told by the aide they will be back but never come back. A review of past Resident Council minutes indicated call light response times were a concern on 7/14/2025, 8/15/2025, and 9/5/2025. During an interview on 9/24/2025 at 8:22 P.M., LPN 8 indicated she there were 2 CNAs on the 300 hall, which was normal. During an interview on 9/24/2025 at 8:46 P.M., the ED indicated there was 1 nurse and 1 CNA working the 100 hall and 1 QMA and 2 CNAs on the 200 hall. An audit of call light response time reports on 9/26/2025 at 11:15 A.M. indicated between 8/25 and 9/22/2025 on the 200 hall there were 55 occasions where it took greater than 30 minutes to answer the call light. Of those 55 long response times, 5 were greater than 60 minutes. During an interview on 9/26/2025 at 1:02 P.M., the ED indicated she does have enough staff. Call lights should be answered within 15-20 minutes. The long call light times usually occur during mealtimes, in the morning when getting residents out of bed, and at shift change. The 200 hall tends to be the heaviest as far as care goes and was recruiting for an additional CNA for that hall. A policy for call light response times was requested, on 9/26/2025 at 1:02 P.M., but one was not provided. 3.1-17(a)

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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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. Based on record review and interview the facility failed to ensure nursing staff had the competencies to administer medications timely and/or sign off medications immediately after administration for 4 of 5 residents reviewed for medications. (Residents 3, 10, 37, and 64) This deficient practice involved the following staff: QMA 5, QMA 7, RN 8, RN9, QMA 10, LPN11, RN12, QMA 13, LPN 14, QMA 15, RN 16 and RN 17Findings include:1. A record review for Resident 3 was completed on 9/24/2025 at 9:18 A.M. Diagnoses included, but were not limited to, type 2 diabetes mellitus, dementia without behaviors, generalized anxiety disorder, and atrial fibrillation. Physician Orders for Resident 3 included, but were not limited to: -calcium citrate (supplement) 250 milligram (mg) by mouth twice a day. -carbamazepine (antiseizure) 300 mg by mouth twice a day. -carbamazepine 100 mg by mouth once a day. -vitamin D3 (supplement) 25 micrograms (mcg) by mouth once a day. -duloxetine (antidepressant) 30 mg by mouth once a day. -Eliquis (anticoagulant) 5 mg by mouth twice a day. -furosemide 20 mg by mouth once a day. -lispro insulin (quick acting) sliding scale subcutaneously before meals and at bedtime. -metformin 500 mg by mouth once a day. -pantoprazole (decreases stomach acid production) 40 mg by mouth once a day. -propanol 20 mg (antihypertensive) 20mg by mouth once a day A review of Resident 3's Medication Administration Record (MAR) from August 1st through September 26th, 2025, indicated the following medications had been administered late (30 minutes late or later than prescribed): -calcium citrate 5 times. -carbamazepine 300 mg 5 times. -carbamazepine 100mg 2 times. -vitamin D3 5 times. -duloxetine 4 times. (continued on next page)

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Eliquis 5 times. -furosemide 4 times. -metformin 5 times. -pantoprazole 6 times. -propranolol 7 times. -sertraline 3 times. The following staff were responsible for administering medications late: QMA 5, RN 8, RN 9, QMA 10, LPN 11, and RN 12. During an interview on 9/25/2025 at 10:45 A.M., the DON indicated there were two ways medications were ordered. If the medication was ordered for a specific time frame, for example, a medication ordered to be administered from 6 A.M. – 10 A.M., the medication would be considered late if it was administered at 10:01 A.M. or later. If the medication was ordered for a specific time, for example, the medication had been ordered for 6 A.M., the medication would be considered late if administered at 7:01 A.M. or later. The DON indicated most medications were administered on time, but the staff had not signed off on the medication administration form until late. The DON indicated medication administration should be signed off in the resident's record as soon as the medication was administered. 2. Resident 10's record review was completed on 9/26/2025 at 8:30 A.M. Diagnoses included, but were not limited to: major depressive disorder, anxiety disorder, dementia, atrial fibrillation and hypertension. Resident 's 10 current Physicians' orders included, but were not limited to: -500 mg acetaminophen (treats pain) once a day -50 mg of metoprolol (treats hypertension) twice a day -150 mg of bupropion (treats depression) once a day -1 tablet B-complex (vitamin b) once a day A review of Resident 10's August and September MARs indicated the following medications had been charted or administered late: (30 minutes late or later) - acetaminophen had been late 15 times - metoprolol had been late 7 times - bupropion had been late 7 times - B-complex had been late 7 times (continued on next page)

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The following staff had been responsible for administering late medications to Resident 64 from 8/1/2025 to 9/26/2025: RN 8, RN 9, QMA 10, QMA 15, RN 16 and RN 17. 3. Resident 37's record review was completed on 9/26/2025 at 9:00 A.M. Diagnoses included, but were not limited to: Alzheimer's disease, dementia, hyperlipidemia, hypertension major depressive disorder, generalized anxiety disorder and gastroesophageal reflux disease (GERD). Resident 37's Physicians' orders from 8/1/2025 to 9/18/2025 included, but were not limited to: -0.5 mg alprazolam (treats anxiety) twice a day -2 mg aripiprazole (treats depression) once a day -cholecalciferol (vitamin D3) once a day -20 mg famotidine (treats GERD) one a day -10 mg lisinopril (treats hypertension) once a day -10 mg memantine (treats Alzheimer's disease and dementia) twice a day -150 mg venlafaxine (treats depression) once a day A review of Resident 37's August and September MARs indicated the following medications had been charted or administered late: (30 minutes late or later) - alprazolam had been late 7 times -aripiprazole had been late 6 times -cholecalciferol had been late 6 times -famotidine had been late 6 times -lisinopril had been late 6 times -memantine had been late 6 times -venlafaxine had been late 6 times The following staff had been responsible for administering late medications to Resident 37 from 8/1/2025 to 9/26/2025: RN 8, RN 9, RN 12, and QMA 15. 4. Resident 64's record review was completed on 9/26/2025 at 9:30 A.M. Diagnoses included, but were not limited to: bipolar disorder, anxiety disorder, chronic obstructive pulmonary disease, splenomegaly and malignant carcinoid tumor of the bronchus and lung. Resident 64's Physicians' orders from 8/1-9/18/2025 included, but were not limited to: (continued on next page)

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-1 puff umeclidinium-vilanterol (inhaler for COPD) once a day -200 mg carbamazepine (treats bipolar disorder) once a day -3.125 mg carvedilol (treats hypertension) twice a day -20 mg furosemide (diuretic) once a day -insulin lispro or aspart (quick acting) sliding scale before meals dependent on resident's before meal blood sugar -18 units insulin lispro or aspart before meals -500 mg methocarbamol (muscle relaxant) three times a day -4 mg ondansetron (treats nausea) every 6 hours -200 mg pregabalin (treats diabetic neuropathy) three times a day -100 mg sertraline (antidepressant) once day A review of Resident 64's August and September MARs indicated the following medications had been charted or administered late: (30 minutes late or later) -umeclidinium-vilanterol had been late 10 times - carbamazepine had been late 6 times -carvedilol had been late 6 times -furosemide had been late 6 times -18 units insulin lispro or aspart before meals had been late 31 times - sliding scale insulin lispro or aspart before meals had been late 13 times -methocarbamol had been late 5 times -ondansetron had been late 23 times -pregabalin had been late 37 times -sertraline had been late 6 times The following staff had been responsible for administering late medications to Resident 64 from 8/1/2025 to 9/26/2025: QMA 5, QMA 7, RN 8, RN 9, LPN 11, RN 12, QMA 13, LPN 14 and QMA 15. During an interview on 9/26/2025 at 10:45 A.M., the DON indicated staff were accessed for skill competency on medication administration times and documenting routine as well as as needed (continued on next page)

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	medications during orientation. During an interview on 9/26/2025 at 1:30 P.M., QMA 7 indicated medications had been administered on time for Resident 64, but she had not signed off on all the medications in the record until later in the shift. QMA 7 indicated medications should be signed off in the medical record as soon as the medication had been administered. During an interview on 9/26/2025 at 1:35 P.M., QMA 5 indicated resident's medications should be signed off on in the medical record once the medication had been administered. QMA 5 indicated sometimes she missed a medication sign off during medication administration time frame, but she had put a note in the chart indicating the medication had been administered on time. During an interview on 9/26/2025 at 1:45 P.M., RN 12 indicated medications were late if they had been administered more than one hour after the scheduled time. RN 12 indicated medications had not been administered timely and there had not been a note documented to indicate why the medication had been administered late for Residents 37 and 64. On 9/26/2025 at 1:54 P.M., the Regional Clinical Support Nurse (RCSN) provided checklists titled, Job Specific Orientation and Nurse New Hire. The RCSN indicated all staff had completed their orientation checklists. The Job Specific Orientation and Nurse New Hire checklists indicated QMA 5, QMA 7, RN 8, RN9, QMA 10, LPN11, RN12, QMA 13, LPN 14, QMA 15, RN 16 and RN 17 had been assessed for medication administration and documentation of medication administration. On 9/26/2025 at 1:54 P.M., the RCSN provided an undated policy titled, Guidelines for Administration of Medication and indicated it was the one currently used by the facility. The policy indicated, .24 When administering a medication, the following steps should be followed. b. Make note of the five rights, to assure the proper administration of the medication. v. right time. f. Record the time. 3.1- (b)(5)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, interview and record review, the facility failed to maintain oxygen equipment in a sanitary manner related to dating oxygen tubing and cleaning equipment for 3 of 9 residents who were reviewed. (Residents 64, 60 and 21)Findings include:1. During an observation on 9/23/2025 at 10:22 A.M., Resident 64's portable oxygen tank and nasal cannula were hanging in the bathroom.During an observation on 9/25/2025 at 8:45 A.M., Resident 64's portable oxygen tank and nasal cannula were hanging in the bathroom.During an interview on 9/25/2025 at 9:10 A.M., Resident 64 indicated the oxygen tank and nasal cannula she was currently using had been the oxygen tank and nasal cannula from her bathroom.Resident 64's record review was completed on 9/26/2025 at 9:30 A.M. Diagnoses included, but were not limited to: bipolar disorder, anxiety disorder, chronic obstructive pulmonary disease, splenomegaly and malignant carcinoid tumor of the bronchus and lung.Resident 64 had a current Physician's order indicating she was to receive 4 Liters (L) continuous oxygen through a nasal cannula.During an interview on 9/25/2025 at 9:30 A.M., the Director of Nursing (DON) indicated oxygen equipment should not have been stored in the bathroom and if a resident was not using their nasal cannula, the nasal cannula should have been stored in a bag.2. During an observation on 9/23/2025 at 10:46 A.M., Resident 60's continuous positive airway pressure (CPAP) mask was in a bag, dated 9/8/2025, and had a build up of a brown substance on the inside of the mask.During an interview on 9/23/2025 at 10:47 A.M., Resident 60 indicated the brown substance on the inside of her CPAP mask was her make-up. Resident 60 could not recall when her mask had last been cleaned, but indicated it had been at least two weeks ago.During an observation, on 9/25/2025 at 9:33 A.M., of Resident 60's CPAP machine, the DON indicated Resident 60's CPAP mask was dirty and confirmed that the bag storing the CPAP mask was dated 9/8/2025. The DON indicated it was the facility's policy to change the CPAP storage bags weekly.Resident 60's record review was completed on 9/25/2025 at 2:00 P.M. Diagnoses included but were not limited to: respiratory failure with hypoxia, cardiomegaly, anxiety disorder, dementia and chronic fatigue.Resident 60 had a current Physician's order to wash the mask and tubing of the resident's CPAP machine weekly.3. During an observation on 9/23/2025 at 2:10 P.M., Resident 21 was receiving oxygen through a nasal cannula. The nasal cannula tubing was noted dated. The resident's CPAP mask appeared to have a thick build up of a clear substance inside of the mask.During an observation on 9/25/2025 at 9:37 A.M. of Resident 21 and their CPAP machine with the DON, she confirmed Resident 21's CPAP mask was dirty and the nasal cannula Resident 21 was wearing was not dated. The DON indicated it was the facility's policy to change the CPAP storage bags weekly.Resident 21's record review was completed on 9/25/2025 at 2:40 P.M. Diagnoses included, but were not limited to: chronic respiratory failure with hypercapnia and hypoxia, heart failure, dementia, chronic obstructive pulmonary disease and hypertension.Resident 21 had current Physician's orders indicating she was to receive 2 L continuous oxygen through a nasal cannula and staff were to wash her CPAP mask and replace the tubing weekly.On 9/26/2025 at 1:54 P.M., the Regional Clinical Support Nurse (RCSN) provided a policy dated, 12/16/2024 and titled, Administration of Oxygen. The RCSN indicated the policy was the one currently used by the facility. The policy indicated, .1. Verify physician's order for the procedure .14. Date the tubing for the date it was initiated .20. a. Tubing should be changed monthly and PRN .Check the mask, tank humidifying jar to be sure they are in good working order 3.1-18 (a)

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on interview and record review, the facility failed to have a process for residents to file a grievance anonymously. This had the potential to affect 57 of 57 residents who resided in the facility. Finding includes:During a Resident Council meeting on On 9/23/2025 2:08 P.M., 5 out of 5 residents did not know how to file a grievance without staff assistance. During an interview on 9/23/2025 at 2:21 P.M., the Life Enrichment Director (LED) indicated he helped residents file grievances. If a resident wanted to file a grievance, the LED opened the grievance application (app) on one of the facility's computers and filled out the grievance for the resident. He indicated in order to file a grievance without the help of staff, the resident would need a cell phone and would have had to scan a Quick Response (QR) code (two-dimensional barcode that stores information as a pattern of black and white pixels and is scanned by a smartphone camera to provide instant access to data, such as website links, text, or contact information) to access the grievance forms. On 9/25/2025 10:15 A.M., the Executive Director (ED) indicated the facility used an electronic application (app) to allow residents to file a grievance by scanning a QR code. The app to file a grievance was only accessible to residents who possessed a smartphone and knew how to scan a QR code or by requesting access and assistance from a staff member. On 9/25/2025 at 10:15 A.M., the ED supplied a policy dated, 12/16/2024, and titled, Resident Concern Process. The ED identified the policy as the one currently used by the facility. The policy did not have a provision to ensure the resident or their family had a process to submit a grievance anonymously. 3.1-3(a)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on interview and record review the facility failed to ensure staff followed a care plan requiring resident care to be performed in pairs for 1 of 16 residents whose care plans were reviewed. (Resident 1)Finding includes:A record review for Resident 1 was completed on 4/24/2025 at 10:51 A.M. Diagnoses included, but were not limited to, cognitive communication deficit.A Quarterly Minimum Data Set (MDS) assessment, dated 8/15/2025, indicated Resident 1's cognition was intact. he was able to be understood, understood others, had exhibited no behavioral issues and required substantial to maximal assistance for transfers.A Physician's Order, dated 5/13/2025, indicated Resident 1 was to receive care in pairs (two staff members were to assist or be in the room during care).A Care Plan Problem, initiated on 5/2/2024, indicated Resident 1 had made false accusations toward staff and was to receive care in pairs. Another problem, titled Profile Care Guide, indicated that as of 5/2/2025 Resident 1 was to receive care in pairs.A facility reported incident, dated 7/6/2025, indicated Resident 1's family reported a CNA (Certified Nurse Assistant) had spoken rudely to him and told him not to put his call light on again. The investigation indicated the CNAs statement, obtained as part of the investigative process, indicated that Resident 1's call light was on and she had answered the call light and had assisted Resident 1 from the toilet to his wheelchair. The CNA indicated she had not been rude and had said nothing about the call light when she had provided care.During an interview on 9/25/2025 at 9:33 A.M., CNA 2 indicated she knew what care her residents required by looking at the care plan. She indicated three residents on her hall required care in pairs, meaning 2 staff members were needed to provide care, and Resident 1 was one of the residents that required care in pairs. In the July incident ,she had not had another staff member in the room when she transferred Resident 1.During an interview on 9/26/2025 at 9:36 A.M., the ED indicated care in pairs meant that another staff member needs to be present for any care, or interaction with that resident. On 7/6/2025 the CNA did not have another staff member present as stated in the plan of care and task assignment. On 9/26/2025 at 1:54 P.M., the Regional Clinical Support provided a current policy, dated 12/17/2024, and titled, Comprehensive Care Plan Guideline. The policy indicated, .Pertinent care plan approaches are communicated to the nursing staff per the Care Assist profile 3.1-35(d)(1)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on observation, interview, and record review, the facility failed to assess a skin condition and notify the physician of a change in condition for 1 of 1 resident reviewed for skin conditions. (Resident 36)Finding includes:During an observation on 9/23/2025 at 10:18 A.M., numerous dark red ecchymotic areas were noted on both of Resident 36's arms. A record review for Resident 36 was completed on 9/24/2025 at 4:16 P.M. Diagnoses included, but were not limited to, atrial fibrillation. A Quarterly Minimum Data Set (MDS) assessment, dated 7/2/2025, indicated Resident 36's cognition was intact; he was dependent on staff for bathing, dressing, and transferring needs; and took daily antiplatelet and anticoagulant medications.09/23/2025 10:18 AM Has numerous dark red ecchymosis areas on his arms; he could not say what happened Physician orders for Resident 36 included, but were not limited to:-6/30/2025 Eliquis (an anticoagulant) 5 milligrams (mg) by mouth twice a day.-6/30/2025 Plavix (an antiplatelet) 75 mg by mouth once a day. A Care Plan Problem initiated on 7/3/2025 indicated Resident 36 was at risk for excessive bleeding and bruising. An intervention included indicated staff were to notify the physician of any abnormal bleeding and/or bruising. During an interview on 9/26/2025 at 9:14 A.M., the DON indicated that the nurse had completed a weekly skin assessment on 9/25/2025 and noted the areas on Resident 36's arms. The DON did not know why the bruising was not noticed between 9/23/2025 and 9/25/2025 but it should have been noted and assessed. During an interview on 9/26/2025 at 9:20 A.M., LPN 3 indicated the CNAs were to report any skin issues or changes in condition they noticed. She indicated the bruises should have been noticed during his showers, which were done on Wednesdays and Saturdays, or during the weekly skin check. She indicated the bruises should have been assessed and the physician notified. The Regional Clinical Support provided a current policy, dated 12/17/2024, and titled, Guidelines For Weekly Skin Observation. The policy indicated, .A full body observation shall be completed weekly by the licensed nurse The Regional Clinical Support provided a current policy, dated 12/17/2025, and titled, Physician-Provider Notification Guidelines. The policy indicated, .Resident assessments for change in condition , suspected injury, event of unknown origin or ordered lab and/or other diagnostic tests should be completed in a timely manner 3.1-37(a)

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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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. Based on record review and interview, the facility failed to follow a Pharmacist's recommendation related to obtaining blood laboratory work for 1 of 5 resident's who were reviewed for unnecessary medications. (Resident 64)Finding includes: Resident 64's record review was completed on 9/26/2025 at 9:30 A.M. Diagnoses included, but were not limited to: bipolar disorder, anxiety disorder, chronic obstructive pulmonary disease, splenomegaly and malignant carcinoid tumor of the bronchus and lung. Resident 64 had a current Physician's order indicating she was to receive 400 milligrams (mg) of carbamazepine (anticonvulsant medication used to treat epilepsy, nerve pain, and bipolar disorder) every morning and 600 mg of carbamazepine daily at bedtime. A review of Resident 64's Pharmacist Drug Regimen review, dated12/24/2024, indicated the Pharmacist had recommended monitoring the serum drug level of carbamazepine on the next lab day and every six months after. On 1/8/2025, the facility's Nurse Practitioner (NP) replied to the Pharmacist recommendation that the serum lab of carbamazepine level would be ordered. Resident 64's record lacked the documentation that her serum lab related to carbamazepine had been ordered after 1/8/2025 or before 9/26/2025. During an interview on 9/26/2025 at 11:05 A.M., the Director of Nursing (DON) indicated she had believed the NP had ordered the lab, but it was the her responsibility to be sure the order had been placed. On 9/26/2025 at 1:54 P.M., the Regional Clinical Support Nurse (RCSN) provided a policy dated, 12/16/2024 and titled, Pharmacy Recommendations Standard Operating Procedure. The RCSN indicated the policy was the one currently used by the facility. The policy indicated, .Campus will address pharmacy recommendations by: 2. The medical provider will respond to the recommendation and sign, 3. Campus staff will update the observation in the record and mark it complete, 4. Update orders if appropriate 3.1-25 (i)