

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/15/2025
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NAME OF PROVIDER OR SUPPLIER LINCOLNSHIRE PLACE - FORT WAYNE	STREET ADDRESS, CITY, STATE, ZIP CODE 11911 DIEBOLD ROAD FORT WAYNE, IN 46845
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: July 15 and 16, 2025</p> <p>Facility number: 013687</p> <p>Residential Census: 41</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality reiew completed July 17, 2025</p>	R 0000		
R 0414 Bldg. 00	<p>410 IAC 16.2-5-12(k) Infection Control - Deficiency</p> <p>Based on observation, interview, and record review the facility failed to ensure hand hygiene was completed for 1 of 1 resident observed. (Resident 25)</p> <p>Findings include:</p> <p>During an observation, on 7/15/25 at 09:44 AM, the following was observed: Certified Nurse Aide (CNA) 2 provided perineal incontinence care for Resident 25 while wearing gloves. CNA 2 continued to wear the same gloves while dressing the resident, transferring the resident to a specialized chair, and then wiped Resident 25's face with a moist washcloth. Hand hygiene was not performed. CNA 2 applied clear ointment to resident's skin around her left eye, then doffed gloves and disposed of them into the trash.</p>	R 0414	<p>1 Immediately following observation, CNA 2 was in-serviced on correct handwashing, hand hygiene and resident care policies and procedures. CNA 2 attended and signed off on correct policies and procedures. CNA 2 demonstrated understanding and competency to the Director of Nursing immediately after training on 7/15/25.</p> <p>2 Director of Nursing will immediately audit handwashing/hand hygiene and resident care practices with nursing staff to ensure overall compliance. Any deficiency identified will be in-serviced and corrected immediately.</p>	07/23/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Tyler Weillbaker	Administrator	07/23/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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>During an interview, on 7/15/25 at 10:00 AM, CNA 2 indicated the same gloves had been worn for the entire observation. CNA 2 indicated hand hygiene should have been performed after incontinence care and before applying ointment around the resident's eye.</p> <p>Resident 25's record was reviewed on 7/15/25 at 11:30 AM, diagnoses included chronic dacryocystitis of the left lacrimal passage, bilateral glaucoma, senile degeneration of brain and delusional disorders. Purlent drainage from Resident 25's eyes was documented on a 7/6/25 progress note. Erythromycin ointment was ordered for the drainage and treatment was completed on 7/13/25.</p> <p>A current policy, undated, provided by the Administrator indicated the facility requires staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>During an interview, on 7/16/25 at 10:20 AM, the Administrator indicated the facility follows the CDC Guidelines for Hand Hygiene.</p> <p>During an interview, on 7/16/25 at 11:25 AM, the Director of Nursing indicated hand washing should have been completed after incontinence care.</p> <p>A review of "Clinical Safety: Hand Hygiene for Healthcare Workers Clean Hands CDC.gov" indicated hand hygiene will be performed before moving from work on a soiled body site to a clean body site on the same patient, after touching a patient or patient's surroundings, and or after contact with blood, body fluids, or contaminated surfaces.</p>		<p>3 All staff will be in-serviced on correct handwashing/hand hygiene and related resident care policies and procedures. This was taken place on 7-23-25. Lincolnshire Place will add these materials to the in-service again in fall 2025 and spring 2026. Random handwashing audits will be completed monthly with staff from July 2025 until July 2026.</p> <p>4 The quality assurance committee will audit these corrections quarterly to ensure compliance. Any non-compliance will be identified and corrected immediately. Inservice records will be kept on file and monthly random handwashing/hand hygiene audits will be recorded and kept in the quality assurance binder.</p> <p>5 These systematic changes were completed on 7/23/25.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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