

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 04/02/2013
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NAME OF PROVIDER OR SUPPLIER  LAMPLIGHT INN OF FORT WAYNE	STREET ADDRESS, CITY, STATE, ZIP CODE 300 E WASHINGTON BLVD FORT WAYNE, IN 46802
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R000000	<p>This visit was for Investigation of Complaint IN00126748.</p> <p>Complaint IN00126748 - Substantiated. State deficiencies related to the allegations cited at R0052 and R0147.</p> <p>Survey date: April 2, 2013.</p> <p>Facility number: 012288 Provider number: 012288 AIM number: NA</p> <p>Survey team: Christine Fodrea, RN, TC</p> <p>Census bed type: Residential: 102 Total: 102</p> <p>Census payor type: Medicaid: 57 Other: 45 Total: 102</p> <p>Sample: 3</p> <p>These State findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on April 4,</p>	R000000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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.

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	2013, by Janelyn Kulik, RN			

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R000052	<p>410 IAC 16.2-5-1.2(v)(1-6) Residents' Rights - Offense (v) Residents have the right to be free from: (1) sexual abuse; (2) physical abuse; (3) mental abuse; (4) corporal punishment; (5) neglect; and (6) involuntary seclusion.</p> <p>Based on observation, interview and record review the facility failed to protect 2 of 3 residents reviewed for neglect in a sample of 3. (Resident #I and Resident #J)</p> <p>Findings include:</p> <p>Resident #J's record was reviewed 4-2-2013 at 11:00 AM. Resident #J's diagnoses included, but were not limited to, dementia, high blood pressure, and chronic pain.</p> <p>During initial tour on 4-2-2013 at 9:15 AM, a smell of cigarette smoke was noted in the hall close to room 523.</p> <p>In an interview on 4-2-2013 at 9:17 Am, the Director of Nursing indicated Resident #J had been non compliant with the facility smoking policy and would not open her room door because she was probably smoking in her room.</p>	R000052	<p>All processes will be reviewed quarterly, and adjustments made accordingly. Our plan is to continue providing sexual education to all residents. Condoms are available to all residents at all times located in the nurses station. Resident will be assessed quarterly and as needed with significant change for judgement and insight. Resident deficient in these areas will be referred to specialist for Care planning and placement recommendation. According to the ISDH Reportable Incident Policy (revised 1/15/2013), Under Sexual abuse. It is only reportable if a.) Staff to resident b.) Resident to Resident, non-consensual sexual acts.) c.) Resident to Resident, sexual acts when both parties are considered mentally incompetent or dependent. And injury is sustained. d.) Other, Visitor to resident, non-consensual sexual acts. All outlined on page 2 of policy. Resident I did not file an official or unofficial complaint against the male party of this incident. Therefore no allegations of abuse were ever reported.</p>	04/08/2013			

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	<p>Nurse's notes dated 3-24-2013 at 9:30 PM indicated Resident #J was sitting in her room smoking a cigarette. The note further indicated Resident #J put the cigarette out when she was asked to.</p> <p>A Resident Assessment/ Service form dated 2-5-2013 indicated Resident #J was disoriented part of every day, made poor decision, required cueing and supervision, had difficulty remembering and using information, and had behavior that created difficulty daily.</p> <p>There was no written plan available for review regarding Resident #J's smoking in her room.</p> <p>A smoking policy signed by Resident #J dated 10-24-2012 indicated Resident would smoke in designated areas only.</p> <p>This State tag relates to Complaint IN00126748.</p>						

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R000147	<p>410 IAC 16.2-5-1.5(d) Sanitation and Safety Standards - Deficiency (d) The facility shall comply with fire and safety standards, including the applicable rules of the state fire prevention and building safety commission (675 IAC) where applicable to health facilities.</p> <p>Based on observation, interview and record review the facility failed to enforce the smoking policy for 1 of 1 residents reviewed for smoking in a sample of 3. (Resident #J)</p> <p>Findings include:</p> <p>Resident #J's record was reviewed 4-2-2013 at 11:00 AM. Resident #J's diagnoses included, but were not limited to, dementia, high blood pressure, and chronic pain.</p> <p>During initial tour on 4-2-2013 at 9:15 AM, a smell of cigarette smoke was noted in the hall close to room 523.</p> <p>In an interview on 4-2-2013 at 9:17 Am, the Director of Nursing indicated Resident #J had been non compliant with the facility smoking policy and would not open her room door because she was probably smoking in her room.</p> <p>Nurse's notes dated 3-24-2013 at 9:30 PM indicated Resident #J was sitting in her room smoking a</p>	R000147	<p>Resident was J was transferred to a locked unit with no access to obtaining smoking material. Resident will be assessed quarterly and with significant change for safety and care. Assessment will be reviewed and recommendations for proper placement will be given. If it is reported that a resident is not following our smoking policy, all smoking material will be removed from their person and apartment. They will be locked in the security room behind the front desk. They will only be allowed to obtain one cigarette at a time during the hours of 7 am-11pm. All processes will be reviewed quarterly, and adjustments made accordingly. Resident was seen by Rounding Providers. It was recommended she would be placed on Memory Unit due to her short-term memory impairment and her inability to remember smoking policy. Resident moved to memory floor on 4/18/2013. Scheduling a smoking safety meeting with all residents that smoke through the FWFD. In regards to "facility failed to enforce the smoking policy". Facility attempted to have Resident J assessed by physician</p>	04/18/2013			

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	<p>cigarette. The note further indicated Resident #J put the cigarette out when she was asked to.</p> <p>A Resident Assessment/ Service form dated 2-5-2013 indicated Resident #J was disoriented part of every day, made poor decision, required cueing and supervision, had difficulty remembering and using information, and had behavior that created difficulty daily.</p> <p>A smoking policy signed by Resident #J dated 10-24-2012 indicated Resident would smoke in designated areas only.</p> <p>This State tag relates to Complaint IN00121730.</p>		<p>in regards to non-compliance on non-smoking. On 3/12/13 resident's family notified staff that she had cigarette's in her possession. Staff staff attempted to remove them, and she refused. MD called with orders to send resident out to hosp. for evaluation of behaviors. Emergency personnel, including FWPD and TRAA. Both refused to transport her to the hospital because they considered her alert and oriented and stated "She has the right to refuse to go". APS notified for concerns and direction. Case manager suggested at this point in time, and without an unsafe incident being reported, all we could do is let her fail.</p>		