

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155249	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/17/2013
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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF FORT WAYNE	STREET ADDRESS, CITY, STATE, ZIP CODE 6006 BRANDY CHASE COVE FORT WAYNE, IN 46815
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F000000	<p>This visit was for the Investigation of Complaints IN00131979 and IN00132547.</p> <p>Complaint IN00131979 Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00132547 Substantiated. Federal/ State deficiencies related to the allegations are cited at F223, F225, and F226.</p> <p>Survey dates: July 16, and 17, 2013</p> <p>Facility number : 000153 Provider number: 155249 AIM number: 100266910</p> <p>Survey team: Christine Fodrea, RN, TC Carol Miller, RN (July 17 only)</p> <p>Census bed type: SNF/NF: 103 Total: 103</p> <p>Census payor type: Medicare: 8 Medicaid: 74 Other: 21 Total: 103</p>	F000000		

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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	<p>Sample: 7</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on July 19, 2013 by Randy Fry RN.</p>			

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F000223 SS=D	<p>483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION</p> <p>The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.</p> <p>Based on interview and record review the facility failed to ensure residents were free from feelings of being abused for 2 of 4 residents interviewed regarding abuse. (Resident #O and Resident #N)</p> <p>Findings include:</p> <p>1. Resident #O's record was reviewed 7-17-2013 at 1:32 PM. Resident #O's diagnoses included but were not limited to arthritis, depression, and diabetes.</p> <p>In an interview on 7-17-2013 at 11:45 AM, Resident #O indicated on Friday morning, July 12, 2013, CNA #1 had turned her roughly causing her pain. Resident #O further indicated she had discussed the situation with LPN #2, but had not had any results from the conversation. Resident #O additionally indicated LPN #2 made her feel like she was a bother to the</p>	F000223	<p>Enclosed, please find our plan of correction for the deficiencies as identified during our complaint survey on July 16-17, 2013. The facility respectfully requests a desk review of our plan of correction. We believe that historically we have demonstrated commitment to our plans of correction, and that we have consistent quality outcomes. We appreciate your consideration of this request</p> <p>F 223</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>1. Resident # O and Resident # N were re-interviewed by Administrative staff on 7/17/2013 and were free from injury, fear or apprehension, and feelings of intimidation and abuse. Care plans were reviewed and updated accordingly. LPN# 2 and C.N.A. # 1 were immediately removed from the schedule pending investigation and were terminated from employment for failure to</p>	07/29/2013	

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	<p>nurse when she complained about CNA #1. Resident #O was tearful as she recounted the incident.</p> <p>A Quarterly MDS (Minimum Data Set) dated May 2013 indicated Resident #O's Brief Interview for Mental Status Score was 15 of a possible 15, indicating she was alert and oriented.</p> <p>2. Resident #N's record was reviewed 7-17-2013 at 11:10 AM. Resident #N's diagnoses included but were not limited to bipolar disorder, high blood pressure and COPD.</p> <p>In an interview on 7-17-2013 at 2:21 PM, Resident #N indicated approximately 1 week ago, CNA #1 had been rough while turning her in bed, and had caused her pain to increase. Resident #N further indicated she had talked to LPN #2 about the situation and he had indicated he would talk with CNA #1.</p> <p>A Quarterly MDS (Minimum Data Set) dated 7/3/2013 indicated Resident #N's Brief Interview for Mental Status Score was 15 of a possible 15, indicating she was alert and oriented.</p> <p>In an interview on 7-17-2013 at 3:04 PM, LPN #2 indicated he had</p>		<p>follow facility Policy and Procedures regarding Abuse and Abuse reporting. LPN #2 and C.N.A. # 1 license's were reported to the appropriate licensing agencies regarding abuse.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what action(s) will be taken;</p> <p>2. All current residents residing in facility have the potential to be affected. Therefore, current residents were interviewed for feeling of apprehension or intimidation and concerns of abuse or abusive behavior. No further findings were discovered during the interviews. Current residents will be interviewed at least monthly by Administrative Staff for feelings of intimidation, fear, abuse or abusive behaviors with any findings being immediately reported the Administrator or designee. Resident rounding will continue at least three times weekly for all current residents for concerns or grievances and these will be discussed during AM stand up meetings Monday – Friday.</p> <p>What measures will be put into place or what systematic changes will be made to ensure that deficient practice does not recur;</p> <p>3. Staff was re-in-serviced on the center's Abuse Policy & Procedure, with a focus on</p>		

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	<p>complaints about CNA #1 from more than one resident on more than one occasion about being rough. LPN #2 indicated he did not tell administration about the allegation, just tried to work with CNA #1 to improve her techniques with the residents.</p> <p>In an interview on 7-17-2013 at 4:10 PM, the Director of Nursing indicated the facility did not know about the allegations, and therefore had not taken any action. The Director of Nursing further indicated the facility had just finished interviewing all current residents regarding abuse, and there were no residents indicating any concern about abuse. Additionally, the facility had recently reeducated the staff regarding abuse and reporting, so the staff should have reported the abuse and suspended the staff member.</p> <p>A current policy titled Abuse dated 10-26-2011 provided by the Administrator on 7-16-2013 at 2:13 PM indicated "Verbal, sexual, physical, and mental abuse, corporal punishment, involuntary seclusion, and neglect of the patient as well as mistreatment, neglect, and misappropriation of patient property are strictly prohibited."</p>		<p>identification of reportable events, verbal abuse and prevention on July 25, 2013. Any person who fails to report suspected abuse will be disciplined appropriately. The Staff Development Coordinator or designee will include the Abuse and Grievance policy and procedures in the orientation of all new facility personnel. The facility will continue current practices of background screenings for all new applicants prior to offering a position with the facility. The facility will also continue the practice of reporting to the appropriate licensing agency following termination of any licensed staff member found causing fear, intimidation, abuse or abusive behaviors. The Administrator, Director of Nursing or Designee will continue to investigate reports of suspected abuse according to the facility policy and procedure.</p> <p>How will the corrective action(s) be monitored to ensure the deficient practice will not recur?</p> <p>4. The Administrator or designee will monitor the resident interviews weekly for the next month and monthly thereafter to assure prevention of mistreatment and/or abuse of residents. Grievance / Concerns are reviewed daily at the IDT meeting and are assigned to the appropriate discipline for follow-up. The Administrator, or</p>				

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	This federal tag relates to Complaint IN00132547. 3.1-27(b)		his designee, will assure all components of the Abuse Policy are fully implemented through review in the PI meeting monthly for three months and the Quarterly thereafter. Corrective action will be taken for elements found not to be fully implemented. ED or designee will in-service staff on abuse prevention and reporting on a quarterly basis times four quarters, then annually on-going. The Administrator is responsible for the overall compliance.		

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F000225 SS=D	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p>	F000225	Enclosed, please find our plan of	07/29/2013

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	<p>Based on interview and record review the facility failed to report allegations of abuse as outlined in facility policy for 2 of 4 residents interviewed regarding abuse. (Resident #O and Resident #N)</p> <p>Findings include:</p> <p>1. Resident #O's record was reviewed 7-17-2013 at 1:32 PM. Resident #O's diagnoses included but were not limited to arthritis, depression, and diabetes.</p> <p>In an interview on 7-17-2013 at 11:45 AM, Resident #O indicated on Friday morning, July 12, 2013, CNA #1 had turned her roughly causing her pain. Resident #O further indicated she had discussed the situation with LPN #2, but had not had any results from the conversation. Resident #O additionally indicated LPN #2 made her feel like she was a bother to the nurse when she complained about CNA #1. Resident #O was tearful as she recounted the incident.</p> <p>A Quarterly MDS (Minimum Data Set) dated May 2013 indicated Resident #O's Brief Interview for Mental Status Score was 15 of a possible 15, indicating she was alert and oriented.</p>		<p>correction for the deficiencies as identified during our complaint survey on July 16-17, 2013. The facility respectfully requests a desk review of our plan of correction. We believe that historically we have demonstrated commitment to our plans of correction, and that we have consistent quality outcomes. We appreciate your consideration of this request F 225 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? 1. Resident # O and Resident # N were re-interviewed by Administrative staff on 7/17/2013 and were free from injury, fear or apprehension, and feelings of intimidation and abuse. Care plans were reviewed and updated accordingly. LPN# 2 and C.N.A. # 1 were immediately removed from the schedule pending investigation and were terminated from employment for failure to follow facility Policy and Procedures regarding Abuse and Abuse reporting. LPN #2 and C.N.A. # 1 license's were reported to the appropriate licensing agencies regarding abuse. How other residents having the potential to be affected by the same deficient practice will be identified and what action(s) will be taken; 2. All current residents residing in facility have the potential to be</p>		

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F000226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on interview and record review the facility failed to ensure allegations of abuse were reported according to facility policy for 2 of 4 residents interviewed regarding abuse. (Resident #O and Resident #N)</p> <p>Findings include:</p> <p>1. Resident #O's record was reviewed 7-17-2013 at 1:32 PM. Resident #O's diagnoses included but were not limited to arthritis, depression, and diabetes.</p> <p>In an interview on 7-17-2013 at 11:45 AM, Resident #O indicated on Friday morning, July 12, 2013, CNA #1 had turned her roughly causing her pain. Resident #O further indicated she had discussed the situation with LPN #2, but had not had any results from the conversation. Resident #O additionally indicated LPN #2 made her feel like she was a bother to the nurse when she complained about CNA #1. Resident #O was tearful as</p>	F000226	<p>Enclosed, please find our plan of correction for the deficiencies as identified during our complaint survey on July 16-17, 2013. The facility respectfully requests a desk review of our plan of correction. We believe that historically we have demonstrated commitment to our plans of correction, and that we have consistent quality outcomes. We appreciate your consideration of this request</p> <p>F 226 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? 1. Resident # O and Resident # N were re-interviewed by Administrative staff on 7/17/2013 and were free from injury, fear or apprehension, and feelings of intimidation and abuse. Care plans were reviewed and updated accordingly. LPN# 2 and C.N.A. # 1 were immediately removed from the schedule pending investigation and were terminated from employment for failure to follow facility Policy and Procedures regarding Abuse and</p>	07/29/2013			

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	<p>she recounted the incident.</p> <p>A Quarterly MDS (Minimum Data Set) dated May 2013 indicated Resident #O's Brief Interview for Mental Status Score was 15 of a possible 15, indicating she was alert and oriented.</p> <p>2. Resident #N's record was reviewed 7-17-2013 at 11:10 AM. Resident #N's diagnoses included but were not limited to bipolar disorder, high blood pressure and COPD.</p> <p>In an interview on 7-17-2013 at 2:21 PM, Resident #N indicated approximately 1 week ago, CNA #1 had been rough while turning her in bed, and had caused her pain to increase. Resident #N further indicated she had talked to LPN #2 about the situation and he had indicated he would talk with CNA #1.</p> <p>A Quarterly MDS (Minimum Data Set) dated 7/3/2013 indicated Resident #N's Brief Interview for Mental Status Score was 15 of a possible 15, indicating she was alert and oriented.</p> <p>In an interview on 7-17-2013 at 3:04 PM, LPN #2 indicated he had complaints about CNA #1 from more than one resident on more than one occasion about being rough. LPN #2</p>		<p>Abuse reporting. LPN #2 and C.N.A. # 1 license's were reported to the appropriate licensing agencies regarding abuse.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what action(s) will be taken;</p> <p>2. All current residents residing in facility have the potential to be affected. Therefore, current residents were interviewed for feeling of apprehension or intimidation and concerns of abuse or abusive behavior. No further findings were discovered during the interviews. Current residents will be interviewed at least monthly by Administrative Staff for feelings of intimidation, fear, abuse or abusive behaviors with any findings being immediately reported the Administrator or designee. The facility will immediately notify the state agency of any allegation of abuse Resident rounding will continue at least three times weekly for all current residents for concerns or grievances and these will be discussed during AM stand up meetings Monday – Friday.</p> <p>What measures will be put into place or what systematic changes will be made to ensure that deficient practice does not recur;</p> <p>3. Staff was re-in-serviced on the center's Abuse Policy & Procedure, with a focus on</p>		

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	<p>indicated he did not tell administration about the allegation, just tried to work with CNA #1 to improve her techniques with the residents.</p> <p>In an interview on 7-17-2013 at 4:10 PM, the Director of Nursing indicated the facility did not know about the allegations, and therefore had not taken any action. The Director of Nursing further indicated the facility had just finished interviewing all current residents regarding abuse, and there were no residents indicating any concern about abuse. Additionally, the facility had recently reeducated the staff regarding abuse and reporting, so the staff should have reported the abuse and suspended the staff member.</p> <p>A current policy titled Abuse dated 10-26-2011 provided by the Administrator on 7-16-2013 at 2:13 PM indicated "All alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the Administrator of the facility and to other officials in accordance with State law..."</p> <p>This federal tag relates to Complaint IN00132547.</p>		<p>implementation of policies and procedures for abuse prevention on July 25, 2013. Any person who fails to report suspected abuse will be disciplined appropriately. The Staff Development Coordinator or designee will include the Abuse and Grievance policy and procedures in the orientation of all new facility personnel. The facility will continue current practices of back ground screenings for all new applicants prior to offering a position with the facility. The facility will also continue the practice of reporting to the appropriate licensing agency following termination of any licensed staff member found causing fear, intimidation, abuse or abusive behaviors. The Administrator, Director of Nursing or Designee will continue to investigate reports of suspected abuse according to the facility policy and procedure.</p> <p>How will the corrective action(s) be monitored to ensure the deficient practice will not recur?</p> <p>4. The Administrator or designee will monitor the resident interviews weekly implementation of policies and procedures for abuse prevention. Grievance / Concerns are reviewed daily at the IDT meeting and are assigned to the appropriate discipline for follow-up. The Administrator, or his designee, will assure all components of the</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155249	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/17/2013
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF FORT WAYNE			STREET ADDRESS, CITY, STATE, ZIP CODE 6006 BRANDY CHASE COVE FORT WAYNE, IN 46815		
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	3.1-28(a)		Abuse Policy are fully implemented through review in the PI meeting monthly for three months and the Quarterly thereafter. Corrective action will be taken for elements found not to be fully implemented. ED or designee will in-service staff on abuse prevention and reporting on a quarterly basis times four quarters, then annually on-going. The Administrator is responsible for the overall compliance.		