

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 03/13/2014
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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 IN00144883, IN00145329 and IN00145816.</p> <p>Complaint IN00144883 Substantiated. Federal/ State deficiencies related to the allegations are cited at F241.</p> <p>Complaint IN00145329 Substantiated. Federal/ State deficiencies related to the allegations are cited at F241, and F309.</p> <p>Complaint IN00145816 Substantiated. No Federal/ State deficiencies related to the allegations are cited.</p> <p>Survey dates: March 11, 12, and 13, 2014</p> <p>Facility number: 000153 Provider number: 155249 AIM number: 100266910</p> <p>Survey team:</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>Christine Fodrea, RN, TC</p> <p>Census bed type:</p> <p>SNF/NF: 82</p> <p>Total: 82</p> <p>Census payor type:</p> <p>Medicare: 7</p> <p>Medicaid: 62</p> <p>Other: 13</p> <p>Total: 82</p> <p>Sample: 5</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on March 14, 2014 by Randy Fry RN.</p>			

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F000241 SS=D	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on observation, interview and record review the facility failed to provide oral care and personal hygiene for two of five residents reviewed for oral care and personal hygiene in a sample of five. (Resident #F, and Resident #G)</p> <p>Findings include:</p> <p>1. Resident #F's record was reviewed 3-11-2014 at 2:30 PM. Resident #F's diagnoses included, but were not limited to, dementia and heart disease.</p> <p>On 3-11-2014 at 8:45 AM, during initial tour, Resident #F was observed in a wheelchair in the hall way. Resident #F had several days facial hair growth and had an orange colored liquid smudged on Resident #F's right side of mouth. Additionally, when Resident #F smiled, a whitish thick fluid was observed around Resident #F's lips and teeth.</p>	F000241	<p><u>Enclosed, please find our plan of correction for the deficiency as identified during our complaint survey on March 13, 2014. 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</u></p> <p>1. Residents' #F and #G were not identified by surveyor. However each resident in the facility was observed for proper oral care, shaving and clean clothing and any issues found were corrected on 3/13/2014.</p> <p>2. All residents were observed by the nursing staff on 3/13/2014 for proper oral care, shaving and clean clothing. Any issues found were corrected on that date.</p> <p>3. Nursing staff will be in-serviced by the DON or designees on ADL care, dignity, and oral care by 4/1/2014. An audit will be completed by the Unit Managers or designee daily to ensure that proper oral care, shaving, and clean clothing is</p>	04/01/2014			

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	<p>On 3-11-2014 at 1:48 PM, Resident #F was observed in a wheelchair in the hallway. Resident #F was unshaven, and the orange colored smudge remained. Additionally, the thick white fluid was still noted around Resident #F's lips and mouth.</p> <p>A Minimum Data Set (MDS) dated 2-7-2014 indicated Resident #F's Brief Interview for Mental Status (BIMS) score was 15, indicating the resident was alert and oriented.</p> <p>In an interview on 3-11-2014 at 1:48 PM, Resident #F indicated he wanted to be shaved and have teeth brushed, but didn't get shaved or have teeth brushed because the staff said they didn't have enough help.</p> <p>In an interview on 3-13-2014 at 1:45 PM, LPN #1 indicated residents were supposed to be shaved daily and have their teeth brushed daily.</p> <p>2. Resident #G's record was reviewed 3-13-2014 at 9:00 AM. Resident #G's diagnoses included, but were not limited to stroke, and high blood pressure.</p> <p>On 3-11-2014 at 9:50 AM, Resident</p>		<p>being provided as needed. Further education will be provided as needed. The audits will be forwarded to the DON.</p> <p>1.The DON will forward the results of the audits to the monthly Quality Assurance Committee Meeting for further review and recommendations. The audits will continue daily times 30 days, then weekly times four weeks and then monthly times 4 months to insure continued compliance. Date of Compliance: April 1, 2014</p>				

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	<p>#G was observed in a wheelchair in the hallway. Resident #G had brownish food residue on the sweatshirt. Additionally, when Resident #G smiled, a thick white liquid was observed around Resident #G's lips and teeth.</p> <p>On 3-11-2014 at 1:15 PM, Resident #G was observed in a wheelchair in the hallway. Resident #G had the same sweatshirt on. The sweatshirt had brownish food residue still on it. Additionally, when Resident #G stopped to talk, a thick whitish liquid was observed around Resident #G's lips and teeth.</p> <p>In an interview on 3-11-2014 at 2:36 PM, CNA #3 indicated residents should have on clean clothing and teeth brushed at least after breakfast.</p> <p>This Federal citation relates to Complaints IN00144883 and IN00145329.</p> <p>3.1-3(t)</p>			

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F000309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on interview and record review the facility failed to assess acute changes in condition for two of three residents reviewed for acute changes in a sample of five. (Resident #G and Resident #J)</p> <p>Findings include:</p> <p>1. Resident #G's record was reviewed 3-13-2014 at 9:00 AM. Resident #G's diagnoses included, but were not limited to stroke, and high blood pressure.</p> <p>A physician's order dated 2-26-2014 indicated to have labs (TBIC, IBIL,DBIL, and fractionated bilirubin) drawn on the next lab day.</p> <p>A review of Nurse's notes did not indicate why the lab tests had been</p>	F000309	<p>1.Residents' #F and #G were not identified by surveyor. However each resident in the facility was reviewed for a change in condition. If a change in condition had occurred, an assessment was completed and documented in the nurses notes. They were then placed on the 24 hour report sheet for further assessment and documentation.</p> <p>2.Each resident in the facility was reviewed for a change in condition. If a change in condition had occurred, an assessment was completed and documented in the nurses notes. They were then placed on the 24 hour report sheet for further assessment and documentation.</p> <p>3.The nursing staff will be in-serviced on the SBAR change of condition form and documentation/assessment by the DON or designee by 4/1/14. The Unit Managers or designee will audit the 24 hour report and new orders for a change in</p>	04/01/2014

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	<p>ordered. The most recent Nurse's note prior to the labs being ordered was 1-24-2014. There was no note of decreased appetite or decreased energy level.</p> <p>In an interview on 3-13-2014 at 2:38 PM, LPN #2 indicated the physician had ordered labs to be drawn for Resident #G because of decreased appetite and decreased energy level for several days. LPN #2 further indicated if there was a resident assessment, it would have been documented in the nursing notes.</p> <p>2. Resident #J's record was reviewed 3-13-2014 at 11:00 AM. Resident #J's diagnoses included, but were not limited to, depression, and high blood pressure.</p> <p>On 1-14-2014 at 1:24 PM, Nurse's notes indicated Resident #J had been ordered an antibiotic prior to a tooth extraction.</p> <p>On 3-7-2014 at 2300 (11:00 PM) the nurse's notes indicated an order for Clindimycin (an antibiotic) had been received from the physician. The note further indicated there was no tooth pain at this time. There was no description of the oral mucosa or of mouth dryness.</p>		<p>resident condition daily (M-F). They will then insure that the proper documentation/assessment was completed based on that change of condition. Further education will be provided at that time as needed. The audits will be given to the DON for review.</p> <p>1. The DON will forward the results of the audits to the monthly Quality Assurance Meeting for further review and recommendations. The audits will continue daily for 30 days, weekly for 30 days, and then monthly for 4 months to insure continued compliance.</p>		

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	<p>A review of nurse's notes indicated 2-28-2014 was the next most recent nurse's note prior to the antibiotic order.</p> <p>In an interview on 3-13-2014 at 2:38 PM, LPN #2 indicated any changes in condition were to be assessed and documented.</p> <p>This federal tag relates to Complaint IN00145329.</p> <p>3.1-37(a)</p>			