

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/21/2025	
NAME OF PROVIDER OR SUPPLIER TERRACE AT FORT WAYNE, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 4730 E STATE BLVD, FORT WAYNE, , 46815					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...			(X5) COMPLETION DATE	
R 0000	INITIAL COMMENTS This visit was for a State Residential Licensure Survey. Survey dates: February 20 & 21, 2025 Facility number: 003273 Residential Census: 37 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed February 24, 2025	R 0000					
R 0216	Evaluation - Noncompliance 410 IAC 16.2-5-2(c)(1-4)(d) (c) The scope and content of the evaluation shall be delineated in the facility policy manual, but at a minimum the needs assessment shall include an evaluation of the following: (1) The resident ' s physical, cognitive, and mental status.	R 0216	Education to nursing staff on: <i>Nursing Admission Checklist and Nursing Admission Policy</i> (to be completed 3/7/25) Nursing Admission Checklist initiated, including weight of resident upon			03/07/2025	

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

(2) The resident ' s independence in the activities of daily living.

(3) The resident ' s weight taken on admission and semiannually thereafter.

(4) If applicable, the resident ' s ability to self-administer medications.

(d) The evaluation shall be documented in writing and kept in the facility.

Based on interview and record review the facility failed to ensure weights were taken on admission for 1 of 7 residents reviewed. (Resident 2)

Findings include:

Resident 2's closed record was reviewed on 02/20/25 at 10:02AM. Diagnoses included congestive heart failure, anemia, and generalized weakness.

A review of progress notes dated 11/26/24 indicated no weight was taken on admission.

In an interview, on 02/21/25 at 10:07 AM, the Director of Nursing (DON) indicated the facility did not have any weights documented as completed by the facility for Resident 2. The DON further indicated the facility follows state guidelines and an admission weight should have been taken, but was not. The

admission (3/4/25)

Initiation of *Nursing Admission Policy* (3/3/25)

Audit of Nursing Admission Checklist per Director of Nursing, or designee, on each new admission 1x/week x 6months (started 3/6/25)

Discuss completion of all new admissions checklist in QA Meeting monthly x3 months (started 2/28/25)

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

	DON indicated there is no current facility policy regarding obtaining weights. Based on interview and record review the facility failed to ensure weights were taken on admission for 1 of 7 residents reviewed. (Resident 2) Findings include: Resident 2's closed record was reviewed on 02/20/25 at 10:02AM. Diagnoses included congestive heart failure, anemia, and generalized weakness. A review of progress notes dated 11/26/24 indicated no weight was taken on admission. In an interview, on 02/21/25 at 10:07 AM, the Director of Nursing (DON) indicated the facility did not have any weights documented as completed by the facility for Resident 2. The DON further indicated the facility follows state guidelines and an admission weight should have been taken, but was not. The DON indicated there is no current facility policy regarding obtaining weights.			
R 0273	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(f) (f) All food preparation and serving	R 0273	Education to dietary staff: (completed 2/27/25)	03/07/2025

areas (excluding areas in residents' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.

Based on observation, interview, and record review the facility failed to ensure kitchen cleanliness was maintained. 37 of 37 residents residing in the facility ate food prepared in the kitchen.

Findings include:

An observation on 2/20/25 at 9:06AM with Dietary Worker 2, multiple items were observed on the floor under all surfaces throughout kitchen including stoves, counters, racks, and sinks. The items ranged from paper to unidentified food particles of various sizes and colors. Aluminum pans, in the clean storage area, were wet with water in between them. Utensil drawers had crumbs of different sizes and colors within both. The freezers had chicken chunks, egg patties, and okra open in plastic bags torn at the top without any closures and no open dates. The egg patties had some black indistinguishable writing on the plastic bag, some areas were smeared or rubbed off.

In an interview, on 2/20/25 at 9:22AM, Dietary Worker 2 indicated the daily cleaning

Food storage

Cleaning/sanitation duties

Storage of clean dishes/cookware

Cleaning/sanitation checklists revised and initiated for kitchen/serving areas/dish room (started 2/24/25)

Revision of Sanitation & Cleaning of Kitchen/Serving Areas/Dish Room Policy and Food Storage Policy (3/3/25)

Audit of cleaning/sanitation checklist by Dietary Manager, or designee, 1 time per week x6 months (starting 3/10/25)

Audit of refrigerators and freezers for opened packages by Dietary Manager,

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

tasks were to be done and marked off when completed. He also indicated the entire kitchen area could have used cleaning. Dietary Worker 2 indicated, "I will not make excuses, but the cook closed by himself last night". Dietary Worker 2 further indicated food was to be closed completely and marked with an open date.

A review of the daily cleaning schedule for the week of February 16 through February 22, 2025 indicated there were no tasks documented as completed for February 16, 17, 18, or 19. The daily task list included sweep and mop kitchen floors and sweep and mop dining room. The weekly cleaning schedule included cleaning kitchen drawers, sweep and mop storeroom. Both the daily and weekly cleaning schedules excluded any cleaning of the freezers or refrigerators.

A current policy titled, "Cleaning" was not dated, and was provided by the Director of Nursing (DON) on 2/21/25 at 10:06AM. The policy indicated ...6. The floor of the kitchen must be cleaned daily and after each spill or contamination. 11. Documentation of cleaning must be maintained.

A current policy titled, "Storage of Refrigerated and Dry Foods"

or designee, 1 time per week x 3 months (starting 3/10/25)

Discuss in QA Meeting monthly x3 months (started 2/28/25)

Visiting Dietician Consultant to review IDOH survey tags on next visit (due April, 2025)

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

FORM APPROVED

OMB NO. 0938-0391

was not dated was provided by the DON on 2/21/25 at 10:06AM. The policy indicated ...2. Food being returned to storage after cooking or preparation must be covered ... 4. All containers must be labeled with the contents and date food item was placed in storage ...

Based on observation, interview, and record review the facility failed to ensure kitchen cleanliness was maintained. 37 of 37 residents residing in the facility ate food prepared in the kitchen.

Findings include:

An observation on 2/20/25 at 9:06AM with Dietary Worker 2, multiple items were observed on the floor under all surfaces throughout kitchen including stoves, counters, racks, and sinks. The items ranged from paper to unidentified food particles of various sizes and colors. Aluminum pans, in the clean storage area, were wet with water in between them. Utensil drawers had crumbs of different sizes and colors within both. The freezers had chicken chunks, egg patties, and okra open in plastic bags torn at the top without any closures and no open dates. The egg patties had some black indistinguishable writing on the plastic bag, some areas were smeared or rubbed

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

FORM APPROVED

OMB NO. 0938-0391

off.

In an interview, on 2/20/25 at 9:22AM, Dietary Worker 2 indicated the daily cleaning tasks were to be done and marked off when completed. He also indicated the entire kitchen area could have used cleaning. Dietary Worker 2 indicated, "I will not make excuses, but the cook closed by himself last night". Dietary Worker 2 further indicated food was to be closed completely and marked with an open date.

A review of the daily cleaning schedule for the week of February 16 through February 22, 2025 indicated there were no tasks documented as completed for February 16, 17, 18, or 19. The daily task list included sweep and mop kitchen floors and sweep and mop dining room. The weekly cleaning schedule included cleaning kitchen drawers, sweep and mop storeroom. Both the daily and weekly cleaning schedules excluded any cleaning of the freezers or refrigerators.

A current policy titled, "Cleaning" was not dated, and was provided by the Director of Nursing (DON) on 2/21/25 at 10:06AM. The policy indicated ...6. The floor of the kitchen must be cleaned daily and after each spill or contamination. 11.

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

Documentation of cleaning must be maintained.

A current policy titled, "Storage of Refrigerated and Dry Foods" was not dated was provided by the DON on 2/21/25 at 10:06AM. The policy indicated ...2. Food being returned to storage after cooking or preparation must be covered ... 4. All containers must be labeled with the contents and date food item was placed in storage ...

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR
PROVIDER/SUPPLIER REPRESENTATIVE'S
SIGNATURE

TITLE

(X6) DATE