STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	03/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERRACE AT FORT WAYNE, THE	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: March 18th and 19th, 2024 Facility number: 003273 Residential Census: 49 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed March 20, 2024	R 0000	The following is the Plan of Correction for Brookdale Fort Wayne regarding the Statement of Deficiencies dated March 19, 2024. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is a submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.	
R 0273	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(f) (f) All food preparation and serving areas (excluding areas in residents	R 0273	**Element 1**	04/01/2024

	' 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 a clean and sanitary enviornment for food preparation. 49 of 49 residents residing in the facility consumed food prepared in the kitchen. Findings include: 1. During an observation on 3/18/24 at 9:15 AM a trash can was sitting by the entry to the cooking area, it was not in use, but was not covered by a lid. During an observation on 3/18/24 at 11:02 AM a trash can was observed in the dishwashing area, it was not in use, but was not covered by a lid. 2. During a continuous observation on 3/18/24 at 9:30 AM the following temperature logs were not completed in March 2024: -Main Kitchen Location Missing Documentation		No specific residents were identified to have been affected **Element 2** All residents have the potential to be affected. The Dining services manager will re-educate dining associates regarding 1) the requirement that refuse containers be covered; 2) the procedure regarding recording refrigerator and freezer temperature; 3) the procedure regarding recording food in service temperatures; 4) the procedure for the storage, labeling, and dating of prepared foods; and 5) the procedure for storage of cookware, serving ware, and tableware. **Element 3** The cook on duty will complete refrigerator and freezer temperature logs and food in-service temperature logs per policy during their shifts, as well as inspect food storage to verify that items are	

	Reach in Freezer on Right 3/9/24 First Shift AM temperature beginning and end of shift. 3/10/24 First Shift AM temperature beginning and end of shift. 3/12/24 Second Shift PM temperature end of shift. 3/15/24 Second Shift PM temperature beginning and end of shift. 3/16/24 Second Shift PM temperature beginning and end of shift. 3/17/24 Second Shift PM temperature beginning and end of shift. Reach in Freezer on Left 3/15/24 Second Shift PM temperature beginning and end of shift. 3/16/24 Second Shift PM temperature beginning and end of shift. 3/17/24 Second Shift PM temperature beginning and end of shift. Refrigerator 3/9/24 First Shift AM temperature beginning and end of shift.		covered, labeled, and dated as required. Each cook will also verify that trash receptacles are covered, and that cookware, serving ware, and tableware is stored upside down. The Dining Services Manager or designee will review temperature logs and audit food storage, trash receptacles, and cookware, serving ware, and tableware storage during shifts worked to verify that each requirement is met. Any issues identified will be corrected on the spot as appropriate, and the associate(s) involved provided with re-education and other follow-up as appropriate. **<u>Element 4</u>** The Executive Director or designee will conduct rounds each weekday for 2 weeks; bi-weekly for 2 months then weekly for 4 months to review temperature logs and verify that documentation is being maintained per policy. During these reviews,	

	3/10/24 First Shift AM temperature beginning and end of shift. 3/12/24 Second Shift PM temperature end of shift. 3/15/24 Second Shift PM temperature beginning and end of shift. 3/16/24 Second Shift PM temperature beginning and end of shift. 3/17/24 Second Shift PM temperature beginning and end of shift. Walk-in Freezer 3/3/24 Second Shift PM temperature beginning of shift. 3/4/34 Second Shift PM temperature beginning of shift. 3/6/24 Second Shift PM temperature beginning of shift. 3/7/24 Second Shift PM temperature beginning of shift. 3/8/24 Second Shift PM temperature beginning of shift. 3/9/24 First Shift AM temperature beginning and end of shift. 3/9/24 Second Shift PM temperature beginning of shift. 3/10/24 First Shift AM temperature beginning and end		food storage will be observed to verify that foods are properly stored, labeled, and dates. Rounds will also include observations to verify trash receptacles and covered, and that cookware, serving ware, and tableware is stored upside down. **Element 5** Corrections will be in place April 1, 2024	

	of shift. 3/10/24 Second Shift PM temperature beginning of shift. 3/12/24 Second Shift PM temperature end of shift. 3/15/24 Second Shift PM temperature beginning and end of shift. 3/16/24 Second Shift PM temperature beginning and end of shift. 3/17/24 Second Shift PM temperature beginning and end of shift. -Memory Care Kitchenette Location Refrigerator No temperature log for March 2024 located. Freezer No temperature log for March 2024 located. Food Temperature Last food temperature logs documented 1/23/24 for noon meal. 3. During an observation on 3/18/24 at 9:30, the following was observed: In the reach in freezer, 3 pieces of pie, 5 bowls of ice cream, and 2 bowls of mousse were not covered, labeled, dated. There was an opened bag of green beans, an opened bag of dinner			

rolls and opened bag of peas not dated.

In the reach in refrigerator, an unwrapped and open to air slab of butter was observed.

In the walk in cooler, 4 bowls of vanilla pudding were not covered, labeled or dated; 2 beef ribs approximately 2 feet x 1 feet in a pan with a small amount of beef juice at the bottom of pan, were covered, but not labeled or dated.

3. During an observation on 3/18/24 at 9:40 AM, miscellaneous metal pans, water carafes, and coffee thermos were noted to be sitting upright and open. There was no covering ver the items.

In an interview on 3/18/24 at 12:09 PM, the Dining Service Coordinator indicated trash cans should be covered with lid when not in use. She indicated refrigerator and freezer temperatures should be recorded on first and second shifts at the beginning and end of each shift every day.

In an interview on 3/18/24 at 9:40 AM, Dining Assistant 5 indicated the foods not covered, labeled and/or dated in the refrigerator/freezers should have been. He indicated the metal pans, carafes, and thermos should be placed upside down to avoid dust and

	debris collecting in them. A current policy, dated 8/2023, titled "Temperature Log - Equipment", provided by the Interim Executive Director on 3/18/23 at 3:10 PM indicated food holding equipment temperatures must be monitored and recorded every four hours during operating hours. A current policy, last revised 2/2024, titled "Food and Beverage Temperature Control", provided by the Interim Executive Director on 3/19/23 at 10:35 AM indicated food and beverage temperatures should be taken at the beginning of meal service which includes food held on the steam table. The policy indicated food and beverages temperature logs should be kept on file for at least one year or from one inspection to the next. A current policy, dated 5/2010, titled "Leftovers", provided by the Interim Executive Director on 3/18/23 at 3:10 PM indicated all leftovers should be stored in an approved container with a tightfitting lid, should be labeled indicating the food/product name, and dated when the food/product was originally served. A current policy, dated 5/2010, titled "Labeling", provided by the			

	Interim Executive Director on 3/18/23 at 3:10 PM indicated all prepared items (leftovers or prepared for the next meal) must have a label with the name of the item, the date prepared, who prepared, and the date of discard. Based on observation, interview, and record review the facility failed to ensure a clean and sanitary enviornment for food preparation. 49 of 49 residents residing in the facility consumed food prepared in the kitchen. Findings include: 1. During an observation on 3/18/24 at 9:15 AM a trash can was sitting by the entry to the cooking area, it was not in use, but was not covered by a lid. During an observation on 3/18/24 at 11:02 AM a trash can was observed in the dishwashing area, it was not in use, but was not covered by a lid. 2. During a continuous observation on 3/18/24 at 9:30 AM the following temperature logs were not completed in March 2024: -Main Kitchen Location Missing Documentation			

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R 0354	Clinical Records - Noncompliance 410 IAC 16.2-5-8.1(g)(1-7) (g) A transfer form shall include the following: (1) Identification data. (2) Name of the transferring institution. (3) Name of the receiving institution and date of transfer. (4) Resident ' s personal property when transferred to an acute care facility. (5) Nurses ' notes relating to the resident ' s: (A) functional abilities and physical limitations; (B) nursing care; (C) medications; (D) treatment; and (E) current diet and condition on transfer. (6) Diagnosis. (7) Date of chest x-ray and skin	R 0354	**Element 1** Resident 7 was sent to the hospital via ambulance on 12/10/23 and did not return to the community. **Element 2** Residents who require a transfer from the community to another care setting have the potential to be affected. The Health and Wellness Director will re-educate Nursing staff regarding the appropriate completion of Indiana State Notice of Transfer or Discharge and documentation requirements by 4/1/2024.	04/01/2024

	test for tuberculosis. Based on interview and record review the facility failed to ensure adequate documentation at the time of the transfer for 1 of 2 residents reviewed (Resident 7). Findings include: Resident 7's record was reviewed on 3/19/24 at 9:45 AM. Diagnoses included vascular dementia, enlarged prostate and retention of urine. A physician order, dated 6/12/23, indicated Resident 7 had a catheter for urinary drainage. A progress note dated, 11/25/23 at 1:52 PM, indicated Resident 7 had been sent to the hospital due to acting very weird. The note indicated Resident 7 had blood in their catheter bag and blood in their brief, but did not include physical abilities or nursing care. A progress note dated, 12/10/23 at 5:48 AM, indicated Resident 7 had been found on the floor in their room. Resident 7's vital signs were assessed. The next progress note dated, 12/11/23 at 11:10 PM, indicated Resident 7 was at the hospital. There was no documentation of where the resident had been		**Element 3** The Health and Wellness Director or designee will review the documentation for residents discharged or transferred from the facility to verify that notes are present indicating the destination, dates and times of transfer, residents' condition, vitals, and physical abilities. **Element 4** The Health and Wellness Director and/or designee will audit the records for discharged or transferred residents charts Monday through Friday to verify the required information was documented for two weeks, weekly for 2 months, then monthly for 4 months to verify that the records of residents who were transferred or discharged from the community contain the required documentation.	

	transferred to, the resident's fumctiona; abilities, or nursing care on transfer. In an interview on 3/19/24 at 10:25 AM, the Director of Nursing (DON) indicated the facility did not use transfer forms. The DON indicated Resident 7 had been transferred to the hospital and had never returned to the facility. The DON indicated Resident 7 had been transferred to the hospital due to having had blood in their urine and being confused. The DON indicated the facility should send a face sheet, copies of insurance cards and an order summary with the resident upon a transfer to the hospital. In an interview on 3/19/24 at 11:35 AM, the Administrator indicated they were not aware of the required documentation for a hospital transfer. In an interview on 3/19/24 at 1:01 PM, the DON indicated Resident 7's progress notes should have included the date and time of transfer, the resident's condition, vital signs and the name of the hospital the resident was transferred to. A current facility policy dated 8/1998 and revised 6/2020 provided by the Administrator on 3/19/24 at 9:00 AM did not address resident transfer to a		Results from the documentation review for residents who were discharged or transferred will be reviewed with the Executive Director each weekday. Any issues identified will be corrected on the spot, and the associate(s) involved with the transfer provided with re-education and other follow-up as appropriate. **Element 5** Corrections will be in place April 1, 2024	

	hospital. A blank Notice of Transfer or Discharge (State Form 49669) form was included with the policy. Line 4 of the Notice of Transfer or Discharge form requested the transfer or discharge effective date. Line 6 of the Notice of Transfer or Discharge form requested the name of the facility being transferred to. Line 9 of the Notice of Transfer or Discharge form requested the reason for the transfer. Based on interview and record review the facility failed to ensure adequate documentation at the time of the transfer for 1 of 2 residents reviewed (Resident 7). Findings include: Resident 7's record was reviewed on 3/19/24 at 9:45 AM. Diagnoses included vascular dementia, enlarged prostate and retention of urine. A physician order, dated 6/12/23, indicated Resident 7 had a catheter for urinary drainage.			

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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