

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/11/2026
NAME OF PROVIDER OR SUPPLIER STORYPOINT FORT WAYNE WEST		STREET ADDRESS, CITY, STATE, ZIP CODE 611 W COUNTY LINE RD SOUTH, FORT WAYNE, , 46814			
(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 the Investigation of Intake 471186. Intake 471186- Deficiencies related to the allegations are cited at R0053 Survey date: August 11, 2026 Facility number: 011804 Residential Census: 109 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed August 12, 2026	R 0000			
R 0053	Residents' Rights - Deficiency 410 IAC 16.2-5-1.2(w) (w) Residents have the right to be free from verbal abuse. Based on interview and record review, the facility failed to	R 0053	Deficiency ID: R053 410 IAC 16.2-5-1.2(w) Residents' Rights Completion Date: September 11, 2026	09/11/2026	

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ensure freedom from verbal abuse for 1 of 3 residents reviewed. (Resident A)

Findings include:

A record review for Resident A began on 8/11/26 at 9:38 AM. Diagnoses included Alzheimer's disease.

A review of progress notes, dated 7/31/26 at 12:53 PM, indicated Resident A had fallen in the dining room while attempting to get out of a chair unassisted.

A handwritten statement, dated 7/31/26, provided by the Administrator on 8/11/26 at 10:45 AM, indicated Certified Nurse Aide (CNA) 3 observed CNA 2 standing over Resident A after Resident A had fallen to the floor. The statement indicated CNA 2 yelled at Resident A, calling her "girl" and scolding her in a disrespectful, abusive manner for getting up. CNA 3 indicated CNA 2's conduct was abusive and made her very uncomfortable.

Plan of Correction Text

By submitting the enclosed materials, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of proceedings and submit these responses pursuant to regulatory obligations. The facility requests that the Plan of Correction be considered our allegation of compliance effective September 11, 2026. We respectfully request paper compliance for this survey resolution.

The Wellness Director and Executive Director will ensure all residents are treated with dignity and respect and are free from verbal abuse.

What corrective action(s) will be accomplished?

The Wellness Director and Executive Director will ensure all staff complete an in-service on resident rights and prevention of verbal abuse.

The in-service will include education on verbal abuse, respectful resident communication, appropriate communication with residents living with dementia, de-escalation techniques, and staff responsibilities for immediately reporting suspected

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A handwritten statement, dated 7/31/26, provided by the Administrator on 8/11/26 at 10:45 AM, indicated Housekeeper 6 witnessed CNA 2 repeatedly asking Resident A why she got up and fell while Resident A was sitting on the floor crying after falling.

In an interview, on 8/11/26 at 11:10 AM, Housekeeper 4 indicated on 7/31/26 she had been talking with CNA 2 and CNA 3 in the dining room when Resident A stood up unassisted and fell. Housekeeper 4 indicated CNA 2 went over to Resident A, stood over her and yelled loudly, repeatedly asking Resident A why she got up and fell. Housekeeper 4 indicated CNA 2 appeared to be very angry. Housekeeper 4 indicated Resident A appeared to be afraid. Housekeeper 4 indicated all residents should be spoken to with respect and any occurrences of disrespectful or abusive conduct toward a resident should be reported immediately to the Administrator.

In an interview, on 8/11/26 at 11:02 AM, the Administrator indicated Housekeeper 4 made her aware of an allegation of verbal abuse on 7/31/26. The Administrator indicated she immediately suspended CNA 2 and sent her home. The

or witnessed abuse.

Each staff member will complete a five-question knowledge assessment following the in-service to demonstrate understanding of the education provided.

The Wellness Director and Executive Director will meet weekly to review completion of the in-service and knowledge assessments and ensure all required staff have completed the education.

How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:

All residents have the potential to be affected by the deficient practice.

The Wellness Director and Executive Director will conduct random observations of staff interactions with residents to ensure residents are being treated with dignity and respect and staff are utilizing appropriate communication techniques.

Any opportunities identified through observations will be addressed through additional education and corrective action as appropriate.

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Administrator indicated after investigating the allegations, appropriate action was taken related to verbal abuse.

A current policy, titled Abuse, Neglect, or Exploitation, dated 6/7/23, provided by the Administrator on 8/11/26 at 10:45 AM, indicated abuse included any harm or threatened harm to an individual's health or welfare caused by another person. The policy indicated abuse of any resident would not be tolerated.

This citation is related to Intake 471186.

What measures will be put into place or what systemic changes will the facility make to ensure the deficient practice does not recur:

The Wellness Director and Executive Director will implement ongoing education regarding resident rights, prevention of verbal abuse, respectful communication, dementia communication techniques, and reporting requirements.

Resident rights and abuse prevention education will also be incorporated into new employee orientation to ensure expectations regarding respectful resident interactions are communicated upon hire.

The Wellness Director and Executive Director will reinforce with staff that when they become frustrated or overwhelmed during a resident interaction, they are expected to safely step away when appropriate and seek assistance from another team member or supervisor.

How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:

The Wellness Director and Executive Director will meet

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weekly to review staff completion of the required in-service and five-question knowledge assessment until 100% of required staff have successfully completed the education.

The Wellness Director and Executive Director will conduct random observations of staff-to-resident interactions to monitor staff communication, tone, dignity, respect, and compliance with resident rights. 5 random observations a week for 4 weeks and then 5 random observations monthly for 2 additional months.

The Wellness Director and Executive Director will review findings during their weekly meetings. Any identified opportunities will result in immediate re-education and additional corrective action as appropriate.

Monitoring results will be reviewed to identify trends and determine whether additional education or interventions are necessary to maintain compliance.

By what date will the systemic changes be completed?

September 11, 2026

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from

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correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATUREEmiley Jewett	TITLEDirector of Nursing	(X6) DATE08/18/2026