

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 03/10/2022	
NAME OF PROVIDER OR SUPPLIER GRAND MARQUIS, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 300 E WASHINGTON BLVD, FORT WAYNE, , 46802					
(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 Complaints IN00373916 and IN00374085. Complaint IN00373916 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00374085 - Substantiated. State deficiencies related to the allegations are cited at R0214. Survey date: March 10, 2022 Facility number: 012288 Residential Census: 94 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed March 10, 2022	R 0000					
R 0214	Evaluation - Deficiency 410 IAC 16.2-5-2(a)	R 0214	. Comprehensive assessments		04/07/2022		

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(a) An evaluation of the individual needs of each resident shall be initiated prior to admission and shall be updated at least semiannually and upon a known substantial change in the resident's condition, or more often at the resident's or facility's request. A licensed nurse shall evaluate the nursing needs of the resident.

Based on interview and record review, the facility failed to complete a semiannual and significant change in condition evaluation of resident needs for 1 of 3 residents reviewed for evaluations (Resident P).

Findings include:

On 3/10/22 at 10:32 A.M., Resident P's record was reviewed. Diagnoses included, but were not limited to, dementia, Parkinson's disease, and schizophrenia.

A incident reported to the Indiana Department of Health, dated 2/24/22, indicated Resident P had been found with a burn to her upper lip and a burn on the right side of her face to her ear. She had burns on top of her left hand and middle finger. In the resident's room, there were burn marks on top of the bathroom sink and on the floor. The resident had put on her oxygen nasal cannula and it caught fire which she then put out. She was sent to the

and service plans for all the residents were completed (3/17/2022).

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All the service plans for the smoking residents completed (3/16/2022).

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The rest of the comprehensive assessments to be completed by (3/25/2022).

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The remainder of service plans to be completed by (4/1/2022).

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All smokers signed the smoking plan which included education on the Violations Notice and Managed Risk Agreement (3/17/2022).

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Oxygen in use signs for the residents with oxygen posted on their apartment doors (3/16/2022).

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Residents that smoke and use oxygen were

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hospital where she was assessed as having 2nd degree (partial thickness burns which cause pain, redness, swelling, and blisters) burns to her face and left hand.

A Smoking Assessment, dated 4/19/21, indicated the resident was safe to smoke and keep her lighter and cigarettes in her room.

A Smoking Assessment, dated 2/2/22, indicated it was in progress but had not been completed.

Progress notes indicated the following:

-10/11/21 at 12:04 p.m., resident was more confused and had a history of dementia.

-11/1/21 at 10:16 a.m., resident wanted to move rooms so she could smoke-was reminded she couldn't smoke in her room. She had dementia which had progressively worsened.

-1/3/22 at 11:03 a.m., resident was confused and reported the doctor told her to double all doses of her medications.

-1/31/22 at 12:50 p.m., resident wanted to move to another room and off the current floor she lived on which she had moved to for better supervision-a few months prior, she had been starting fires in her bathtub while

educated about the hazards of smoking while on oxygen 3/16/2022.

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Educated staff on the smoking policy and reporting violations 3/17/2022.

1.
The DON/ADON and the Administrator will track and audit the assessments and service plans every week for the next 6 months and report to the Quality Assurance every month for completeness and compliance.

2.
The DON/ADON and the Administrator will track the smoking assessments and service plans every week for the next 6 months and report to the Quality Assurance every month for completeness and compliance.

3.
The DON will educate the Nurses/ADON on how and when to do the assessments by 4/22/2022 and report to the Quality Assurance monthly for the next six months

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trying to smoke a cigarette in her apartment. She was educated on the importance of following the company policy for smoking and received a copy of the policy for her records. She was moved to another room as requested.

A Nurse Progress note, dated 2/18/22 at 9:06 p.m., indicated the Director of Nursing was notified the resident had been smoking in her room where she had her oxygen supplies. Staff were instructed to ask the resident to turn in her cigarettes and lighter to the front desk to be stored. The documentation did not indicate staff had removed the cigarettes and lighter from her room.

On 2/24/22 at 8:06 a.m., the resident had been found with her face, ears, and nose reddened and her nasal cannula blackened. She was transferred to the hospital for care of her burns and then returned to the facility.

-At 8:00 p.m., the resident was found in her room in no acute distress but had complained of pain related to the burns.

On 2/25/22 at 7:14 p.m., the resident complained of vomiting blood. Her room smelled like cigarette smoke. Her cigarettes and lighter were given to the nurse and she was sent back to

until compliance is achieved.

4.
The Administrator/DON/ Designee will implement and track the smoking violation notices for smoking in undesignated areas and while on Oxygen and Managed Risk Agreement every week for the next 6 month and report to the Quality Assurance for compliance and completeness.

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FORM APPROVED

OMB NO. 0938-0391

the hospital where she was given pain medication and then transported back to the facility.

On 2/28/22, Resident P was discharged to a skilled nursing facility.

On 3/10/22 at 12:18 P.M., a social services staff member was interviewed about smoking assessments. She indicated residents were not assessed for safe smoking and were able to keep their cigarettes and lighters in their rooms.

On 3/10/22 at 12:25 P.M., the Director of Nursing was interviewed. She indicated Resident P should have had a smoking assessment done semi-annually and upon a significant change in her condition. She indicated newly admitted and current residents with a history of non-compliance with smoking policies, in the facility or other settings, would not be considered to be safe to smoke independently or keep their cigarettes and lighters with them in their rooms.

A current "Smoking Policy" was provided by the Administrator on 3/10/22 at 10:18 A.M. The policy stated: "It is the intent of the community to allow those residents who wish to smoke, the opportunity to do so in an environment with optimal safety to themselves, other residents,

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visitors and staff members...Residents will be assessed for smoking privileges. If a resident fails the smoking assessment or is deemed unsafe to smoke, the resident will be offered alternative smoking cessation options...If community staff determines that resident's unsupervised smoking presents a fire or burn risk, the resident will not be allowed to smoke without appropriate supervision...If, because of resident's mental or physical condition, the community staff or resident's physician determines that it is inappropriate for resident to keep cigarettes or matches/lighters in residents apartment, resident must leave these items with designated community staff. When resident wishes to smoke, he/she must contact staff, who will give resident a cigarette and, if necessary, assist resident with lighting it...."

This State Residential finding relates to Complaint IN00374085.

Based on interview and record review, the facility failed to complete a semiannual and significant change in condition evaluation of resident needs for 1 of 3 residents reviewed for evaluations (Resident P).

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This State Residential finding relates to Complaint IN00374085.

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