STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	07/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK PLACE II, LLC	4411 PARK PLACE DR, FORT WAYNE, , 46845

(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 Complaint IN00463426. Complaint IN00463426 - State deficiencies related to the allegations are cited at 0214. Survey date: July 21, 2025 Facility number: 012582 Residential Census: 147 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed July 22, 2025	R 0000		
R 0214	Evaluation - Deficiency 410 IAC 16.2-5-2(a) (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	R 0214	***What corrective actions will be accomplished for those residents found to have been affected by the finding:*** **The nursing team will be**	08/31/2025

	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 re-assess and evaluate resident needs following a significant change in condition for 1 of 3 residents reviewed (Resident M). Findings include: On 7/21/25 at 11:10 A.M., Resident M's record was reviewed. Diagnoses included dementia, atrial fibrillation (abnormal heart rhythm), and frequent falls. A Service Plan, dated 7/15/24, indicated the resident resided on the secured memory care unit for safety. Staff were to assist her with orientation; encouragement and reminders to participate in activities; monitor self-ambulation for any decline; intervene accordingly when the resident displayed behaviors such as wandering/looking for exits, etc; administer medications; provide assistance with am/pm care; monitor for decline in ability to self toilet or need for assistance with eating; and provide safety checks at least 8 times per day. The Service Plan/Evaluation,		**educated and in-serviced regarding substantial changes in condition that would trigger a reassessment by Wellness Team.** ***How will you identify other residents having the potential to be affected by the same finding and what corrective action will be taken:*** **Skin assessments on residents that receive care will be completed by 8/31/25** ***What measures will be put in place or what systemic changes the facility will make to ensure the deficient practice does not recur:*** The Executive Director, Wellness Director or Memory Care Director along with other members of the care team will conduct a weekly Care meeting reviewing all change of conditions and auditing that residents with a change in condition had a reassessment completed. Observations will be monitored daily to be aware of any changes in condition. ***How the corrective action(s)***	

	dated 7/15/24, hadn't indicated the resident had skin conditions or pressure ulcers requiring assessment and treatments. No other service plans were available for review. An observation note, dated 10/5/24 at 9:22 a.m., indicated Resident M was observed with redness to her coccyx area. The Physician Assistant was notified and new orders received for Calmoseptine ointment (used to protect and heal skin irritations) to be applied to the red area and covered with Optifoam (dressing) every 3 days and as needed for soilage. Staff would continue to monitor. An observation note, dated 10/6/24 at 6:18 p.m., indicated Resident M had small open areas observed on both heels. The right heel open area was "smaller and dry" and the left heel had some bloody drainage. The wounds "appeared" to be from her shoes rubbing on her heels. The PA was notified and new order given to cover the left heel with a bandage and change daily until healed. The resident's guardian was notified and indicated would bring in some slippers. An observation note, dated 10/12/24 at 2:15 a.m., indicated Resident M had a fall and had been observed laying on her		***will be monitored to ensure the finding will not recur:*** **Documentation of weekly meeting and in-services will be retained by the wellness team. All new employees will be in-serviced and educated on substantial change in condition that need communicated to the wellness team to trigger a reassessment.**	

back on the floor next to her bed. She had a small laceration to the back of her head with a large amount of bloody drainage. She was transferred to the hospital for evaluation and treatment.

Hospital ER notes, dated 10/12/24 at 5:20 a.m., indicated the resident was observed with pressure wounds. She had a deep tissue pressure injury to the left heel, red/purple in color, measuring 5 centimeters (cm) by 6 cm with bloody drainage. A deep tissue pressure injury, measuring 6 cm by 7 cm was observed on her right heel which was purple in color with bloody drainage. On her sacral/coccyx area was a deep tissue pressure injury, red/purple in color with slough present; measuring 1.5 cm by 2.0 cm.

There was no re-assessment or evaluation completed following the residents significant change with new pressure wounds to her coccyx and heels observed on 10/5-10/6/24. There was no assessment completed to determine need for contracted service agencies to provide skilled nursing services to comprehensively assess, monitor, treat, and promote healing of the wounds.

On 7/21/25 at 2:17 P.M., the Administrator and Health and

Wellness Director (HWD) were interviewed. The HWD indicated a new Service Plan/Evaluation hadn't been completed upon observation of new pressure wounds to the resident's coccyx and heels. The Administrator indicated the facility had no specific policy for evaluations and referred to the requirements as stated in the residential rule.

This Citation refers to Complaint IN00463426.

Based on interview and record review, the facility failed to re-assess and evaluate resident needs following a significant change in condition for 1 of 3 residents reviewed (Resident M).

Findings include:

On 7/21/25 at 11:10 A.M., Resident M's record was reviewed. Diagnoses included dementia, atrial fibrillation (abnormal heart rhythm), and frequent falls.

A Service Plan, dated 7/15/24, indicated the resident resided on the secured memory care unit for safety. Staff were to assist her with orientation; encouragement and reminders to participate in activities; monitor self-ambulation for any decline; intervene accordingly when the resident displayed behaviors such as wandering/looking for exits, etc;

administer medications; provide assistance with am/pm care; monitor for decline in ability to self toilet or need for assistance with eating; and provide safety checks at least 8 times per day.

The Service Plan/Evaluation, dated 7/15/24, hadn't indicated the resident had skin conditions or pressure ulcers requiring assessment and treatments.

No other service plans were available for review.

An observation note, dated 10/5/24 at 9:22 a.m., indicated Resident M was observed with redness to her coccyx area. The Physician Assistant was notified and new orders received for Calmoseptine ointment (used to protect and heal skin irritations) to be applied to the red area and covered with Optifoam (dressing) every 3 days and as needed for soilage. Staff would continue to monitor.

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resident's guardian was notified and indicated would bring in some slippers.

An observation note, dated 10/12/24 at 2:15 a.m., indicated Resident M had a fall and had been observed laying on her back on the floor next to her bed. She had a small laceration to the back of her head with a large amount of bloody drainage. She was transferred to the hospital for evaluation and treatment.

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	service agencies to provide skilled nursing services to comprehensively assess, monitor, treat, and promote healing of the wounds. On 7/21/25 at 2:17 P.M., the Administrator and Health and Wellness Director (HWD) were interviewed. The HWD indicated a new Service Plan/Evaluation hadn't been completed upon observation of new pressure wounds to the resident's coccyx and heels. The Administrator indicated the facility had no specific policy for evaluations and referred to the requirements as stated in the residential rule. This Citation refers to Complaint IN00463426.			

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