STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	05/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINCOLNSHIRE PLACE - FORT WAYNE	11911 DIEBOLD ROAD, 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 a State Residential Licensure Survey. Survey dates: May 20 and 21, 2024. Facility number: 013687 Residential Census: 37 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality reivew completed May 22, 2024	R 0000		
R 0356	Clinical Records - Noncompliance 410 IAC 16.2-5-8.1(i)(1-8) (i) A current emergency information file shall be immediately accessible for each resident, in case of emergency, that contains the following: (1) The resident ' s name, sex, room or apartment number, phone number, age, or date of birth.	R 0356	1. Resident number 3's Emergency Information file was corrected and updated with the most current information. All required information according to policy and regulation was added in the file. 2. Facility will review all residents emergency files to determine if there any other deficiencies. All deficiencies will be corrected and noted for future monitoring.	05/31/2024

	(2) The resident ' s hospital preference. (3) The name and phone number of any legally authorized representative. (4) The name and phone number of the resident ' s physician of record. (5) The name and telephone number of the family members or other persons to be contacted in the event of an emergency or death. (6) Information on any known allergies. (7) A photograph (for identification of the resident). (8) Copy of advance directives, if available. Based on interview and record review the facility failed to ensure complete and accurate emergency files were maintained for 1 of 5 residents reviewed (Resident 3). Findings include: Resident 3's record was reviewed on 5/20/24 at 11:12 AM. Diagnoses included dementia without behavioral disturbance, psychotic disturbance, mood disturbance, anxiety, and unilateral primary osteoarthritis. Resident 3's current emergency		Director of Nursing and Administrator will conduct binder audits for these. 3. Facility will add a reminder to new admission process to make sure residents information is added to Emergency Information file. Nurse staff will be educated on process and policy for Emergency information File. Education will be conducted by the Director of Nursing. 4. In order to ensure compliance, monthly checks for a year will be conducted with the quality assurance team. Quality Assurance form will be used to ensure surveillance and compliance. Form will be kept with the Quality assurance binder and any deficiencies found will be corrected. 5. The changes will be completed by May 31, 2024.	

file was not located in the facility's Missing Resident/Elopement Resident Information Book -Emergency (Emergency File Binder).

In an interview on 5/20/24 at 11:31 AM the Director of Nursing (DON) indicated Resident 3 was admitted on 3/24/24 and the resident's emergency information should had been in the Emergency File Binder within one week and it was not in the binder.

A current policy titled "Resident Emergency Information File", undated, provided by the DON on 5/20/24 at 11:47 AM, indicated each resident's information should be accessible in the Resident Emergency Information File in case of emergency.

Based on interview and record review the facility failed to ensure complete and accurate emergency files were maintained for 1 of 5 residents reviewed (Resident 3).

Findings include:

Resident 3's record was reviewed on 5/20/24 at 11:12 AM. Diagnoses included dementia without behavioral disturbance, psychotic disturbance, mood disturbance, anxiety, and unilateral primary osteoarthritis.

	Resident 3's current emergency file was not located in the facility's Missing Resident/Elopement Resident Information Book -Emergency (Emergency File Binder). In an interview on 5/20/24 at 11:31 AM the Director of Nursing (DON) indicated Resident 3 was admitted on 3/24/24 and the resident's emergency information should had been in the Emergency File Binder within one week and it was not in the binder. A current policy titled "Resident Emergency Information File", undated, provided by the DON on 5/20/24 at 11:47 AM, indicated each resident's information should be accessible in the Resident Emergency Information File in case of emergency.			

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