STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF FORT WAYNE	9210 MAYSVILLE ROAD, 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. This visit included complaint IN00455049. Complaint IN00455049 No deficiencies related to the allegations are cited. Survey date: March 18, 2025. Facility number: 014576 Residential Census: 67 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed March 19, 2025	R 0000		
R 0217	Evaluation - Deficiency 410 IAC 16.2-5-2(e)(1-5) (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and	R 0217	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;	04/01/2025

document the services to be provided by the facility, as follows:

(1) The services offered to the individual resident shall be appropriate to the:

(A) scope;

(B) frequency;

(C) need; and

(D) preference;

of the resident.

(2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review.

(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.

(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.

(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.

Based on interview and record

Service plans for Residents 1 was signed
3/26/25

Service plan for resident 2 was signed 4/1/25

Service plan for resident 3 was signed
1/30/25

Service plan for resident 6 was signed
3/6/25

Service plan for resident 7 was signed on 1/21/25

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.

Don and Mc
Director will audit all residents isps
to ensure they are signed.

What measures will
be put into place or what

	review the facility failed to ensure a current, signed service plan was completed for 5 of 5 residents reviewed. (Resident 1, Resident 2, Resident 3, Resident 6, and Resident 7). Findings include: 1) Resident 1's record was reviewed on 3/18/25 at 10:16AM. Diagnoses included stroke, diabetes, and chronic kidney disease. Resident 1's current Individualized Service Plan (ISP), dated 2/5/25, was not signed by Resident 1 or her representative. Documentation of any review of the ISP with Resident 1 or her representative was not available for review. 2) Resident 2's record was reviewed on 3/18/25 at 10:36AM. Diagnoses included iron defiecency anemia unspecified. Resident 2's current Individualized Service Plan (ISP) document, dated 2/10/25, was not signed by Resident 2 or her representative. Documentation of any review of the ISP with Resident 2 or her representative was not available for review.		systemic changes the facility will make to ensure that the deficient practice does not recur. Don and MC Director was in serviced by Ed in training on 3/18/25 regarding all service plans being signed. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and By what date the systemic changes will be completed. The Don and Mc Director will provide to the Ed in training a report showing all service plan signature compliance. This will occur Monthly for 6 months. All systematic changes will be completed by 4/18/25.	

3) Resident 3's record was reviewed on 3/18/25 at 11:06AM. Diagnoses included anemia unspecified.

Resident 3's current Individualized Service Plan (ISP) document, dated 01/20/25, was not signed by Resident 3 or her representative. Documentation of any review of the ISP with Resident 3 or her representative was not available for review.

4) Resident 6's record was reviewed on 3/18/25 at 11:48AM. Diagnoses included heart disease and gastrointestinal reflux disease.

Resident 6's current Individualized Service Plan (ISP) document, dated 1/21/25, was not signed by Resident 6 or her representative. Documentation of any review of the ISP with Resident 6 or her representative was not available for review.

5) Resident 7's record was reviewed on 3/18/25 at 1:24PM. Diagnoses included dementia and hypertention.

Resident 7's current Individualized Service Plan (ISP) document, dated 3/06/25, was not signed by Resident 7 or his representative. Documentation of any review of the ISP with Resident 7 or his representative was not available

for review.

In an interview, on 3/18/25 at 2:18PM, the Director of Nursing (DON) indicated the ISP's were to be signed by staff electronically. The DON indicated she was not aware every ISP had to be signed by the resident or resident representative. The DON indicated she was now aware the facility was not in compliance with the facility policy.

A current policy titled, "Assessment (IN) Policy and Procedure". The policy indicated..It is the policy of the Community to access its residents according to State regulations or according to the procedures of this policy, whichever is considered more stringent ...

No other policy for an ISP was provided by the facility by the time of survey exit.

Based on interview and record review the facility failed to ensure a current, signed service plan was completed for 5 of 5 residents reviewed. (Resident 1, Resident 2, Resident 3, Resident 6, and Resident 7).

Findings include:

1) Resident 1's record was reviewed on 3/18/25 at 10:16AM. Diagnoses included

stroke, diabetes, and chronic kidney disease.

Resident 1's current Individualized Service Plan (ISP), dated 2/5/25, was not signed by Resident 1 or her representative. Documentation of any review of the ISP with Resident 1 or her representative was not available for review.

2) Resident 2's record was reviewed on 3/18/25 at 10:36AM. Diagnoses included iron defiecency anemia unspecified.

Resident 2's current Individualized Service Plan (ISP) document, dated 2/10/25, was not signed by Resident 2 or her representative. Documentation of any review of the ISP with Resident 2 or her representative was not available for review.

3) Resident 3's record was reviewed on 3/18/25 at 11:06AM. Diagnoses included anemia unspecified.

Resident 3's current Individualized Service Plan (ISP) document, dated 01/20/25, was not signed by Resident 3 or her representative. Documentation of any review of the ISP with Resident 3 or her representative was not available for review.

4) Resident 6's record was

reviewed on 3/18/25 at 11:48AM. Diagnoses included heart disease and gastrointestinal reflux disease.

Resident 6's current Individualized Service Plan (ISP) document, dated 1/21/25, was not signed by Resident 6 or her representative. Documentation of any review of the ISP with Resident 6 or her representative was not available for review.

5) Resident 7's record was reviewed on 3/18/25 at 1:24PM. Diagnoses included dementia and hypertention.

Resident 7's current Individualized Service Plan (ISP) document, dated 3/06/25, was not signed by Resident 7 or his representative. Documentation of any review of the ISP with Resident 7 or his representative was not available for review.

In an interview, on 3/18/25 at 2:18PM, the Director of Nursing (DON) indicated the ISP's were to be signed by staff electronically. The DON indicated she was not aware every ISP had to be signed by the resident or resident representative. The DON indicated she was now aware the facility was not in compliance with the facility policy.

	A current policy titled, "Assessment (IN) Policy and Procedure". The policy indicated..It is the policy of the Community to access its residents according to State regulations or according to the procedures of this policy, whichever is considered more stringent ... No other policy for an ISP was provided by the facility by the time of survey exit.			

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