STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	05/14/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
R 0000 Bldg. 00	This visit was for a State Residential Licensure Survey. Survey dates: May 13 and 14, 2024 Facility number: 012582 Residential Census: 143 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed May 15, 2024	R 0000		
R 0273 Bldg. 00	410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, interview and record review, the facility failed to ensure steam table pans were stored in a sanitary manner. 143 of 143 residents residing in the facility ate food prepared in the facility kitchen. Findings include: During a tour of the kitchen on 5/13/24 beginning at 9:25 AM the Dietary Manager (DM 20) separated 3 stacks of stored pans. The inside of 7 pans were observed to be wet. The inside of 2 pans were observed to contain green chunks of unknown debris. In an interview on 5/13/24 at 9:40 AM DM 20	R 0273	***What corrective actions will be accomplished for those residents found to have been affected by the finding:*** No negative outcomes found from the finding. ***How will you identify other residents having the potential to be affected by the same finding and what corrective action will be taken:*** All residents had the potential to	06/14/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kristin Townsley	Executive Director	05/24/2024

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	indicated the pans should have been air dried before being stacked for storage. A current facility policy dated 9/1/21 provided by the Executive Administrator on 5/14/24 at 10:43 AM indicated all dishware would be air dried and properly stored.		be affected by the finding. But none were adversely affected. ***What measures will be put in place or what systemic changes the facility will make to ensure that the deficient practice does not recur:*** Staff were in-serviced the day of survey. Staff will be in-serviced on proper washing and drying of dishes upon hire and routinely to verify knowledge of proper washing/drying. ***How the corrective action(s) will be monitored to ensure the finding will not recur:*** Culinary Director or Designee will audit dishes 1/day to verify that all dishes have been washed and dried correctly for 1 month, 1/week for 3 months and 1/month for 6 months.	
R 0349 Bldg. 00	410 IAC 16.2-5-8.1(a)(1-4) Clinical Records - Noncompliance (a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows: (1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized.			

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	Based on interview and record review, the facility failed to maintain accurate records related to emergency medical code status for 2 of 9 residents reviewed (Resident 4 and Resident 7). Findings include: 1) Resident 4's record was reviewed on 5/13/24 at 1:28 PM. Diagnoses included diabetes, unspecified dementia and adult failure to thrive. Resident 4's demographic record indicated their emergency medical code status was Do Not Resuscitate (DNR). A physician order dated 8/3/23 indicated Resident 4's emergency code status was Cardiopulmonary Resuscitation (CPR). A Code Status Directive dated 7/21/23 indicated Resident 4's emergency medical code status was Full Code, Full Resuscitation. A Traditions Management document dated 12/7/23 provided by the Executive Director (ED) on 5/14/24 at 10:50 AM indicated Resident 4's emergency medical code status was No Code, Do Not Resuscitate. The document was signed by Resident 4's Power of Attorney (POA). The document was signed by Licensed Practical Nurse 6. A State of Indiana Out of Hospital Do Not Resuscitate Declaration and Order (DNR) dated 12/7/23 23 provided by the Executive Director (ED) on 5/14/24 at 10:50 AM indicated Resident 4's emergency medical code status was DNR. The DNR was signed by Resident 4's POA. The DNR witness signature area was blank. The DNR physician signature area was blank.	R 0349	***What corrective actions will be accomplished for those residents found to have been affected by the finding:*** No negative outcomes found from the finding. ***How will you identify other residents having the potential to be affected by the same finding and what corrective action will be taken:*** Two residents had the potential to be affected by the finding. But none were adversely affected. ***What measures will be put in place or what systemic changes the facility will make to ensure that the deficient practice does not recur:*** Staff were in-serviced the day of survey where to find the correct code status document. And on-going in-servicing will be completed as well. ***How the corrective action(s) will be monitored to ensure the finding will not recur:*** Wellness Director or designee will audit all code status forms for completion, accuracy and verify	06/07/2024

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	In an interview on 5/14/24 at 10:25 AM Qualified Medication Aide (QMA) 21 indicated emergency medical code status could be found either in paper charts or physicisn orders and should be the same so staff knew what to do.2) Resident 7's record was reviewed on 5/13/24 at 2:39 PM. Diagnoses included dementia, history of breast cancer, thyroid disease, arthritis, osteoporosis, depression, and anxiety. Resident 7's current service plan, dated 4/22/24, indicated the resident's code status was DNR. Resident 7's face sheet indicated the resident's code status was DNR. A Doctor's progress note dated 2/18/24 at 7:01 AM, 1/12/24 at 8:29 AM, and 1/1/24 at 10:23 AM by the Nurse Practitioner indicated the resident's code status was DNR. Resident 7's document titled "State of Indiana Out of Hospital Do Not Resuscitate Declaration and Order", signed 10/20/23 by the resident's POA indicated the resident's code status was DNR. Resident 7's current physician orders dated 8/19/22 indicated the resident's code status was Full Code. In an interview 5/14/24 at 11:56 AM, the ED indicated Resident 7's code status changed to DNR once she went on hospice; her ancillary orders under Physician Order Report indicated Full Code. In an interview on 5/14/24 at 11:56 AM the ED indicated the facility did not need a physician order for an emergency medical code status change. The ED indicated physician orders were		they are readily accessible and organized. Code status will be audited upon move in and monthly for 3 months, 1/month for 9 months.	

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	secondary/ancillary. The ED indicated they did not believe a full code status on the physician orders and a DNR elsewhere in the resident's record could lead to confusion. The ED indicated the staff did not refer to the physician orders for code status. The ED indicated the facility staff were directed to always refer to the paper chart or emergency binder to determine resident emergency medical code status on the Code Status form. A current policy titled "Code Status", revised 6/14, provided by the Executive Director on 5/14/24 at 10:43 AM, indicated all residents would have a code status established by a Physician at admission, if not the resident would be assumed a full code. The policy indicated if the resident/representative chose a code status of DNR a Do Not Resuscitate form would be completed, given to the Resident Clinical Director, and faxed to the physician for signature. The policy indicated when the form was signed by the resident/representative and the physician it would be placed in the resident's chart under the Advanced Directive section. The policy did not provide direction for nursing and/or staff where to locate a resident's current code status. A current policy titled "Maintenance of Records of Services Provided", revised 6/15/23, provided by the Executive Director on 5/14/24 at 1:05 PM, indicated the facility would follow all State and Federal guidelines concerning maintenance of records of service provided to its residents. The policy did not provide direction for nursing and/or staff where to locate a resident's current code status. No other policy for direction for nursing and/or staff where to locate a resident's current code			

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	status was provided by the facility by survey exit.			