

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155756	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 10/07/2022
NAME OF PROVIDER OR SUPPLIER COVENTRY MEADOWS		STREET ADDRESS, CITY, STATE, ZIP COD 7843 W JEFFERSON BLVD FORT WAYNE, IN 46804		
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00391151.</p> <p>Complaint IN00391151 - Substantiated. Federal/State deficiencies related to the allegations are cited at F679.</p> <p>Survey dates: October 3, 4, 5, 6, and 7, 2022.</p> <p>Facility number: 004945 Provider number: 155756 AIM number: 200814400</p> <p>Census Bed Type: SNF/NF: 98 SNF: 23 Total: 121</p> <p>Census Payor Type: Medicare: 9 Medicaid: 63 Other: 49 Total: 121</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed October 11, 2022</p>	F 0000		
F 0679 SS=E Bldg. 00	<p>483.24(c)(1) Activities Meet Interest/Needs Each Resident §483.24(c) Activities. §483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community.</p> <p>Based on observation, interview, and record review the facility failed to ensure engaging activities were provided for 4 of 4 residents reviewed. (Resident 5, Resident 75, Resident 52, and Resident 30)</p> <p>Findings include:</p> <p>During a continuous observation, on 10/03/22 from 10:07 AM to 11:45AM, 20 residents were observed in the common area with no activities going on. There was 1 staff (activities) in an office with the door closed around the corner from the tables. The staff came handed out gallon size baggies with orbies (small squishy balls that swell with water) inside one to each table where people sat, 5 in total. After 18 minutes a second staff member came into the common area and activity staff began blowing bubbles. Resident 5 was not observed in the common room.</p> <p>An activities schedule dated October 2022 indicated sittercize was scheduled for 10 AM and Chronicles with coffee was scheduled for 11 AM on 10/3/22.</p> <p>During a continuous observation on 10/04/22 from 02:07 PM to 3:10 PM, 10 residents and a visitor were observed in the common room. No staff were present, and no activities were being conducted. Observed Resident 30 going into a peer's room, Resident 5 and Resident 52 were in the middle of the hall. A random CNA (Certified Nursing</p>	F 0679	<p>F679</p> <p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation. Based upon past survey history and no harm identified to any resident, this facility respectfully requests a desk review in lieu of a post survey revisit on or before October 23, 2022.</p> <p><i>What corrective action will be accomplished for those residents found to have been affected by the deficient practice:</i></p> <p>Residents 5, 75, 52 and 30 have all been assessed with no adverse effects noted from alleged deficient practice. Quarterly activity assessments for residents 5, 75, 52 and 30 have all been reviewed and indicate that the activities meet their interests, and that the facility provides programming that reflect their interests.</p> <p><i>How other residents having the</i></p>	10/23/2022

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	<p>Assistant) was observed going in and out of resident's rooms, taking out trash. CNA 3, came onto the unit, went into common room and indicated it was color circle time. CNA 3 then handed out markers and printed coloring pages to residents who were willing to take them (6 in total).</p> <p>An activities schedule dated October 2022 indicated Activity stations followed by Movie and snack were scheduled for 2 PM on 10/4/22.</p> <p>In an interview on 10/04/22 at 2:42 PM, LPN 2 indicated one CNA and herself were scheduled for the unit. LPN 2 indicated activities were not done on evenings unless assigned a second CNA. LPN 2 indicated 2 CNAs working happened infrequently.</p> <p>In an interview on 10/4/22 at 2:45 PM, the Unit Manager indicated the unit had one part time activities person 3 days per week working an average of 18 hours a week. The Unit Manager indicated staffing was a nurse and 2 CNAs if possible 3 CNAs on 1st and 2nd shift with a nurse and aid on 3rd shift preferably. The Unit Manager indicated at times it was only a nurse from the hours of 10PM to 6AM. The Unit Manager indicated the aids and nurses were able to conduct activities. The Unit Manager indicated part of the criteria to reside in the secured unit was a diagnosis of Alzheimer's or dementia (unable to make decisions), the ability to move around the unit (either walking or able to propel wheelchair on own), and the ability to benefit from the activities. The Unit Manager indicated being short staffed made it impossible to conduct activities at times.</p> <p>1) Resident 5's record review began on 10/3/22 at</p>			<p><i>potential to be affected by the same deficient practice will be identified and what corrective action will be taken:</i></p> <p>All residents who reside on the memory care unit have the potential to be affected by this alleged deficient practice.</p> <p>Quarterly activity participation and satisfaction will be reviewed with changes made to the plan of care as needed quarterly. All memory care and activity staff have been educated on the benefits of cottage programming and the importance of following the provided activity calendar (attachment 5).</p> <p><i>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:</i></p> <p>Education was provided to all memory care and activity staff on following the activity calendar to ensure support each resident with activities designed to meet the interests of and the physical, mental, and psychosocial well-being of each resident. A leadership support schedule (attachment 6) was developed and implemented which will ensure activity oversight by members of the facility's management team.</p> <p><i>How the corrective action will be monitored to ensure the deficient practice will not recur:</i></p> <p>The Activity Director/designee will complete the Memory Care</p>

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	<p>9:06 AM. Resident 5's diagnosis included dementia, repeated falls, mood disturbances, and muscle weakness. Resident 5's physician orders indicated it was clinically indicated for the resident to reside on the secured unit. Resident may engage in therapeutic, structured, and work activities.</p> <p>Resident 5's current care plan indicated she enjoyed playing the piano, traveling, gardening, bingo, and listening to music. Resident 5's quarterly current MDS (Minimal Data Set) indicated Resident 5 was moderately cognitively impaired.</p> <p>Resident 5's activity documentation, a highlighted calendar with blue for passive and pink for participation with no indication if refused or not available, provided by Administrator on 10/6/22 at 8:30 AM showed no indication of the time the activity occurred and amount of time lasted.</p> <p>On the October activity calendar documentation indicated Resident 5 was a passive participant in sittercise at 10AM and participated in coffee with chronicles at 11AM on 10/3/22. Resident 5 was not in sittercise per observation and there were no chronicles between 11AM to 11:45AM. On 10/4/22 Resident 5 was marked as passive participation at 2PM during activity stations with participation at 3:00PM during a movie and snack.</p> <p>During the observation on 10/4/22 the activity station offered was coloring an no movie or snack began at 3:00PM. Resident 5 was observed in the hallway during the scheduled activity times on 10/4/22.</p> <p>2) Resident 75's record review began on 10/3/22 at 9:22 AM. Resident 75's diagnosis included</p>		<p>Engagement QAPI tool (attachment 7) weekly x 4 weeks, monthly x3 months and quarterly x 3 months. If any findings are out of compliance, additional monitoring and additional action plan(s) will continue as determined by the QAPI Committee. In addition, the Cottage Leadership Support Schedule will be completed and turned in to the Executive Director daily until identified as appropriate to reduce assigned rounds.</p> <p><i>What date the systemic changes for each deficiency will be completed:</i></p> <p>All audits and systemic changes will be fully implemented by October 23,2022.</p>	

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	<p>dementia, lung disease, kidney disease, and heart disease. Resident 75's physician orders included it was clinically indicated for the resident to reside on the secured unit. Resident may engage in therapeutic, structured, and work activities.</p> <p>Resident 75's current care plan indicated she enjoyed yard work, planting flowers, religious music, and country music. Resident 75's current quarterly MDS indicated Resident 75 was severely cognitively impaired.</p> <p>Resident 75's activity documentation, a highlighted calendar with blue for passive and pink for participation with no indication if refused or not available, provided by Administrator on 10/6/22 at 8:30 AM showed no indication of the time the activity occurred, occurrence of any enjoyment, and amount of time lasted.</p> <p>On the October activity calendar documentation, Resident 75 was indicated as an active participant in sittercise at 10AM and in coffee with chronicles at 11AM on 10/3/22.</p> <p>Resident 75 was not in sittercise or chronicles on 10/3/22 as observation of the activity indicated it did not occur.</p> <p>On 10/4/22 Resident 75 was marked as participation at 2PM during activity stations and at 3:00PM with a movie and snack. During the observation on 10/4/22 the activity station offered was coloring an no movie began at 3:00PM.</p> <p>3)Resident 52's record review on 10/4/22 at 3:48 PM indicated diagnosis included dementia, anxiety, and depression. Resident 52's physician orders did not include a statement of appropriateness for the secured unit.</p>			

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	<p>Resident 52's current care plan did not indicate activities of preference. Resident 52's quarterly current MDS (Minimal Data Set) indicated Resident 52 was moderately cognitively impaired.</p> <p>Resident 52's activity documentation, a highlighted calendar with blue for passive and pink for participation with no indication if refused or not available, provided by Administrator on 10/6/22 at 8:30 AM showed no indication the time the activity occurred and amount of time lasted.</p> <p>On the October activity calendar documentation indicated Resident 52 was a passive participant in sittercise at 10AM and participated in coffee with chronicles at 11AM on 10/3/22. Resident 52 was not in sittercise per observation and there were no chronicles between 11AM through 11:45AM. Resident 52 was in her room visiting with her daughter during the time indicated.</p> <p>On 10/4/22 Resident 52 was marked as participation at 2PM during activity stations and at 3:00PM with a movie and snack. During the observation on 10/4/22 the activity station offered was coloring an no movie began at 3:00PM.</p> <p>During an interview on 10/3/22 at 10:52AM the daughter of Resident 52 indicated her mom had not been in activities and she was difficult to keep focused.</p> <p>4) Resident 30's record review on 10/3/22 at 12:26 PM indicated diagnosis included dementia, repeated falls, mood disturbances, Alzheimer's, and muscle weakness. Resident 30's physician orders included it was clinically indicated for the resident to reside on the secured unit. Resident may engage in therapeutic, structured, and work</p>			

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	<p>activities.</p> <p>Resident 30's current care plan indicated she enjoyed animals, watching crime shows, and listening to country music. Resident 30's quarterly current MDS indicated Resident 30 was moderately cognitively impaired.</p> <p>Resident 30's activity documentation, a highlighted calendar with blue for passive and pink for participation with no indication if refused or not available, provided by Administrator on 10/6/22 at 8:30 AM showed no indication of the time the activity occurred and amount of time lasted.</p> <p>On the October activity calendar documentation indicated Resident 30 was a passive participant in sittercise at 10AM and participated in coffee with chronicles at 11AM on 10/3/22.</p> <p>Resident 30 was not observed in either activity on 10/3/22 at the designated times.</p> <p>On 10/4/22, Resident 30 was marked as participation at 2PM during activity stations with passive participation at 3:00PM with a movie and snack. During the observation on 10/4/22 the activity station offered was coloring an no movie began at 3:00PM.</p> <p>In an interview on 10/6/22 at 1:26PM the Activity Director indicated she was not trained on calendar activity logs. The Activity Director indicated it lacked necessary information to ensure value, type of activity, attendance, and time spent in activity. The Activity Director demonstrated the charting the staff complete on activities on all other units, and would be doing in Auguste's Cottage (secured unit) in the future.</p>			

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F 0812 SS=E Bldg. 00	<p>A policy and procedure labeled, Auguste's Cottage, dated Spring 2019 was received from Administrator on 10/6/22 at 8:30 AM, indicated Guidelines for Initial Admission to Auguste's Cottage ...Individual will benefit from socialization in daily group programs ...Guidelines for Continued Stay on Auguste's Cottage. Individual actively participates daily in group programming. Individual passively participates in daily group programming. Individual enjoys group programming.</p> <p>This Federal citation is realted to Complaint IN00391151.</p> <p>3.1-33(a)</p> <p>483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p>			

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	<p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>Based on observation, interview, and record review the facility failed to ensure proper temperature of food. 124 residents resided in the facility.</p> <p>Findings include:</p> <p>During an observation on 10/03/22 09:06 AM, there was no thermometer observed in the walk in refrigerator. The Dietary Manager (CDM) was unable to provide temperature logs for October. In an interview, the CDM indicated October was a new month and she was unable to provide logs. The CDM indicated she was working 12hr days 7 days a week therefore she could ensure they were taken and within range. The CDM was unable to recall what the temps were on the night prior and asked a Cook for them. The Cook indicated the soup was 175 degrees and the tuna salad was 38. There were no temperatures relayed for any alternate menu or mechanically altered food. There was no documentation to indicate the temperatures were checked.</p> <p>Food temperature logs dated July 2022 through October 2022 indicated the following:</p> <p>No temperature logs dated July 1 to July 24 were provided.</p> <p>The log dated 7/24- 7/30 had no initials on any date and no entries for Saturday 7/30.</p> <p>The log dated July 31 - 8/6/22 had no initials documented to indicate staff responsible for checking the temperatures.</p> <p>The log dated 8/7-8/13 had no initials documented.</p> <p>No log was provided dated 8/14-8/20</p> <p>The log dated 8/21-8/27 had no initials</p>	F 0812	<p>F812</p> <p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation. Based upon past survey history and no harm identified to any resident, this facility respectfully requests a desk review in lieu of a post survey revisit on or before October 22, 2022.</p> <p><i>What corrective action will be accomplished for those residents found to have been affected by the deficient practice:</i></p> <p>No residents were found to be affected by this alleged deficient practice.</p> <p><i>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:</i></p> <p>All residents have the potential to be affected by the alleged deficient practices. The Culinary Manager has put into place kitchen temperature monitoring for the following: food, high temperature</p>	10/22/2022

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	<p>documented.</p> <p>There were no entrees for dinner on Monday. No entries for breakfast or lunch on Tuesday and Wednesday. No entries for breakfast, lunch, or dinner for Thursday or Saturday.</p> <p>No other logs dated for August 2022 were provided.</p> <p>No food temperature logs dated September 2022 were provided.</p> <p>No food temperature logs dated October 2022 were provided.</p> <p>The temperature logs for the high temp dish machine indicated the following:</p> <p>The logs dated July 2022 had no recordings for the 30th or 31st.</p> <p>An undated log was provided with no documentation for the 23, 24, 25, 26, 27, 28, 29, 30, or 31.</p> <p>There were no logs provided dated August, September, or October 2022.</p> <p>The temperature logs for the walk in freezer indicated the following:</p> <p>The logs dated July 2022 did not have documentation on 30 or 31.</p> <p>The logs dated August 2022 had no documentation for 24, 25, 26, 27, 28, 29, 30, or 31.</p> <p>No logs were provided for September or October 2022.</p> <p>The milk temperature monitoring form indicated the following:</p> <p>The forms dated July 2022 had no documentation on 30 or 31.</p> <p>The forms dated August 2022 had no documentation on 24, 25, 26, 27, 28, 29, 30, or 31.</p> <p>There were no forms provided for September or October 2022.</p>		<p>dishwasher, walk in freezer/cooler, milk refrigeration, reach in freezer and reach in cooler. The logs are hung on the wall at each location to ensure easy access. The Culinary Manager/Designee will check all temperature logs daily to ensure temperatures are recorded on each shift. Education and/or disciplinary action will be provided as necessary.</p> <p><i>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:</i></p> <p>All kitchen staff will be in-serviced on the Recording Temperatures Policy by October 22, 2022 (attachment 1). All kitchen staff will also have the Proper Use of a Thermometer and Probe</p> <p>Thermometer Calibration skill validation completed by October 22, 2022 (attachment 2). The Culinary Manager/designee will complete the Daily Kitchen Temperature Checklist (attachment 3) and submit to the Executive Director/designee daily for 4 weeks. A short kitchen sanitation audit (attachment 4) will be completed by the Clinical Dietician Assistant/designee weekly for 4 weeks. The consultant RD will provide ongoing training, oversight, resources, and competencies as needed based on the Food Temperature policy and the above-mentioned checklist and audit forms to identify ongoing</p>	

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NAME OF PROVIDER OR SUPPLIER COVENTRY MEADOWS		STREET ADDRESS, CITY, STATE, ZIP COD 7843 W JEFFERSON BLVD FORT WAYNE, IN 46804		
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	<p>The reach in freezer temperature monitoring logs indicated the following:</p> <p>The logs dated July 2022 had no documentation on 30 or 31.</p> <p>The logs dated August 2022 had no documentation on 24, 25, 26, 27, 28, 28, 30, or 31.</p> <p>There were no logs provided for September or October 2022.</p> <p>The walk-in refrigerator temperature logs indicated the following:</p> <p>The logs dated July 2022 had no documentation on 30 or 31.</p> <p>The logs dated August 2022 had no documentation on 24, 25, 26, 27, 28, 28, 30, or 31.</p> <p>There were no forms provided for September or October 2022.</p> <p>The reach in cooler temperature monitoring logs indicated the following:</p> <p>The logs dated July 2022 had no documentation on 30 or 31.</p> <p>The logs dated August 2022 had no documentation on 24, 25, 26, 27, 28, 28, 30, or 31.</p> <p>There were no logs provided for September or October.</p> <p>A policy titled, "Recording Temperatures" was revised 10/17, and was provided by Administrator on 10/5/22 at 1:58 PM. The recording temperatures policy indicated. food temperature logs shall be kept. temperature logs for dish machine shall be recorded and monitored routinely. The food service manager shall monitor temperatures for food and equipment routinely.</p> <p>3.1-21 (a)(2)</p>		<p>areas of concern or those not meeting threshold.</p> <p><i>How the corrective action will be monitored to ensure the deficient practice will not recur:</i> The Culinary Manager/Designee will monitor each solution/systemic change daily or more often as necessary for 4 weeks and until compliance is maintained. The Daily Kitchen Temperature Checklist will be completed daily until identified as appropriate to reduce daily monitoring. The Kitchen Sanitation audit will be completed weekly x 4 weeks, monthly x 3 months and quarterly x 3 to ensure compliance. The results will be reviewed monthly in QAPI to ensure compliance is maintained. If any findings are out of compliance, additional monitoring and additional action plan(s) will continue as determined by the QAPI Committee.</p> <p><i>What date the systemic changes for each deficiency will be completed:</i> All audits and systemic changes will be fully implemented by October 22, 2022.</p>	