STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155249	A. BUILDING 00 B. WING	12/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
CHATEAU REHABILITATION AND HEALTHCARE CENTER	6006 BRANDY CHASE COVE FORT WAYNE, IN 46815

(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
F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00421976, IN00422858, and IN00423759. Complaint IN00421976 - No defieciencies related to the allegations are cited. Complaint IN00422858 - Federal/state deficiencies related to the allegations are cited at F684. Complaint IN00423759 - No defieciencies related to the allegations are cited. Survey dates: December 12 and 13, 2023 Facility number: 000153 Provider number: 155249 AIM number: 100266910 Census Bed Type: SNF/NF: 77 Total: 77 Census Payor Type: Medicare: 4 Medicaid: 59 Other: 14 Total: 77 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed December 15, 2023	F 0000	12-30-2023 ISDH ATT: Brenda Buroker Director of Division Long Term Care 2 North Meridian Street Indianapolis, Indiana 46204 Re: Complaint Survey Chateau Rehabilitation and Healthcare Center 6006 Brandy Chase Cove Fort Wayne, IN 46815-7601 Dear Ms. Buroker: On December 12, 2023, a Complaint (IN00421976, IN00422858, IN00423759) Survey was conducted by the Indiana State Department of Health. Enclosed please find the Statement of Deficiencies with our facilities Plan of Correction for the alleged deficiencies. Please consider this letter and Plan of Correction to be the facility's credible allegation of compliance. This letter is our formal request for a desk review that the facility has achieved substantial compliance with the applicable requirements as of the date set forth in the Plan of Correction.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Monique I Augustine	HFA	12/26/2023

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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			Please feel free to call me with any further questions at 1 (260) -486-3001. Respectfully submitted, Monique L. Augustine Health Facility Administrator	
F 0684 SS=D Bldg. 00	483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. Based on interview and record review, the facility failed to provide care and services for chronic conditions to 1 of 3 residents reviewed (Resident C). Findings include: On 12/12/23 at 11:04 A.M., Resident C's record was reviewed. Diagnoses included diabetes, hypothyroidism, and Addison's disease with history of Addisonian crisis. "Adrenal Insufficiency and Addison's Disease" was retrieved on 12/12/23 from the National Institute of Health website (niddk.nih.gov).	F 0684	F 684 D Quality of Care The facility requests paper compliance for this citation. This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of	12/30/2023

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	Adrenal insufficiency or Addison's disease, is a disorder that occurs when the adrenal glands don't make enough of certain hormones which affects the body's ability to respond to stress and maintain other life functions. One of these hormones, cortisol, is sometimes called the "stress hormone" because it helps the body respond to stress and helps to control blood pressure and blood sugar. The disease is treated with daily medications that replace the hormones the adrenal glands aren't making. The most serious complication of adrenal insufficiency is called adrenal crisis or Addisonian crisis which can cause death if not treated right away. The body needs much more cortisol than usual during times of physical stress and the severe lack of cortisol at these times can cause life threatening low blood pressure and low blood sugar. Other symptoms of Addisonian crisis include: weakness, confusion, loss of consciousness, and sudden severe pain in the lower back, abdomen or legs. A care plan, dated 8/8/23, indicated the resident was at risk for discomfort, complications or decline due to disorders including diabetes and thyroid disorder. The goal was for her to attain or maintaining her highest practicable level of well-being and have minimized risk for complications. Interventions included: administer medications per physician orders. There was no care plan for Resident C's Addison's disease or the need for monitoring her physical stress or possible need for increased hormone replacement during those times. There was no care plan available regarding monitoring symptoms for Addisonian's crisis. Physician orders for hormone replacement medications and dates ordered were: -9/3/22-Hydrocortisone tablet-give 20 mg		federal and state law. 1.) Immediate actions taken for those residents identified: • Resident C no longer resides within the facility. 2) How the facility identified other residents: • Any resident residing in the facility with diagnosis of Addison's disease had the potential to be affected. No other resident was identified. 3) Measures put into place/ System changes: • Licensed Nursing staff were educated in Medication Administration, Notification of Physician, and Care Plan Development. • In-service conducted by MDS Coordinator for the interdisciplinary team to review procedures for development of baseline care plans and comprehensive care plans. • Resident care plans will be reviewed/updated on admission, readmission, change of condition, quarterly and annually, and with significant change and as needed. • Licensed nursing staff will administer, and document medications as ordered. • Issues related to inability to administer medications will be documented and reported to physicians. 4) How the corrective actions will be monitored:	

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	(milligrams) by mouth every morning for inflammation. -12/22/22-Hydrocortisone tablet-give 10 mg by mouth every day with lunch for inflammation. -9/10/23-Hydrocortisone tablet-give 5 mg by mouth every afternoon for prophylaxis. A MAR (Medication Administration Record) dated November 2023 indicated the resident hadn't received the prescribed Hydrocortisone tablets on the following days: -11/24/23: Hydrocortisone 5 mg -11/25/23: Hydrocortisone 10 mg and Hydrocortisone 5 mg. -11/26/23: No Hydrocortisone doses were administered (20 mg, 10 mg, nor 5 mg). There was no documentation to indicate the physician or NP (Nurse Practitioner) were notified the resident hadn't been administered her Hydrocortisone as ordered for 3 days. A progress note, dated 11/26/23 at 3:59 p.m., indicated Resident C had been observed on her knees near the bathroom in her room. She complained of pain in her right hip. The NP was notified and orders given to obtain x-rays of her hip. There was no indication teh facility had discussed Addison's disease with the practitioner. A progress note, dated 11/27/23 at 10:00 a.m., indicated the resident's legs "collapsed from weakness" and she slid to the floor. She denied hitting her head but hit her right rib cage. -At 11:20 a.m., the resident was unresponsive and pale with puffy hands and feet. Her blood sugar was 33 (normal 70-100). She was given an injection of Glucagon (sugar serum). -At 11:40 a.m., the resident's blood sugar was 24 and the EMS was called.		• Director of Nursing/designee is the responsible party for this Plan of Correction with Executive Director oversight. • The Director of Nursing and MDS Coordinator will randomly review three residents care plan records weekly ensuring that care plans have been developed that accurately reflect resident status. • 24-hour reports will be reviewed during routine clinical meetings to identify any issues related to medication administration as well as review of medication pass documentation, and physician notification. • The results of these audits will be reviewed in Quality Assurance Meeting monthly for 6 months or until 100% compliance is achieved x3 consecutive months. • The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated. 5.) Date of compliance: 12-30-2023	

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	-At 12:08 p.m., the resident's blood sugar was 76. EMS were present and transported her to the hospital for further evaluation. On 12/13/23 at 1:39 P.M., LPN 3 (Licensed Practical Nurse) was interviewed. She indicated medications should be administered as ordered and if a medication wasn't available, she would notify the doctor or NP. When asked, she indicated she had not known Resident C had Addison's disease but knew the disease was rare and could cause pain. She hadn't known the resident had missed medications nor the importance of not missing doses of the hormones. On 12/13/23 at 1:44 P.M., QMA 4 (Qualified Medication Aide) was interviewed. She indicated she'd cared for Resident C for the past 2 years. When questioned, she indicated she hadn't known the resident had Addison's disease and didn't know what it was or how it was treated. On 12/13/23 at 2:30 P.M., the Interim Administrator and Interim Director of Nursing (DON) were interviewed. Both indicated medications should be administered as ordered. If medications weren't available, the doctor or NP were to be notified. The DON indicated care plans should be specific to the resident, their condition and care needs. Staff should be familiar with the plan of care. This deficiency relates to Complaint IN00422858. 3.1-37			