

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/18/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155255		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/03/2024	
NAME OF PROVIDER OR SUPPLIER CELEBRATE SENIOR LIVING OF FORT WAYNE				STREET ADDRESS, CITY, STATE, ZIP COD 3420 EAST STATE BLVD FORT WAYNE, IN 46805			
(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	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00434831 and IN00434951.</p> <p>Complaint IN00434831 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00434951 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: May 29, 30, 31 and June 3, 2024.</p> <p>Facility number: 000158 Provider number: 155255 AIM number: 100291490</p> <p>Census Bed Type: SNF/NF: 66 SNF: 1 Total: 67</p> <p>Census Payor Type: Medicare: 1 Medicaid: 60 Other: 6 Total: 67</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed June 4, 2024</p>			F 0000	<p>This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law; or – Preparation and submission of this Plan of Correction does not constitute an admission of agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and submitted solely because of requirements under state and federal laws.</p>		
F 0689 SS=D Bldg. 00	483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents.						

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

TITLE

(X6) DATE

Tammy Hunter

Administrator

06/14/2024

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>The facility must ensure that -</p> <p>§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on interview and record review the facility to ensure assessment for elopement risk was completed for 1 of 5 residents reviewed. (Resident 53)</p> <p>Findings include:</p> <p>A record review began on 5/29/24 at 10:41 AM. Resident 53 diagnoses include, unspecified dementia, severe with psychotic disturbance and generalized anxiety disorder.</p> <p>A MDS (minimum data set) assessment, dated 4/8/24, indicated Resident 53 had a BIMS (brief interview mental status) 3 of 15, indicated Resident 53 had severe cognitive impairment.</p> <p>Resident 53's care plan, titled Elopement, dated 4/8/24 indicated Resident 53's focus was high risk for elopement related to dementia. Due to his cognition and poor safety awareness resident would reside on the secure memory care unit. Resident 53's goal was to remain safe within the facility unless accompanied by staff or other authorized persons through the review date. Resident 53's interventions included, but were not limited to: assess, record, and report to physician, risk factors for potential elopement such as wandering, repeated requests to leave facility, statements such as "I'm leaving, I'm going home.", and/ or attempts to leave facility. Complete an Elopement Risk Assessment per facility protocol,</p>			F 0689	<p>F689- Free of Accidents Hazards/Supervision/Devices</p> <p>1. The identified resident had no significant effects. The resident was assessed at the next quarterly that was due. An initial audit for current residents who are due for elopement risk assessments was completed.</p> <p>2. A list of quarterly assessments due each month will be placed at each nursing station in the nurse's binder. As well as a monthly calendar sent by the MDS Coordinator to the Management team.</p> <p>3. An in-service for staff and managers was completed on 6/5/24. Staff re-educated on completing quarterly assessments on time. Audit tool will be completed by DON and/or designee 4x a week for 4 weeks, then 3x a week for 4 weeks, the 2x a week for 8 weeks, then weekly for 8 weeks for resident appointments</p> <p>4. This will be reviewed in the monthly QAPI/QA meetings for 6 months or until 100% compliance is obtained.</p>		06/16/2024

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	<p>and every quarter, to make changes as needed. Encourage Resident 53 to participate in an activities program to divert attention and meet needs for social, cognitive stimulation. Supervise closely and make regular compliance rounds whenever Resident 53 is wandering around.</p> <p>The following assessments indicated elopement risk:</p> <p>-Dated 5/16/23, quarterly, Elopement Risk decision: the resident presently appears to be at risk to elope and should be placed on the elopement risk protocol, a care plan for elopement was indicated. Resident 53 resided on the secure memory unit.</p> <p>-Dated 12/28/23, Elopement Risk decision: the resident presently appears to be at risk to elope and should be placed on the elopement risk protocol, a care plan for elopement was indicated. Resident 53 resided on the secure memory unit.</p> <p>-Date 3/27/24, quarterly, Elopement Risk decision: the resident presently appears to be at risk to elope and should be placed on the elopement risk protocol, a care plan for elopement was indicated. Resident 53 resided on the secure memory unit.</p> <p>A quarterly elopement risk assessment was not completed between August - October 2023.</p> <p>A quarterly Social Services Progress note, dated 8/15/23, indicated Resident 53 had not wandered, and wandering behavior had not been exhibited. There was no other question in the assessment to pertain to elopement, and or wandering.</p> <p>A review of Resident 53's census list, indicated Resident 53 had an unpaid hospital leave from 10/1/23 and returned on 10/3/23. No other leaves had occurred.</p>				5. Audit tools and education will be in place by 6/16/24.		

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	<p>In an interview on 5/31/24 at 10:12 AM, the Memory Care Coordinator indicated elopement assessments were present only as elopement risk-not barred in another assessment. She indicated she would look into the resident's missing risk assessment.</p> <p>In an interview 05/31/24 at 10:38 AM, the Memory Care Coordinator and Social Worker indicated the resident did not have an elopement risk assessment done. They were unsure why the assessment had not been completed.</p> <p>A currently facility policy, Elopement management, dated 10/2018, was provided by the Memory Care Coordinator. The policy indicated..." Upon admission and re-admissions, resident will be assess for elopement risk by completion of the elopement risk user defined assessment (UDA) in the electronic medical record in conjunction with the nursing admission data collection set...Following admission, residents are evaluated for elopement risk quarterly, annually and with significant change of condition or status using the Elopement Risk (UDA) and the Resident Assessment instrument process (RAI)...Care plan interventions are individualized to the resident and are based on the assessed risk of elopement...."</p> <p>3.1-45(a)</p>						