STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155654	A. BUILDING 00 B. WING	08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ENGLEWOOD HEALTH & REHABILITATION CENTER	2237 ENGLE RD FORT WAYNE, IN 46809

(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 a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00440986. Complaint IN00440986 - No deficiency related to the allegation is cited. Survey dates: August 13, 14, 15, and 16, 2024 Facility number: 000498 Provider number: 155654 AIM number: 100266110 Census Bed Type: SNF/NF: 49 Total: 49 Census Payor Type: Medicare: 2 Medicaid: 42 Other: 5 Total: 49 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed August 20, 2024.	F 0000	The following plan of correction constitutes our written allegation of compliance for the deficiency cited. This plan of correction is submitted to meet the requirements of state and federal law. This facility respectfully requests paper compliance for the deficiency cited.	
F 0550 SS=E Bldg. 00	483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights Based on observation and interview, the facility failed to ensure residents' privacy and dignity by asking permission prior to entering residents' room for 4 of 13 residents reviewed. (Resident 18, Resident 17, Resident 34, Resident 40).	F 0550	1. Corrective action cannot be taken due to the alleged deficiencies have occurred in the past. 2. Current practices have been reviewed to ensure compliance of	09/16/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Stephanie Hiles	HFA	09/04/2024

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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	Findings include: 1. During a medication administration observation on 8/14/24 at 7:38 AM, RN 3 entered Resident 18's room without knocking, announcing herself, or asking permission to enter. She proceeded to turn on his light and explain care she was to provide. Resident 18's diagnoses included stroke, heart disease, and dysphagia. Resident 18's BIMS (Brief Interview of Mental Status) most recent 7/17/24 score of 2 indicated a severe mental status deficit. 2. During a medication administration observation on 8/14/24 at 7:46 AM, RN 3 entered Resident 17's room without knocking or asking permission to enter. RN 3 did announce herself as she was walking into the room and tuned on the light, causing Resident 17 covered her head with her blanket. RN 3 announced the care she was to give. Resident 17's diagnoses included stroke, diabetes, adult failure to thrive, and heart disease. Resident 17's BIMS score was a 13 on 6/20/24 and indicated a minimal deficit in mental status. 3. During an interview on 8/14/24 at 11:12 AM during a resident council group interview, Resident 34 indicated the facility was her home. Staff did not respect her space. Resident 34 indicated staff frequently did not knock prior to walking into her room or if they knocked, they tapped once or twice and then entered. Resident 34's diagnoses included diabetes, heart disease, and kidney disease. Resident 34's BIMS score was 12 on 7/1/24 and indicated a minimal decline in mental status. 4. During an interview on 8/14/24 at 11:12 AM		deficient practice. 3. All residents residing on the 100 and 200 halls have the potential to be affected by the alleged deficiency. 4. All staff will be in serviced on the importance of knocking on a resident's door and asking permission to enter room prior to entering. This education has been added to new employee orientation. HFA/designee will monitor 5 staff members from various departments 5x/week for two weeks, then 3x/week for two weeks, then 1x/week for 8 weeks then monthly thereafter for 3 months to include evenings and weekends. 5. Audits/ findings will be forwarded to QA monthly for review. The facility through the QAPI program, will review, update, and make changes to the POC as needed for sustaining compliance for no less than 6 months. Frequency and duration of the reviews will be adjusted as needed. After consecutive compliance is achieved, the HFA or designee will randomly complete an audit to ascertain continued compliance annually.	

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	during a resident council group interview, Resident 40 indicated the facility staff just knocked on the door and then walked right in. There had been times they talked to her as if she was not an adult or was unable to understand English. Resident 40's diagnoses included heart disease, diabetes, arthritis, and sleep apnea. Resident 40's BIMS score was 14 on 6/16/24 and indicated minimal mental status deficit. An ongoing observation and interview on 8/15/24 from 9:10 AM to 9:36 AM indicated the following: An unidentified CNA (Certified Nurses Aid) knocked and called the resident's name in room 204, then entered without waiting for permission to enter. During an interview, RN 2 indicated when entering residents' rooms, staff should knock on the door and wait for an answer. If no answer, one should announce themselves and slowly open door and ask permission to enter. In an interview with the administrator on 8/15/24 at 10:03 AM, she indicated the expectation was for all staff to knock wait for permission to enter whether the door was open or closed. A policy and procedure titled "Resident Care Procedure #01: Initial Steps" dated 8/2016 and last revised 11/2022, indicated the following: Knock and identify yourself before entering the resident's room. Wait for permission to enter the resident's room. 3.1-3(p)(1)			