

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

PRINTED: 05/14/2025
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 05/01/2025	
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 DEFICIENCY (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.</p> <p>Survey dates: April 28, 29, 30, and May 1, 2025</p> <p>Facility number: 000158 Provider number: 155255 AIM number: 100291490</p> <p>Census Bed Type: SNF/NF: 69 SNF: 2 Total: 71</p> <p>Census Payor Type: Medicare: 2 Medicaid: 61 Other: 8 Total: 71</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed May 2, 2025</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 0550 SS=D Bldg. 00	<p>483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights</p> <p>Based on observation, interview, and record review the facility failed to ensure dignity was maintained for 1 of 18 residents reviewed. (Resident 52)</p> <p>Findings include:</p> <p>During an observation on the secured unit, on 4/28/25 at 10:11 AM, Licensed Practical Nurse</p>			F 0550	<p>F550- Resident Rights</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>The identified nurse was reprimanded immediately and educated on resident right/HIPPA</p>		05/17/2025

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

TITLE

(X6) DATE

Tammy Hunter

Administrator

05/13/2025

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>(LPN) 4 was heard yelling from across the hall inside room 107 to another staff member at the nurses' station. LPN 4 yelled over to the other staff member at the station, "Resident 52 has a boil the doctor wants to take a look at; he has to be laid down". There were 3 unidenified residents in close proximity to room 107 and could hear LPN 4.</p> <p>During an observation, on 04/28/25 at 10:22 AM, LPN 4 was easily overheard telling the Wound Nurse Practitioner Resident 52 was now laying down if she also wanted to look at the boil.</p> <p>In an interview, on 4/30/25 at 10:05 AM, the Unit Manager of the secured unit indicated LPN 4 was disciplined for his inappropriate behavior. The Unit Manager indicated the facility recently held an in-service regarding resident rights but LPN 4 did not attend the in-service.</p> <p>A record review on 4/30/25 at 1:15PM, indicated Resident 52's diagnosis included dementia, unspecified</p> <p>A current policy, titled "Resident Rights" dated 12/2024, indicated... 1. Dignity and Respect. Be treated with consideration, respect and full recognition of dignity and individuality. 5. Privacy and Confidentiality. Personal and medical information must be kept confidential. Residents are entitled to privacy in care, communication, and personal space ...</p> <p>3.1-3(a)</p>				<p>violation. Staff were re-educated along with the identified staff member.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken.</p> <p>This was found to be an isolated incident. Staff re-educated again on Resident Rights and HIPPA.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur.</p> <p>The above education will be completed upon hire with all new staff. Education will be completed monthly for 6 months. Daily monitoring will continue. Any concerns will be addressed immediately by the Administrator and HR Director.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.</p> <p>Monthly education will be reviewed in the monthly QAPI/QA meetings for 6 months or until 100% compliance is obtained.</p> <p>-</p> <p>By what date will the systemic changes for each</p>		

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F 0812 SS=E Bldg. 00	<p>483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary Based on interview and observations the facility failed to ensure sanitation measures were followed for 2 of 3 observations. 71 of 71 residents who resided in the facility received food prepared in the kitchen.</p> <p>Findings include:</p> <p>During an observation on 4/28/25 at 9:30 AM, a medal scoop was observed inside a tub of brown sugar. There was debris of grease like food around and under the sink. There were dried noodles, raisins and plastic debris observed under the racks in the pantry. There were small pieces of paper, dust in the corners, and unidentifiable small particles observed in the chemical room on the floor.</p> <p>During an observation on 4/29/25 at 10 AM, there were small cereal particles, dried meat of different shapes/sizes observed under the stand-up cooler, meal carts and stove area.</p> <p>In an interview on 4/28/25 at 9:30 AM, the Dietary Manager (DM) indicated the facility did not have a cleaning schedule. DM indicated the scoop from the brown sugar tub should not be left inside the tub. The DM indicated there should not be debris or dried particles on the floor or around/under the sink and appliances.</p> <p>In an interview on 4/30/25 at 2:03 PM, the Director</p>		F 0812	<p>deficiency be completed. The above education will be completed by 5-17-25.</p> <p>F812- Food Procurement, Store/Prepare/Serve-Sanitary</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. No residents were affected by the identified deficiency. The scoop was removed and all areas identified with food particles were cleaned.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken. The dietary manager was re-educated on the facility Sanitation Policy and the cleaning schedule on 5-12-25.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur. The dietary staff will be educated on the Sanitation Policy by the Administrator. The cleaning schedule was re-implemented on</p>		05/17/2025	

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	<p>of Nursing (DON) indicated the facility did not have a policy regarding sanitation in the kitchen. The DON indicated 71 of 71 residents received food prepared in the kitchen.</p> <p>3.1-(i)3</p>			<p>5-12-25. The completed cleaning schedule will be reviewed by the Dietary Manager and Administrator daily Monday through Friday to ensure tasks are being performed.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.</p> <p>The cleaning schedules will be reviewed in the monthly QAPI/QA meetings for 6 months or until 100% compliance is obtained.</p> <p>-</p> <p>By what date will the systemic changes for each deficiency be completed.</p> <p>The above will be completed and implemented by 5-17-25.</p>			