

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

PRINTED: 01/31/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155656		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/11/2023	
NAME OF PROVIDER OR SUPPLIER CANTERBURY NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 2827 NORTHGATE BLVD FORT WAYNE, IN 46835			
(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 the Investigation of Complaint IN00398267.</p> <p>Complaint IN00398267- Substantiated. Federal/state deficiencies related to the allegations are cited at F921</p> <p>Survey date: January 11, 2023</p> <p>Facility number: 000275 Provider number: 155656 AIM number: 100290930</p> <p>Census Bed Type: SNF/NF: 100 Total: 100</p> <p>Census Payor Type: Medicare: 3 Medicaid: 77 Other: 20 Total: 100</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed January 12, 2023</p>			F 0000	This facility is requesting paper compliance		
F 0921 SS=D Bldg. 00	<p>483.90(i) Safe/Functional/Sanitary/Comfortable Environ §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation and interview the facility failed maintain a clean environment for 3 of 9</p>			F 0921	<p>F 921 <u>Based on observation and interview, the facility failed to</u></p>		01/31/2023

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

TITLE

(X6) DATE

Meeta Anand

Executive Director

01/30/2023

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 disclosable 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>residents reviewed. (Resident B, Resident I, Resident J).</p> <p>Findings Include:</p> <p>During an observation on 1/11/23 at 12:50 PM, Resident I and Resident J's bathroom had a used brief, a pair of pants and another clothing item lying on the ground. There was also smeared brown matter on the wall.</p> <p>In an interview on 1/11/23 at 12:55 PM, Certified Nursing Assistant (CNA) 2 indicated there should not be clothes left on the bathroom floor or bowel movement smeared on the wall.</p> <p>In a confidential interview on 1/11/23 at 12:51 PM, a family member indicated the resident rooms were not cleaned regularly. The family member also indicated the trash was not taken out regularly and ants were often observed.</p> <p>During an observation on 1/11/23 at 12:53 PM, Resident B's room had food crumbs on the floor, the bedside table base was smudged with dried food particles, and there was dried brown matter on the wall by the resident's bed. Resident B's bathroom was observed, there was dried brown matter smeared on the wall and ants surrounding the food particles on the floor.</p> <p>In an interview on 1/11/23 at 12:55 PM, Licensed Practical Nurse (LPN) 3 indicated there should not be food on the floor or bowel movement on the walls. LPN 3 also indicated trash was taken out of the residents' rooms every shift.</p> <p>In an interview on 1/11/23 at 1:13 PM, the Housekeeping Supervisor indicated daily cleaning tasks included: sweeping, mopping, cleaning the</p>				<p><u>maintain a clean environment for 3 of 9 residents reviewed.</u></p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice</p> <p>The deficient practice was immediately corrected on 01/11/2023 by cleaning Resident I and J 's bathroom on 300 hall by removing the clutter and deep cleaning the bathroom to ensure no brown matter on the wall. In addition, Resident B's room was immediately deep cleaned on 01/11/2023 to ensure there was no food crumbs, dried brown matter was cleaned up and the bathroom was sanitized and treated for ant removal.</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>All 17 residents on 300 Hall have the potential to be affected by this deficient practice. Therefore, all resident rooms and bathrooms were deep cleaned to ensure the environment was clean with no dried stains and ants. Ecolab will be contacted to ensure all the rooms are sprayed to ensure there is no ant infestation. This was accomplished on 01/12/2023. All resident rooms and common areas on 300 hall were sprayed to eliminate ants if</p>		

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	<p>bathroom, wiping off all end tables, call lights and highly touched areas in the all resident rooms.</p> <p>In an interview on 1/11/23 at 10:55 AM, Housekeeper 4 indicated every day she cleaned the resident's bathroom. The cleaning consisted of cleaning the sink, toilet and wiping down everything. Housekeeper 4 also indicated she swept and mopped the entire room as well as removed the trash daily.</p> <p>A housekeeping schedule, dated 1/8/23-1/14/23 was provided by the Executive Director on 1/11/23 at 3:34 PM. The schedule indicated no staff were assigned to clean the hall where Resident B, Resident I and Resident J resided on 1/11/23.</p> <p>A current policy, dated 12/21, titled "Housekeeping, Laundry, and Floor Care," indicated Daily Cleaning: 4. empty trash and clean container of any visible soil with disinfectant 5. disinfect horizontal surfaces to include furnishings, tables, countertops, windowsills, overbed lights, bedside tables, bed rails and commonly touched items. 6. follow the restroom cleaning procedure 7. sweep flooring to include under beds, corners, edging and under chairs/equipment. 8. Mop floors to include under beds, corners, edging and under chairs/equipment; when deemed necessary, when cleaning flooring (resident room, isolation rooms, shower rooms, soiled areas or as needed)..Daily Extra Duties:.. Tuesdays: wipe down walls where apparent dirt, food debris, etc if apparent, clean lower doors, clean refuse cans. The policy also indicated...Restroom cleaning procedure: ...8. spot clean walls, 11. sweep and mop flooring including corners, edge and cove base.</p> <p>This Federal citation is related to Complaint</p>				<p>any.</p> <p>What measures will be put in place and what systemic changes will be made to ensure that the deficient practice does not recur</p> <p>1. Interdisciplinary team and staff on 300 Hall will be educated on the "Housekeeping, Laundry and Floor Care" Policies and Procedures to ensure we maintain a clean environment on 300 Hall in all resident rooms and common areas.</p> <p>2. The Memory Care Support Specialist or designee and the Housekeeping Supervisor or designee will round daily to ensure that the environment on 300 hall is clean.</p> <p>3. Ecolab will spray 300 Hall once a month and as needed to ensure no insects.</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>Housekeeping (Environmental Cleanliness) QAPI tool will be completed 4 X weekly x 1 month and then 2 x weekly for 6 months by the Housekeeping Supervisor or Memory Care Support Specialist or designee and then quarterly thereafter for the remainder of the year. This will be presented and reviewed by the</p>		

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	IN00398267. 3.1-19(e)				Interdisciplinary Team at the QAPI meeting each month. By what date the systemic changes for each deficiency will be completed. Systemic changes will be completed by 01/31/2023.		