

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155249	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/31/2023
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NAME OF PROVIDER OR SUPPLIER  CHATEAU REHABILITATION AND HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 6006 BRANDY CHASE COVE FORT WAYNE, IN 46815
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00409186 and IN00409348.</p> <p>Complaint IN00409186 - Federal/state deficiencies related to the allegations are cited at F684.</p> <p>Complaint IN00409348 - Federal/state deficiencies related to the allegations are cited at F684.</p> <p>Survey dates: May 30 and 31, 2023</p> <p>Facility number: 000153 Provider number: 155249 AIM number: 100266910</p> <p>Census Bed Type: SNF/NF: 86 Total: 86</p> <p>Census Payor Type: Medicare: 1 Medicaid: 71 Other: 14 Total: 86</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed June 5, 2023</p>	F 0000	<p>6-13-23</p> <p>ISDH ATT: Brenda Buroker Director of Division Long Term Care 2 North Meridian Street Indianapolis Indiana 46204</p> <p>RE : complaint survey IN 00409186, IN 00409348 Chateau Rehabilitation and Healthcare 6006 Brandy Chase Cove Fort Wayne IN 46815</p> <p>Dear Ms Buroker: On May 30-31st a complaint survey was conducted by the Indiana State Department of Health. Enclosed please find the Statement of Deficiencies with facilities Plan of Correction for the alleged deficiency. Please consider this letter and Plan of Correction to be the facility's credible allegation of compliance. We respectfully request 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 of 6-16-2023 Please feel free to all me with any further questions at</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Cathy Vasil	Executive Director	06/13/2023

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 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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F 0684 SS=D Bldg. 00	<p>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.</p> <p>Based on interview and record review, the facility failed to assess a non-pressure related wound and notify the physician of observed changes for 1 of 3 residents reviewed (Resident B).</p> <p>Findings include:</p> <p>On 5/31/23 at 10:46 A.M., Resident B's POA (Power of Attorney) was interviewed. She indicated the resident had been hospitalized with a severe infection of her skin (cellulitis) on the left lower leg. On 4/9/23, the resident sustained a skin tear while out with family. She went to the ER and had stitches placed to close the wound. On 5/9/23, the same wound was observed to have re-opened. On 5/20/23, the POA visited the resident and observed her left leg to be swollen, red and wrapped with a bandage. She asked the nurse-LPN 3 (Licensed Nurse Practitioner) to come look at the leg and the nurse removed the bandage. The wound below the bandage had increased exudate. LPN 3 allegedly told her that the NP (Nurse Practitioner) would not authorize</p>	F 0684	<p>1-260-486-3001 Respectfully submitted, Cathy Vasil HFA Executive Director</p> <p><b>F-684</b></p> <p><b>The facility respectfully requests a desk review for this citationPreparation, submission, and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements. 1. Immediate actions taken for those residents identified:Resident B, NP aware of changes, careplan updated to reflect changes 2.</b></p>	06/16/2023

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	<p>her to go to the hospital because she was already on 2 antibiotics. The POA was concerned staff hadn't assessed the wound when the resident complained of increased drainage and redness nor had staff notified the doctor of changes in the wound.</p> <p>On 5/30/23 at 12:00 P.M., Resident B's record was reviewed. Diagnoses included atrial fibrillation, chronic obstructive pulmonary disease, and edema. A hospital admission note, dated 5/20/23, indicated the resident was seen for left lower extremity swelling, redness, tenderness, and a worsening wound from a laceration that occurred in April 2023.</p> <p>A care plan initiated on 5/1/23 and revised on 5/30/23, indicated Resident B had a skin tear to her left calf from an accident. The goal was the skin tear would heal. Interventions included: Monitor/document location, size and treatment of skin tear and report abnormalities, failure to heal, signs and symptoms of infection, and maceration to physician.</p> <p>An NP progress note, dated 5/9/23, indicated the resident was seen for a wound to the left lower extremity (LLE) where she'd had a recent laceration with sutures. Staff reported the wound was opening back up. She had edema to her lower extremities which had decreased over time. Staff were to wash the area daily and apply Xeroform to the wound bed and cover with a dry dressing daily.</p> <p>An NP progress note, dated 5/17/23, indicated the resident's LLE wound had increased redness. The extremity was swollen and had increased drainage. It was warm and tender to touch. Orders were given to start 2 antibiotics: Rocephin 1 gram IM</p>		<p><b>How the facility identified other residents:</b> All other residents with wound care treatment orders or develop skin impairments have the potential to be affected by practice.<b>3. Measures put into place/ System changes:</b> Nursing staff educated on Change in condition Physician Notification guidelines.</p> <p><b>4. How the corrective actions will be monitored:</b> The responsible party for this plan of correction is the Director of Nursing /designee who will audit for presence of change of condition and notification to providers 5 times weekly for compliance with regulation weekly x 6 months. Audits will be reviewed monthly during Quality Assurance. Audits will continue weekly for 6 months and or until 100% compliance is achieved for 3 consecutive months. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p> <p><b>5. Date of Compliance 6-16-23</b></p>	

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	<p>(intramuscularly) daily for 3 days and Doxycycline 100 milligrams 2 times per day for 10 days.</p> <p>A wound NP progress note, dated 5/17/23, indicated the resident's LLE wound was worsening and measured 10 cm (centimeters) in length by 3.5 cm width by 1.8 cm depth. Skin around the wound was swollen and red with a moderate amount of serosanguineous drainage (thin, watery, and pink in color due to red blood cells mixed with plasma). Staff were to cleanse the wound daily with wound cleanser, cover with Xeroform and dry dressing, and wrap with Kerlix.</p> <p>Nurse progress notes indicated:</p> <p>-5/18/23 at 9:02 p.m., resident continued on antibiotics. Treatment to LLE done and the wound continued to have drainage, swelling, was pink in color, and tender to touch. At 10:58 p.m., the resident's left calf was redressed due to seepage.</p> <p>-5/19/23 at 9:29 p.m., the resident asked the nurse to change the dressing to the LLE as it was sliding down and was saturated with drainage. There was moderate yellow drainage on the dressing but no odor. Both lower extremities were very swollen. The resident was instructed to elevate her feet while up in her wheelchair.</p> <p>-5/20/23 at 1:04 p.m., the resident's POA took her to the hospital for evaluation of the left leg wound where she was admitted.</p> <p>On 5/31/23 at 10:22 A.M., LPN 3 was interviewed. They indicated they had changed the resident's dressing on 5/20/23 but couldn't recall how the resident's wound had looked but thought there had been no drainage. When questioned, they</p>			

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	<p>indicated they had notified the NP, the POA wanted to take her to the hospital. There was no documentation to indicate the notification nor orders written to send the resident to the hospital.</p> <p>On 5/31/23 at 10:26 A.M., LPN 5 was interviewed. When questioned, they indicated when changing dressings and assessing wounds, they would look for signs of infection such as redness, swelling, yellow or green drainage, pus, or black tissue. If observed, they would notify the physician or NP.</p> <p>On 5/31/23 at 10:33 A.M., LPN 4 was interviewed. They indicated they had cared for Resident B on the evening of 5/19/23. The resident's lower extremities had been very swollen. When the dressing was changed, there had been yellow drainage on the old dressing and on the wound. LPN 4 indicated they hadn't called the physician or NP but had passed the information to the day shift nurse on 5/20/23. They indicated on-call NP's who worked on the weekends, didn't like to send people to the hospital, preferred they be treated in-house, and the regular facility NP or doctor be notified during the weekday.</p> <p>A current policy, titled "Change in Condition Physician Notification Overview Guidelines", was provided on 5/31/23 at 11:31 A.M. by the Director of Nursing which stated the following: "1. All significant changes in resident status are thoroughly assessed and physician notification is based on assessment findings and is to be documented in the medical record...Nurse Responsibilities: The nurse should not hesitate to contact the attending physician at any time for a problem which in his or her judgement requires immediate medical intervention...A Any calls to or from physician will be documented in the nurse's</p>			

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

PRINTED: 06/20/2023  
FORM APPROVED  
OMB NO. 0938-039

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	notes indicating information conveyed and received...."  This Federal tag relates to Complaints IN00409186 and IN00409348.  3.1-37				