

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

PRINTED: 03/10/2023  
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 01/31/2023	
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 the Investigation of Complaint IN00399653.</p> <p>Complaint IN00399653 - Substantiated. Federal/state deficiencies related to the allegations are cited at F600.</p> <p>Survey date: January 31, 2023</p> <p>Facility number: 000158 Provider number: 155255 AIM number: 100291490</p> <p>Census Bed Type: SNF/NF: 63 SNF: 8 Total: 71</p> <p>Census Payor Type: Medicare: 8 Medicaid: 62 Other: 1 Total: 71</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality reiew completed January 31, 2023</p>			F 0000			
F 0600 SS=D Bldg. 00	<p>483.12(a)(1) Free from Abuse and Neglect §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to</p>						

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

TITLE

(X6) DATE

Faith Mills

RN- Director of Nursing

02/08/2023

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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>freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;</p> <p>Based on interview and record review the facility failed to ensure residents were free from verbal abuse for 1 of 3 residents reviewed (Resident B).</p> <p>Findings include:</p> <p>A facility reported incident, dated 1/18/23 indicated on 1/18/23 Resident B indicated LPN 2 made threats to her and attempted to get physical with her. The report indicated LPN 2's conduct towards Resident B was inappropriate. The report also indicated staff felt they needed to keep LPN 2 separated from Resident B.</p> <p>Statements were provided by the Administrator on 1/31/23 at 10:32 AM. The statements indicated:</p> <p>Social Services Director (SSD)'s statement, dated 1/18/23, indicated she had interviewed Resident B. Resident B told SSD she had asked for Biofreeze (antipruritic) and the resident had gotten the Biofreeze out of the cart. The statement indicated LPN 2 had yelled at Resident B to get out of her cart. Resident B had indicated she then wanted to lay in another room for a different mattress since her mattress was uncomfortable. Resident B indicated to SSD that LPN 2 was at the nurse's desk and stood up abruptly. Resident B indicated LPN 2 headed towards her and yelled at her. Resident B indicated other staff intervened.</p>			F 0600	<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> <p>Deficiency ID: F 600 SS=D</p> <p>Date of Completion: February 7, 2023</p> <p>1. It is the intent of the facility to ensure the residents are free from abuse, neglect and exploitation. The facility must not use verbal, mental, sexual or</p>		02/07/2023

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	<p>Certified Nursing Assistant (CNA) 3's statement, undated, indicated LPN 2 got up to speak to Resident B so staff held her back and told her to leave it alone.</p> <p>Qualified Medication Assistant (QMA) 4's statement, undated, indicated QMA 4 had assisted in holding back LPN 2 from Resident B. Resident B wanted to move rooms and change mattresses at the time.</p> <p>QMA 6's statement, undated, indicated she did not hear staff curse but QMA 6 assisted with the situation. QMA 6 indicated LPN 2 said she didn't care because she had 4 other jobs.</p> <p>QMA 5's statement, undated, indicated she overheard staff tell LPN 2 to stop.</p> <p>In an interview on 1/31/23 at 10:04 AM, SSD indicated abuse can be physical, emotional, verbal, something that made a person feel uncomfortable or bad about themselves. SSD indicated the Administrator and herself had interviewed Resident B on 1/18/23. SSD indicated Resident B had indicated she had requested a different bed due to an uncomfortable mattress during 3rd shift and LPN 2 had yelled at Resident B.</p> <p>In an interview on 1/31/22 at 10:15 AM, the Administrator indicated Resident B was upset due to her bed being uncomfortable and wanted a different bed. The Administrator indicated Resident B indicated LPN 2 had yelled and cursed at her.</p> <p>A policy, dated, 5/3/19, titled "Abuse, Neglect, and Exploitation Policy," was provided by the</p>				<p>physical abuse, corporal punishment or involuntary seclusion. There were no other residents affected by this deficiency.</p> <p>2. An audit was performed and will be ongoing to assure that the residents are free of abuse, neglect and exploitation. (Attachment #1)</p> <p>3. An in-service was completed for all staff on February 2nd, related to abuse and neglect. (Attachment #2).</p> <p>4. Audits will be performed by the DON/Designee 3X's a week for the first month, then 2X's a month for the next 5 months to assure the resident is free of abuse and neglect. The DON/Designee will address in the monthly QAPI meetings for 6 months or until 100% compliance is reached. It is the intent of the facility to ensure 100% compliance is maintained. (Attachment #3).</p>		

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	Administrator on 1/31/23 at 9:30 AM. The policy indicated "each resident has the right to be free from abuse: verbal, physical, sexual, mental." The policy also indicated..."verbal abuse: defined as the use of oral, written or gestured language that includes disparaging and derogatory terms to residents or their families or within hearing distance, regardless of age, ability to comprehend or disability. Examples included: threats of harm, saying things to frighten a resident."  This Federal Finding relates to Complaint IN00399653.  3.1-27(b)						