

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

PRINTED: 10/31/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 10/04/2022	
NAME OF PROVIDER OR SUPPLIER  CEDARHURST OF FORT WAYNE				STREET ADDRESS, CITY, STATE, ZIP COD 9210 MAYSVILLE ROAD FORT WAYNE, IN 46815			
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R 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00391020.</p> <p>Complaint IN00391020 - Substantiated. State deficiencies related to the allegations are cited at R0088, R0121, R0410.</p> <p>Survey date: October 4, 2022</p> <p>Facility number: 014576</p> <p>Residential Census: 54</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed October 6, 2022</p>			R 0000			
R 0088  Bldg. 00	<p>410 IAC 16.2-5-1.3(c)(1-2)(d)(1-2) Administration and Management - Noncompliance</p> <p>c) The licensee shall:</p> <p>(1) appoint an administrator with either a: (A) comprehensive care facility administrator license as required by IC 25-19-1-5(c); or (B) residential care facility administrator license as required by IC 25-19-1-5(d); and (2) delegate to that administrator the authority to organize and implement the day-to-day operations of the facility.</p> <p>(d) The licensee shall notify the director:</p> <p>(1) within three (3) working days of a vacancy in the administrator's position; and (2) of the name and license number of the replacement administrator</p> <p>Based on interview and record review the facility failed to ensure the facility had a licensed</p>			R 0088	§ POC – On 10/13/22 the change of administrator form was		11/01/2022

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

TITLE

(X6) DATE

Ryan Carney

Executive Director

10/29/2022

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>healthcare Administrator. 54 residents resided in the facility.</p> <p>Findings include:</p> <p>Documentation of the Administrator's license was requested from the Regional Director of Nursing (DON) on 10/4/22 at 1:12 PM.</p> <p>In an interview on 10/4/22 at 2:14 PM, the Regional DON indicated the previous Administrator left on 8/30/22 and Regional staff had filled in. The Regional DON indicated the Regional staff did not have an Indiana Administrator license. The Regional DON also indicated the facility did not have a specific policy but followed state guidance.</p> <p>This State citation is related to Complaint IN00391020.</p>				<p>completed and sent to email address, <a href="mailto:ltcproviderservices@isdh.in.gov">ltcproviderservices@isdh.in.gov</a> to name Jim Clindaniel as the licensed administrator for the community. Additionally, on 9/1/22 Jim Clindaniel was changed to the licensed administrator of the community within the Indiana State Department of Health gateway site.</p> <p>§ Mr. Clindaniel has been on-site providing direct oversight of the community October 10, 2022 – October 20, 2022. When not directly on-site, a regional support supervisor is and will be on-site daily to provide community oversight and reports all communication to licensed administrator, Jim Clindaniel through a daily report addressing the overall operations of the day. Mr. Clindaniel will then communicate any follow up required regarding his review of the daily report provided to him.</p> <p>Additionally, Cedarhurst provides support oversight for operations and clinical services through the use of, and on-site presence of our Regional Director of Operations and Regional Director of Nursing regularly.</p> <p>§ The community's quality assurance program consists of the following department managers:</p> <ul style="list-style-type: none"> <li>· Executive Director, Director of Nursing, Resident Care Manager, Environmental Services</li> </ul>		

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R 0121  Bldg. 00	<p>410 IAC 16.2-5-1.4(f)(1-4) Personnel - Noncompliance (f) A health screen shall be required for each employee of a facility prior to resident contact. The screen shall include a tuberculin skin test, using the Mantoux method (5 TU, PPD), unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The facility must assure the following: (1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for</p>				<p>Director, Director of Dining Services, Business Office Manager, Life Enrichment Director, and Director of Sales The quality assurance program meeting is held weekly for a period of 6 months. During the quality assurance meetings, an agenda to review all aspects of the community's updates will be communicated with the licensed administrator for his review and comments. The on-site executive director will also communicate any and all updates from the quality assurance program to Jim Clindaniel as the licensed administrator to ensure all areas and updates are in compliance with ISDH regulations. This process will remain in effect for a period of 6 months in order to maintain and sustain 100%.</p>		

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	<p>tuberculosis. The first tuberculin skin test must be read prior to the employee starting work. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis.</p> <p>(2) All employees who have a positive reaction to the skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.</p> <p>(3) The facility shall maintain a health record of each employee that includes reports of all employment-related health screenings.</p> <p>(4) An employee with symptoms or signs of active disease, (symptoms suggestive of active tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss) shall not be permitted to work until tuberculosis is ruled out.</p> <p>Based on interview and record review the facility failed to ensure 2 of 6 employees received a 2 step tuberculin (TB) screening skin test. (CNA 2, CNA 3).</p> <p>Findings include:</p> <p>CNA 2 was interviewed on 10/4/22 at 1:40 PM. CNA 2 indicated she had been working the floor for 1 week and was scheduled to receive her 1st step TB screening skin test 10/4/22.</p> <p>The Employee Records form and Employee</p>			R 0121	<p>§ The Director of Nursing and one of the TB certified LPN employees can and will be providing all TB screens for all new staff going forward. Should one or both of these TB certified employees (DON and LPN) be unavailable, then the community will rely on its relationship with its Occupational Health partner, Parkview Health to complete these new hire TB screens.</p> <p>§ Additionally, in an effort to correct any staff who may be out</p>		11/01/2022

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	<p>records were provided by the Regional Director of Nursing (DON) on 10/4/22 at 3:50 PM. The forms indicated CNA 2's start date was 9/7/22 and 1st step TB screening was completed on 10/4/22. The forms also indicated CNA 3 started 8/17/22 and completed a 1st step TB screening on 8/15/22, but had not received a 2nd step.</p> <p>In an interview on 10/4/22 at 4:30 PM, the Regional DON indicated employees should have received their 1st step TB test prior to working the floor and the 2nd step should be completed within 14 days of the 1st step.</p> <p>A policy, undated, titled "TB Policy &amp; Procedures," was provided by the Regional DON on 10/4/22 at 4:59 PM. The policy indicated "it is our policy to follow the direction of state regulations in relation to TB screening."</p> <p>This State finding relates to Complaint IN00391020.</p>				<p>of compliance, the community will audit the staff files in place and provide the appropriate TB screens for any staff who have one or both steps outstanding and be <u>completed on or before November 1, 2022.</u></p> <ul style="list-style-type: none"> <li>The community's leadership team (department managers) host a regularly scheduled meeting weekly and in an effort to effectively monitor the TB screening process and ensure that it does not reoccur, the leadership meeting will add a review of the new hires for the week along with the community's current new hire spreadsheet that tracks all pre-employment screenings and completion progress.</li> </ul> <p>§ The community's quality assurance program consists of the following department managers:</p> <ul style="list-style-type: none"> <li>Executive Director, Director of Nursing, Resident Care Manager, Environmental Services Director, Director of Dining Services, Business Office Manager, Life Enrichment Director, and Director of Sales</li> <li>The quality assurance program meeting is held weekly and for a period of 6 months, will review any and all new hires for the previous week. The community will keep an ongoing new hire spreadsheet that will track all pre-employment screenings and completion progress which includes the new hire's TB</li> </ul>		

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R 0410  Bldg. 00	<p>410 IAC 16.2-5-12(e)(f)(g) Infection Control - Noncompliance (e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72) hours. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered and read. (f) For residents who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed within one (1) to three (3) weeks after the first test. The frequency of repeat testing will depend on the risk of infection with tuberculosis. (g) All residents who have a positive reaction to the tuberculin skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.</p> <p>Based on interview and record review the facility failed to ensure 3 of 12 residents received a 2 step tuberculin (TB) screening skin test. (Resident K, Resident L, Resident M).</p> <p>Findings include:</p>			R 0410	<p>screening and completion dates. This quality assurance will occur weekly and the completion percentage will be 100% and be reviewed weekly by the licensed administrator to ensure compliance is met.</p> <p>§ The Director of Nursing and one of the TB certified LPN employees can and will be providing all TB screens for all new residents prior to admission. Should one or both of these TB certified employees (DON and LPN) be unavailable,</p>		11/01/2022

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	<p>Resident K's record was reviewed on 10/4/22 at 4:59 PM. Resident K's record indicated the resident had not received a 2 step TB screening test.</p> <p>Resident L's record was reviewed on 10/4/22 at 4:59 PM. Resident L's record indicated the resident received a 1st step TB screening test on 9/12/22. The record did not indicate Resident L received a 2nd step TB screening.</p> <p>Resident M's record was reviewed on 10/4/22 at 4:59 PM. Resident M's record indicated the resident received a 1st step TB screening test on 9/9/22. The record did not indicate Resident M received a 2nd step TB screening.</p> <p>In an interview on 10/4/22 at 4:59 PM, the Regional Director of Nursing (DON) indicated residents should receive the 1st step TB screening prior to or the day of admission. The Regional DON also indicated residents should receive their 2nd step 14 days after the 1st step was completed. The Regional DON also indicated the facility did not have a specific policy but followed state guidance.</p> <p>This State finding relates to Complaint IN00391020.</p>				<p>then the community will rely on its relationship with the residents' primary care physician to complete these TB screens prior to admission.</p> <p>§ Additionally, in an effort to correct any residents who may currently be out of compliance, the community will audit the resident files in place and provide the appropriate TB screens for any staff who have one or both steps outstanding and be completed <u>on or before November 1, 2022.</u></p> <p>· The community's leadership team (department managers) host a regularly scheduled meeting weekly and in an effort to effectively monitor the new resident's TB screening process and other residency requirements, to ensure that it does not reoccur, the leadership meeting will add a review of the new residents for the week, to track all pre-residency documentation required as well as screenings and their completion progress utilizing a residency tracking form.</p> <p>§ The community's quality assurance program consists of the following department managers:</p> <p>· Executive Director, Director of Nursing, Resident Care Manager, Environmental Services Director, Director of Dining Services, Business Office Manager, Life Enrichment Director, and Director of Sales</p> <p>· The quality assurance will</p>		

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					<p>meet weekly for a period of 6 months and will effectively monitor all new resident's TB screening process and other residency requirements by utilizing an audit form which the DON and Executive Director will review to ensure that it does not reoccur. The quality assurance meeting will further add a review of the new residents for the week, to track all pre-residency documentation required as well as screenings and their completion progress. This process will be for a period of 6 months to maintain and sustain 100% compliance. If any areas are found to be missing, the DON will complete the TB screening process again and document for 100% compliance.</p>		