

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

PRINTED: 06/05/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155266		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/17/2024	
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF FORT WAYNE				STREET ADDRESS, CITY, STATE, ZIP COD 1649 SPY RUN AVENUE FORT WAYNE, IN 46805			
(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 a Recertification and State Licensure Survey.</p> <p>Survey dates: May 13, 14, 15, 16, and 17, 2024.</p> <p>Facility number: 000167 Provider number: 155266 AIM number: 100273740</p> <p>Census Bed Type: SNF/NF: 80 Total: 80</p> <p>Census Payor Type: Medicare: 4 Medicaid: 55 Other: 21 Total: 80</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed May 21, 2024.</p>			F 0000	<p>This plan of correction is submitted as required under federal and state regulation and statues applicable to long term care providers. This plan of correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of the plan does not constitute an agreement by the facility that the surveyor's findings or conclusions are accurate. That the findings constitute a deficiency, or that the scope or severity regarding any of the deficiencies cited are correctly applied immediately. The facility respectfully request paper compliance.</p>		
F 0676 SS=D Bldg. 00	483.24(a)(1)(b)(1)-(5)(i)-(iii) Activities Daily Living (ADLs)/Mntn Abilities §483.24(a) Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This includes the facility ensuring that:						

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

TITLE

(X6) DATE

Holly Gentry

Executive Director

05/31/2024

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 30 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>§483.24(a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living, including those specified in paragraph (b) of this section ...</p> <p>§483.24(b) Activities of daily living. The facility must provide care and services in accordance with paragraph (a) for the following activities of daily living:</p> <p>§483.24(b)(1) Hygiene -bathing, dressing, grooming, and oral care,</p> <p>§483.24(b)(2) Mobility-transfer and ambulation, including walking,</p> <p>§483.24(b)(3) Elimination-toileting,</p> <p>§483.24(b)(4) Dining-eating, including meals and snacks,</p> <p>§483.24(b)(5) Communication, including (i) Speech, (ii) Language, (iii) Other functional communication systems. Based on interview and record review the facility failed to ensure vision concerns were addressed for 1 of 1 residents reviewed (Resident 23).</p> <p>Findings include:</p> <p>An interview on 5/14/24 at 10:06AM Resident 23 indicated she was blind. She was sitting in a wheelchair within 5 feet of the speaker and indicated she was unable to see the face of the person speaking. Resident 23 indicated the facility was aware.</p>			F 0676	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice; Resident 23's diagnosis and vision care plan was updated immediately upon notification of deficiency. (See attachment A-A2) Resident 23 appointment to low vision care ophthalmology was rescheduled for August 6, 2024</p>		06/14/2024

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	<p>Resident 23's record was reviewed on 5/15/24 at 9:52AM. Resident 23's current diagnoses included heart failure, myocardial infarction, end stage renal disease, type 2 diabetes, and hypertension. There were no diagnoses of macular degeneration or blindness.</p> <p>A history and physical from Lutheran Hospital on 11/17/23 did not indicate vision difficulties as past medical history on the problem list.</p> <p>A medical appointment at vision care ophthalmology on 1/16/24 indicated the diagnosis of macular degeneration and myopia (nearsightedness). The report requested a consultation with a low vision specialist due to geographic atrophy (chronic progression of macular degeneration).</p> <p>The appointment with the low vision center was made for 4/3/24 at 12 noon. There was an order note to indicate the appointment was cancelled. The appointment was rescheduled for 4/16/24. Resident 23 was in the hospital on 4/16/24 and therefore unable to attend the appointment. There were no other appointments made.</p> <p>Resident 23's current care plan was reviewed. There were no problems, goals, or interventions related to impaired vision.</p> <p>Resident 23's current comprehensive MDS (Minimum Data Set) assessment dated 4/23/24 was reviewed, and the following were identified:</p> <p>Section B: Hearing, Speech, and Vision B. 1000 0. Adequate</p> <p>Section C: Cognitive Patterns BIMS (Brief Interview for Mental Status) Score 15 indicated no</p>				<p>and was put on a waiting list for any sooner appointment. (See Attachment B) MDS Section I and B will be updated on her next scheduled MDS.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken;</p> <p>All residents residing in the facility have the potential to be affected by this alleged deficient practice, therefore, an audit was completed for all residents with vision appointments since January 1, 2024. Any diagnosis, care plan or follow up on appointments was corrected immediately. (See attachment C-C-7)</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>Nursing staff will be re-educated on the policy for Vision Assistive Devices along with Appointments and follow up from Appointments prior to the date of compliance. (See Attachment D) Intra Disciplinary team will monitor follow up appointments daily Monday- Friday during morning meeting validating follow up on new orders, diagnosis and update resident plan of care if indicated.</p> <p>How the corrective actions will</p>		

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	<p>cognitive decline.</p> <p>Section I. Active Diagnosis: Vision is not checked. (cataracts, glaucoma, macular degermation) And under other the following were listed (none were vision related)</p> <p>Left ventricular failure. Muscle weakness Chronic respiratory failure Insomnia Presence of heart device Patent foramen ovale Other symptoms and signs involving the nervous system. Dysphagia, oropharyngeal Difficulty in walking</p> <p>In an interview 5/15/24 at 12:14 PM the DON (Director of Nursing) indicated none of Resident 23's history and physicals included the diagnosis macular degeneration or nearsightedness. The DON further indicated the facility had scheduled a follow up appointment with the low vision center for Resident 23 for 8/6/24. The DON indicated Resident 23 missed her appointment on 4/16/24 due to being in the hospital and it should have been rescheduled then. The DON indicated her impaired vision should have been care planned, on the MDS, and listed as a diagnosis. The DON indicated Resident 23 did not complain to staff or the medical team about her vision.</p> <p>A policy titled, Vision and Hearing Assistive Devices, dated reviewed 9/8/23 indicated to ensure residents receive proper treatment and assistive devise to maintain vision and hearing abilities.</p> <p>3.1-38(a)(1)</p>				<p>be monitored to ensure the deficient practice will not recur; DON or designee will complete an audit 4 X week for 4 weeks, 3 X week for 4 weeks, 2 X week for 4 weeks, monthly for 3 months to ensure ADL Maintain abilities. All audits will be provided to the ED, reviewed by QAPI for at least 6 months. (See Attachment E) The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for a total of 3 months and then quarterly thereafter. Frequency and duration of reviews will be increased as needed.</p> <p>The Health Facility Administrator at Life Care Centers of America, Fort Wayne, IN is responsible for ensuring compliance with this plan of correction.</p>		