STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	03/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
CEDARHURST OF FORT WAYNE	9210 MAYSVILLE ROAD FORT WAYNE, IN 46815

(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
R 0000 Bldg. 00	This visit was for a State Residential Licensure Survey. Survey dates: March 21, 22, and 23 2023. Facility number: 014576 Residential Census: 57 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed March 24, 2023	R 0000	The facility respectfully requests a desk review in lieu of a facility revisit.	
R 0117 Bldg. 00	410 IAC 16.2-5-1.4(b) Personnel - Deficiency (b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Brooke Peters	Executive Director	04/15/2023

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions. Based on interview and record review the facility failed to ensure first aid certified staff were on premises for 14 of 21 shifts reviewed. Findings include: A record review began on 3/23/22 at 8:42AM when the Assistant Executive Director provided the first aid and Cardiopulmonary Recitation (CPR) certification book along with hours as worked for staff. In reviewing staffing from 3/17/23 to 3/23/23 and cross checking for first aid and CPR the following shifts were lacking certified staff: 3/17/23 No one first aid certified on 1st, 2nd, or 3rd shift. 3/18/23 No one first aid certified on 2nd or 3rd shift. 3/19/23 No one first aid certified on 2nd or 3rd shift. 3/20/23 No one first aid certified on 2nd or 3rd shift. 3/21/23 No one first aid certified on 3rd shift. 3/22/23 No one first aid certified on 2nd or 3rd shift. 3/23/23 No one first aid certified on 1st or 2nd shift. In an interview on 3/23/23 at 9:28AM, the Assistant Executive Director indicated she was unaware of assisted living facility requirements for first aid certified staff on site 24hours a day. After reviewing the code for first aid requirements in assisted living environments the Assistant Executive Director indicated she would ensure staff were certified in first aid as well.	R 0117	=" " span=" "> =" " span=" "> br=" "> br=" "> =" " p=" "> =" " p=" ">- Assistant Executive Director was in-serviced on facility policy for First Aid and CPR certification =" " p=" "> -Required certification for staff will be completed by June 1st, 2023. Director of Nursing/designee will audit staff schedule to ensure compliance weekly for 4 weeks. - Then monthly for 3 months. - All variances will be corrected at the time of observation and reported to the facility QA committee.- The QA committee will continue to receive audits for 6 months. The Executive director is responsible for continued compliance with the regulation.	06/01/2023

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	There were no policy and procedures or further information provided by time of exit.			
R 0123 Bldg. 00	410 IAC 16.2-5-1.4(h)(1-10) Personnel - Nonconformance (h) The facility shall maintain current and accurate personnel records for all employees. The personnel records for all employees shall include the following: (1) The name and address of the employee. (2) Social Security number. (3) Date of beginning employment. (4) Past employment, experience, and education, if applicable. (5) Professional licensure or registration number or dining assistant certificate or letter of completion, if applicable. (6) Position in the facility and job description. (7) Documentation of orientation to the facility, including residents' rights, and to the specific job skills. (8) Signed acknowledgement of orientation to residents' rights. (9) Performance evaluations in accordance with facility policy. (10) Date and reason for separation. Based on interview and record review the facility failed to provide general and specific orientation to 2 of 5 employees reviewed. this affected 57 of the 57 residents residing in the facility. Findings include: The Assistant Executive Director provided completed residential employee files records on 3/21/22 at 1:18PM. The review indicated Employee 6 had been emloyed for 6 months, but had not completed general or job sepcific orientation. Employee 7 had been employed for 5 months, but	R 0123	=”” p=””> =”” p=””>- The Assistant Executive Director will be in-serviced on facility policy on Personnel Records. =”” p=””> - All staff personnel files will be audited for compliance of the regulation and corrected. - The Assistant Executive Director/Designee will audit personnel files weekly for 4 weeks, then monthly for 3 months.	06/01/2023

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	had not completed general or job soecific orientation. In an interview on 3/21/22 at 3PM the Assistant Executive Director indicated she was unable to locate the general or specific job orientation of the employees. She was able to provide completed computer training records for the employees. The Director indicaated both employees worked throughout the facility. A policy was provided on 3/22/22 at 9:32 AM by ED (Executive Director) titled, "Orientation In Service Policy and Procedure". The policy indicated, "within 30 days of hire, all care staff must demonstrate they have knowledge of: 1) plans of care ...2) assistance with activities of daily living. 4) Identify changes in the Resident's physical, emotional, and mental functioning		- All variances will be corrected at the time of observation. The facility's audits will be reported to the QA committee for 6 months.- The Executive Director is responsible for the ongoing compliance of the regulation.	
R 0147 Bldg. 00	410 IAC 16.2-5-1.5(d) Sanitation and Safety Standards - Deficiency (d) The facility shall comply with fire and safety standards, including the applicable rules of the state fire prevention and building safety commission (675 IAC) where applicable to health facilities. Based on interview and record review the facility failed to ensure the fire drills were performed each shift every quarter of the last 12 months reviewed. 57 residents resided in the facility. Findings include: A facility observation with the Maintenance Director on 3/21/23 at 11:18AM indicated he just completed an audit of ensuring each fire pull station was functioning throughout the building as well as checking each fire extinguisher. He was able to indicate the importance of routine fire drills	R 0147	="" span=""> - The Maintenance Director/Designee will be in-serviced on the facility's policy on fire drills. - The Maintenance Director/Designee will ensure all fire drills are completed timely as per the regulation.- The	06/01/2023

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	and the process. A review of fire drill sign in sheets provided by Executive Director (ED), on 3/21/23 at 2:15PM, indicated a fire drill was performed on the following days and shifts: First shift 7AM to 3 PM January 10, 2022, at 11:00 AM April 5, 2022, at 11:30 AM July 19, 2022, at 2:22 PM on 1st and second shift. December 20, 2022, at 1:30 PM Second Shift 3PM to 11PM February 28, 2023, at 11:00PM June 23, 2022, at 4:00 and indicated 2nd shift. September 20, 2022, at 3:20PM Third Shift 11PM to 7AM May 13, 2022, at 5:59AM on 3rd shift. Eight of twelve fire drills were documented as completed. In an interview on 3/22/23 at 9:16 AM, the ED indicated the fire drills on February 28, 2023 were done in February 2023 as evidenced by the staff signatures. The ED indicated the 7/19/22 fire drill was done on first shift due to the time of drill. The ED indicated the fire drill sign in sheet with the date 12/20/22 scratched out and written next to it of 10/26/22; Indicated through timesheets, the correct date was 12/20/22 as all the staff with signatures did work. On 3/22/23 at 11:20AM two current policy and procedures were provided by ED titled, "Emergency Medical Services Policy and Procedures" and "Fire Emergency Policy and Procedures". Neither policy directly covered fire		Maintenance Director/Designee will audit the facility fire drills monthly for 6 months and report the results to the facility's QA committee. - All variances will be corrected at the time of observation.- The Executive Director is responsible for the continued compliance of the regulation.	

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	drills. No other policies were made available by the time of exit.			