

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

PRINTED: 01/05/2023
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 12/02/2022	
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 IN00394774.</p> <p>Complaint IN00394774 - Substantiated. Federal/state deficiencies related to the allegations are cited at F600.</p> <p>Survey date: December 2, 2022</p> <p>Facility number: 000158 Provider number: 155255 AIM number: 100291490</p> <p>Census Bed Type: SNF/NF: 66 SNF: 6 NF: 2 Total: 74</p> <p>Census Payor Type: Medicare: 3 Medicaid: 67 Other: 4 Total: 74</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed December 5, 2022</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</p>						

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

TITLE

(X6) DATE

Faith Mills

RN- Director of Nursing

12/22/2022

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>subpart. This includes but is not limited to 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 abuse for 1 of 3 residents reviewed for abuse (Resident S).</p> <p>Findings include:</p> <p>An Indiana reportable incident, dated 11/14/22 at 5:01 p.m., indicated Resident S was in the dining room being verbally aggressive with staff members. Several residents were in the dining area. A peer, Resident T, saw what was happening, got up from his table, went to where Resident S stood and hit Resident S. Resident S was assisted up from the floor. The residents were separated and placed at different tables to finish their meals. Both were placed on 15 minute safety checks for 72 hours.</p> <p>On 12/2/22 at 11:40 A.M., Resident T's record was reviewed. Diagnoses included generalized anxiety disorder, bipolar disorder, paranoid schizophrenia, vascular dementia with psychotic disturbance, and major depressive disorder.</p> <p>An admission MDS (Minimum Data Set) assessment, dated 10/25/22, indicated a BIMS (Brief Interview Mental Status) score of 6-severely impaired cognition. The resident had no behaviors, required only supervision and set up</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: December 22, 2022</p> <p>1. It is the intent of the facility to ensure all residents have freedom from Abuse, Neglect and Exploitation. There were no other</p>		12/21/2022

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	<p>assistance with his activities of daily living.</p> <p>A care plan, dated 11/1/22, indicated Resident T had a mood problem related to his diagnoses. He felt down often and didn't sleep well. He was often tired and had trouble concentrating. The goal was for his mood to be improved. Interventions included: Administer medications as ordered; behavioral health consults as needed; Monitor/record/report to physician risk for harming others, increased anger, labile mood or agitation, feeling threatened by others or thoughts of harming someone; or possession of weapons or objects that could be used as weapons.</p> <p>Nurse progress notes from 10/18/22 through 12/2/22 indicated Resident T was alert and oriented with occasional forgetfulness and/or confusion. He was able to make his needs known and follow directions.</p> <p>On 12/2/22 at 12:40 P.M., the Social Services Director (SSD) was interviewed. She indicated a care plan had not been initiated prior to 12/22/22 to indicate Resident T had the potential for physical behaviors towards other residents nor had a care plan been put into place following the incident with Resident S to prevent further potential of abuse. Resident S and Resident T continued to live on the same secured memory care unit with shared common space and Resident S continued to have verbal and physical behaviors towards staff members.</p> <p>A current policy, titled "Abuse, Neglect and Exploitation Policy", was provided by the Director of Nursing on 12/2/22 at 10:45 A.M. The policy stated the following: "Policy: Each resident has the right to be free from abuse (verbal, physical,</p>				<p>residents that were affected by this practice.</p> <p>2. 1. An audit was performed on all 27 residents on the Dementia unit to assure that each resident is appropriate for the dementia unit according to their BIMS and current cognition (#1 attachment).</p> <p>3. 2. Licensed nursing staff, SS. Director for the unit and SS for the rest of the building has been in-serviced as of December 15, 2022 and ongoing until all appropriate staff has been in-serviced on accurate assessments and care plans that reflect the resident's cognition. (#2 attachment).</p> <p>4. 3. Audits will be performed at least 5X's a week for one month, then 2X's a week for one month. Random monitoring will be completed X 4 months, to assure residents are properly placed on the unit and if they are not, they will be placed outside of the dementia unit. (see attachment#3). /Designee will address in the monthly QAPI/QA meetings for 6 months. It is the intent of the facility to assure 100% compliance with regulations.</p>		

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	<p>sexual, mental)...Residents must not be subjected to abuse by anyone, including, but not limited to, facility staff, other residents...Prevention...Identify, correct, and intervene in situations in which abuse, neglect and/or misappropriation of resident property is more likely to occur. This includes an analysis of: Features of the physical environment that may make abuse and/or neglect more likely to occur...The assessment, care planning, and monitoring of residents with needs and behaviors which might lead to conflict or neglect, such as residents with a history of aggressive behaviors, or behaviors such as entering other residents' rooms, self-injurious behaviors, communication disorders, and those residents who require heavy nursing care and/or are totally dependent on staff...."</p> <p>This Federal tag relates to Complaint IN00394774.</p> <p>3.1-27(a)(1)</p>						