

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

PRINTED: 02/24/2025

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 02/05/2025	
NAME OF PROVIDER OR SUPPLIER GRAND MARQUIS, THE				STREET ADDRESS, CITY, STATE, ZIP COD 300 E WASHINGTON BLVD FORT WAYNE, IN 46802			
(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	<p>This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaints IN00452756 & IN00451795.</p> <p>Complaint IN00452756 - State deficiencies related to the allegations are cited at R0064.</p> <p>Complaint IN00451795 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: February 4 & 5, 2025</p> <p>Facility number: 012288</p> <p>Residential Census: 96</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed February 6, 2025.</p>			R 0000			
R 0064 Bldg. 00	<p>410 IAC 16.2-5-1.2(hh) Residents' Rights- Noncompliance</p> <p>Based on interview and record review the facility failed to ensure resident money cards were protected from loss and theft for 5 residents of 6 residents reviewed. (Resident 14, Resident 16, Resident 17, Resident 18 and Resident 19)</p> <p>Findings include:</p> <p>1) Resident 14's record was reviewed on 2/5/25 at 10:00 AM. Diagnoses included viral hepatitis B, viral hepatitis C, and type 2 diabetes.</p>			R 0064	<p>1. The facility discovered the alleged Misappropriation of resident funds for residents 14, 16, 17, and reported the findings to the FWPD on 11/26/24, and ISDH on 11/27/24. The facility discovered the alleged Misappropriation of resident funds for residents 18, 19, and reported the findings to the FWPD on 12/18/24, and ISDH on 12/19/24. The alleged employee is no longer employed by facility</p>		02/21/2025

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

TITLE

(X6) DATE

Jina Babani

Administrator

02/20/2025

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.

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

PRINTED: 02/24/2025

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 02/05/2025	
NAME OF PROVIDER OR SUPPLIER GRAND MARQUIS, THE				STREET ADDRESS, CITY, STATE, ZIP COD 300 E WASHINGTON BLVD FORT WAYNE, IN 46802			
(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
	<p>A review of investigation notes dated 11/22/24 indicated Resident 14 had been assisted by the prior activities director to make all purchases with their UHC card (United Healthcare spending Card). Resident 14 stated he had been assisted buying groceries with that card; the last time the resident used their card was in the summer of 2024. A total of \$2,377.37 was spent at Walmart and Kroger between the months of May 2024 to December 2024 with our Resident 14's knowledge.</p> <p>2) Resident 16's record was reviewed on 2/5/25 at 10:23 AM. Diagnoses included glaucoma, other intellectual disabilities, and atherosclerosis.</p> <p>A review of Resident 16's investigation notes dated 11/26/24 indicated a total of \$2,772 were spent at Kroger and Walmart using their UHC card between January 2024 and December 2024 without Resident 16's knowledge.</p> <p>3) Resident 17's record was reviewed on 2/5/25 at 10:29 AM. Diagnoses included kidney disease, schizophrenia, and hypertension.</p> <p>A review of Resident 17's investigation notes dated 11/22/24 indicated a total of \$2,894.68 had been spent at Walmart and Kroger on their UHC card from March 2024 to December 2024 without Resident 17's knowledge.</p> <p>4) Resident 18's record was reviewed on 2/5/25 at 10:40 AM. Diagnoses included anemia, osteoarthritis of knee, and hyperlipidemia.</p> <p>A review of Resident 18's investigation notes dated 12/18/24 indicated a total of \$442.34 had been spent at Kroger and Walmart between November 2024 and 12/15/24 without Resident 18's knowledge.</p>				<p>since 5/24/24.</p> <p>2. An Audit of residents' insurance cards was completed by the Administrator and Business Office as of 12/19/24. Any concerns of financial misappropriation identified through the audit that was completed were addressed at that time.</p> <p>3. -On 2/20/25, Facility Staff was in-serviced by the Administrator on the facility's Abuse, Neglect, and Exploitation Policy, specific to, Resident Rights and Misappropriation of Resident Property/Personal Funds. -On 12/2/24, the Facility implemented a tracking system to safeguard residents' insurance cards that will be overseen by the facility's Finance Director. -Ongoing education is being provided to residents to safeguard their insurance cards.</p> <p>4. The Financial Director, with oversight from the Administrator, will conduct monthly audits to ensure that resident insurance cards are safeguarded, accounted for, and tracked for resident use only, to include, conducting independent resident interviews of residents who manage and maintain their own insurance</p>		

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

PRINTED: 02/24/2025
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 02/05/2025	
NAME OF PROVIDER OR SUPPLIER GRAND MARQUIS, THE				STREET ADDRESS, CITY, STATE, ZIP COD 300 E WASHINGTON BLVD FORT WAYNE, IN 46802			
(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 0147 Bldg. 00	<p>5) Resident 19's record was reviewed on 2/5/25 at 11:00 AM. Diagnoses included hypertension, vitamin D deficiency, and hypermetropia (far-sightedness).</p> <p>A review of Resident 19's investigation notes dated 11/26/24 indicated his card was given to the prior activities director and it was never given back to him. Between January 2024 and December 2024 \$2,391.81 was spent at Kroger and Walmart using their Humana card without Residnet 18's knowledge.</p> <p>In an interview, on 2/4/25 at 11:15 AM, the Executive Director (ED) indicated a former activities director miappropriated funds from 6 residents by using their cards to buy various items from Kroger and Walmart.</p> <p>On 2/4/25 at 2:00 PM, the investigation files containing fraudulent card purchases and emails with Fort Wayne Police Department for the affected residents were presented. The Executive Director indicated the investigation was still ongoing.</p> <p>A current policy dated 6/1/2024 provided by the Executive Director indicated each resident has the right to be free from misappropriation of property.</p> <p>This citation is related to complaint IN00452756.</p> <p>410 IAC 16.2-5-1.5(d) Sanitation and Safety Standards - Deficiency</p> <p>Based on record review and interview, the facility failed to ensure fire drills were conducted on 3rd shift, fire drill documentation was completed, and</p>			R 0147	<p>cards. The findings from the audits will be reviewed during the facility's quarterly QAPI meeting until there is 100% compliance.</p> <p>1. The facility conducted a fire drill on 2/18/25 on 3rd shift and 2/19/25 on 2nd Shift.</p>		02/21/2025

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

PRINTED: 02/24/2025

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 02/05/2025	
NAME OF PROVIDER OR SUPPLIER GRAND MARQUIS, THE				STREET ADDRESS, CITY, STATE, ZIP COD 300 E WASHINGTON BLVD FORT WAYNE, IN 46802			
(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
	<p>failed to invite the fire department to participate in drills. 96 residents resided in the facility.</p> <p>Findings included:</p> <p>A record review began on 2/4/25 at 1:00 PM, of the fire drills report:</p> <p>There were no fire drill for the month of January 2025.</p> <p>A fire drill was conducted on 12/18/24 at 9 AM on 1st shift. There was nothing on form to indicate the fire department was invited. There were no signatures from staff to indicate they participated.</p> <p>A fire drill was conducted on 11/13/24 at 6 AM on 1st shift. There was nothing on form to indicate the fire department was invited. There were no signatures from staff to indicate they participated.</p> <p>A fire drill was conducted on 10/8/24 at 2 PM on 2nd shift. There was nothing on form to indicate the fire department was invited. There were no signatures from staff to indicate they participated.</p> <p>A fire drill was conducted on 9/2/24 at 8 AM on 1st shift. There was nothing on form to indicate the fire department was invited. There were no signatures from staff to indicate they participated.</p> <p>A fire drill was conducted on 8/1/24 at 1:36 PM on 2nd shift. There was nothing on form to indicate the fire department was invited. There were no signatures from staff to indicate they participated.</p> <p>A fire drill was conducted on 7/1/24 at 10 AM on 1st shift. There was nothing on form to indicate the fire department was invited. There were no signatures from staff to indicate they participated.</p>				<p>2.</p> <p>An Audit of Fire Drills was completed by the Administrator on 2/11/25. Any concerns identified as a result of the audit was addressed through staff training.</p> <p>3.</p> <p>-On 2/19/25, The facility's Fire Emergency Policy & Procedure was reviewed and revised by the Administrator.</p> <p>-On 2/20/25, The Maintenance Director and facility staff were trained on the Fire Emergency Policy & Procedure, to include, ensuring 1) Fire Drills are completed monthly, 2) Fire Drills are completed according to the Monthly Fire Drill Schedule, and 3) Fire Drill attendance is recorded.</p> <p>-Fire Emergency Drills will be conducted in conjunction with the local fire department each year.</p> <p>4.</p> <p>The Maintenance Director, with oversight from the Administrator, will be responsible for conducting monthly audits of the Fire Drill reports/findings, specific to, ensuring that fire drills are being conducted each shift per quarter, fire drill attendance is being recorded, and fire drills are being held in conjunction with the local fire department per calendar year. The findings from the audits will be reviewed during the facility's</p>		

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

PRINTED: 02/24/2025
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 02/05/2025	
NAME OF PROVIDER OR SUPPLIER GRAND MARQUIS, THE				STREET ADDRESS, CITY, STATE, ZIP COD 300 E WASHINGTON BLVD FORT WAYNE, IN 46802			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 0154 Bldg. 00	<p>A fire drill was conducted on 6/21/24 at 8 AM on 1st shift. There was nothing on form to indicate the fire department was invited. There were a form with signature from staff members.</p> <p>A fire drill was conducted on 5/11/24 at 11 AM on 1st shift. There was nothing on form to indicate the fire department was invited. There were no signatures from staff to indicate they participated.</p> <p>An interview, on 2/5/25 at 9:57 AM, the Maintenance Director, indicated they were suppose to complete a fire drill every quarter on 3rd shift. He did not know that he was supposed to invite the fire department. The facility did not complete any fire drills for January.</p> <p>A current facility policy, " Safety, Fire and Disaster" was provided by the Executive Director, on 2/5/25 at 11:24 AM. The policy indicated..." Fire/emergency procedures will be reviewed and equipment will be tested monthly, unannounced, on various shifts...A letter requesting a fire drill will meet this requirement if the local fire company will not participate...."</p> <p>410 IAC 16.2-5-1.5(k) Sanitation and Safety Standards - Deficiency</p> <p>Based on observation, interview, and record review the kitchen failed to maintain sanitary kitchen environment with the potential to affect 95 of 97 residents.</p> <p>Findings include:</p> <p>An observation on 2/4/25 at 9:03AM with The Dietary Worker 2, noted multiple items on the floor under counters and stoves. The items</p>		R 0154	<p>quarterly QAPI meeting until there is 100% compliance.</p> <p>1. Food service areas, cooking equipment, and kitchen floor were cleaned by dietary staff as 2/10/25. Inoperable equipment was removed from the kitchen by Maintenance on 2/12/25. Cleaning schedules are being completed and documented by dietary staff as of 2/6/25.</p>		02/21/2025	

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

PRINTED: 02/24/2025

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 02/05/2025	
NAME OF PROVIDER OR SUPPLIER GRAND MARQUIS, THE				STREET ADDRESS, CITY, STATE, ZIP COD 300 E WASHINGTON BLVD FORT WAYNE, IN 46802			
(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
	<p>ranged from paper to unidentified food particles of various sizes. The items were under the tables, ovens, and stoves.</p> <p>The main stove's 3 drip pans were found in the following conditions: the one to the right was difficult to open due to an excessive amount of food particles including whole spiral noodles and other non-identified burnt on food particles. The middle was a grease trap and had minimal grease inside. The drip pan to the left had minimal burnt on black and brown food substances.</p> <p>A review of the daily cleaning schedule for the week of February 2 through 8 2025, indicated the tasks to be completed were as follows: wash and sanitize can opener, wash and sanitize beverage table, and wash and sanitize dining room tables, wash and sanitize food processor, wash and sanitize slicer, wash and sanitize mixer, wash and sanitize cutting boards, wash and sanitize tables/countertops, wash and sanitize coffee urns, clean stove top/grill, sweep and mop kitchen floor, sweep and mop dining room floor, clean microwave oven, clean handwashing sink, clean food carts, clean and sanitize pot and pan sink, and clean ice machine.</p> <p>following:</p> <p>February 2 tasks not marked as completed included: wash and sanitize food processor, wash and sanitize slicer, wash and sanitize mixer, wash and sanitize cutting boards, wash and sanitize tables/countertops, wash and sanitize coffee urns, clean stove top/grill, sweep and mop kitchen floor, sweep and mop dining room floor, clean microwave oven, clean handwashing sink, clean food carts, clean and sanitize pot and pan sink, and clean ice machine.</p>				<p>Dishwasher temperatures are being taken and documented by dietary staff as of 2/6/25.</p> <p>2. A sanitation audit of the kitchen was conducted by the Dietician on 2/11/25. Any findings from the sanitation audit were addressed at that time.</p> <p>3. -On 2/20/25, Food Service Workers were trained on the Facility's Kitchen Sanitation Policy and Procedures; Ensuring Food Services areas are clean and sanitary, Cleaning Schedules are being completed as documented, and ensuring Dishwasher Temperature Records are being recorded. -On 2/20/25, Food Service Workers and Maintenance Staff were trained on removing inoperable equipment from the kitchen.</p> <p>4. The Dietary Manager, with oversight from the Administrator, will be responsible for conducting weekly sanitation audits of the kitchen service areas and food service equipment, specific to, ensuring that food service areas are clean and sanitary, food service cleaning schedules are being completed as documented, and dishwasher temperatures are</p>		

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

PRINTED: 02/24/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/05/2025	
NAME OF PROVIDER OR SUPPLIER GRAND MARQUIS, THE				STREET ADDRESS, CITY, STATE, ZIP COD 300 E WASHINGTON BLVD FORT WAYNE, IN 46802			
(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
	<p>February 3 schedule there were no tasks marked as completed.</p> <p>A review of the daily cleaning schedule for January 26th through February 1st, 2025, indicated There were no tasks marked as completed for January 26, 27, 28, 29, 30, or 31..</p> <p>A review of the dishwashing temperature log for February 2025 indicated temps were not recorded for dinner on 2/2/25, for lunch or dinner on 2/3/25.</p> <p>An interview, on 2/4/25 at 9:03AM, the Dietary Worker 2 indicated the hot plate was not in working condition. She indicated she was unsure of how long the hot plate had been in a non-working capacity. The drip pan underneath had onion peel and other burnt food particles inside. She indicated the daily cleaning tasks were to be done and marked off when completed. She also indicated the dishwasher was a high temperature and chemical dishwasher and temperatures should be recorded after every meal. She indicated 2 residents did not consume food prepared in the kitchen.</p> <p>A current policy titled, "Cleaning" was not dated, was provided by the Administrator on 2/5/25 at 11:26AM. The policy indicated; 3. All food surfaces will be cleaned at the end of each food preparation session. 6. The floor of the kitchen must be cleaned daily and after each spill or contamination. 11. Documentation of cleaning must be maintained.</p>				<p>being taken and recorded. The findings from the audits will be reviewed during the facility's quarterly QAPI meeting until there is 100% compliance.</p>		