

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

PRINTED: 01/17/2023

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 01/04/2023	
NAME OF PROVIDER OR SUPPLIER CEDAR RIDGE OF FORT WAYNE				STREET ADDRESS, CITY, STATE, ZIP COD 3320 EAST STATE BOULEVARD 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
R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00397165.</p> <p>Complaint IN00397165 - Substantiated. State deficiencies related to the allegations are cited at R0117.</p> <p>Survey date: January 4, 2023</p> <p>Facility number: 012107</p> <p>Residential Census: 34</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed January 5, 2023</p>			R 0000			
R 0117 Bldg. 00	<p>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</p>						

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

TITLE

(X6) DATE

Kristine Lundquist

Executive Director

01/11/2023

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: 01/17/2023
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 01/04/2023	
NAME OF PROVIDER OR SUPPLIER CEDAR RIDGE OF FORT WAYNE				STREET ADDRESS, CITY, STATE, ZIP COD 3320 EAST STATE BOULEVARD 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
	<p>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 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 Aide Certified staff were in the building for all shifts. 34 residents resided in the facility.</p> <p>Findings include:</p> <p>A nursing staff schedule, dated 12/18/22 - 12/31/22 was provided by the Regional Nurse on 1/4/23 at 12:42 PM. The schedule indicated there were no First Aide Certified staff scheduled on the following dates:</p> <p>12/18/22: 2 PM - 11 PM 12/19/22: 5 PM - 11 PM 12/23/22: 11 PM - 8 AM 12/24/22: 5 PM - 11 PM 12/25/22: 5 PM - 11 PM 12/26/22: 5 PM- 7 AM 12/31/22: 2PM - 7 AM</p> <p>In an interview on 1/4/23 at 3:17 PM, the Executive Director (ED) indicated all staff should be First Aide Certified. The ED indicated the facility followed the Indiana Department of Health regulations. A policy was not provided by the end of the survey.</p> <p>This State finding relates to Complaint IN00397165.</p>			R 0117	<ul style="list-style-type: none"> Complete audit of all staff to determine who is currently trained in the community Remainder of staff- untrained- will be enrolled in the class scheduled on or before January 23, 2023. Failing to have properly trained staff on every shift has the potential to affect all residents in the community. All staff trained will be designated in the scheduling system and scheduler/RCM will ensure qualified, trained personnel are present on every shift. Schedule will be reviewed weekly by the DON / ED to ensure compliance with the regulation Reviewed schedule will be initialed by the DON/ ED and placed in the Nursing Binder 		01/23/2023