

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

PRINTED: 02/23/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155321		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/06/2024	
NAME OF PROVIDER OR SUPPLIER WATERS OF FORT WAYNE SKILLED NURSING FACILITY, THE				STREET ADDRESS, CITY, STATE, ZIP COD 5544 E STATE BLVD 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
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00425818 and Complaint IN00426133.</p> <p>Complaint IN00425818 - Federal/state deficiencies related to the allegations are cited at F600.</p> <p>Complaint IN00426133 - Federal/state deficiencies related to the allegations are cited at F600.</p> <p>Survey date: February 6, 2024</p> <p>Facility number: 000214 Provider number: 155321 AIM number: 100267240</p> <p>Census Bed Type: SNF: 3 NF: 37 Total: 40</p> <p>Census Payor Type: Medicare: 3 Medicaid: 34 Other: 3 Total: 40</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed February 7, 2024</p>			F 0000			
F 0600 SS=D Bldg. 00	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						

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

TITLE

(X6) DATE

Cindy S. Lawson

Administrator

02/20/2024

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>property, and exploitation as defined in this 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. (Residents B).</p> <p>Findings include:</p> <p>1. An Indiana report, dated 1/16/24, provided by the facility indicated a staff member had spoken to Resident B in inappropriate words and tone.</p> <p>Resident B's record was reviewed on 2/6/24 at 10:05 AM. Diagnoses included cognitive communication deficit, assault by unspecified means, contracture right knee, contracture left knee, generalized muscle weakness, and other reduced mobility.</p> <p>Resident B's current quarterly Minimum Data Set (MDS), dated 12/9/23, indicated their Basic Interview for Mental Status (BIMS) score was 14 (cognitively intact). The MDS indicated Resident B had adequate hearing and does not wear hearing aids. The MDS indicated the resident understood others and made himself understood. The MDS indicated the resident used a wheelchair, required supervision to light touch assistance to transfer from a chair/bed, and required partial to moderate assistance with his</p>	F 0600	<p>F 600</p> <p>Preparation and/or execution of this plan of correction in general, or this corrective action does not constitute an admission of agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with State and Federal Laws. Facility's date of alleged compliance is (January 30,2024) Facility is respectfully requesting paper compliance for all deficiencies in this POC.</p> <p>It is the intent of this facility for the resident s to be free from abuse, neglect, misappropriation of resident's property and exploitation.</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Resident B had psycho-social</p>	02/07/2024			

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	<p>bathing needs and dressing his lower body.</p> <p>Resident B's current Care plan, revised 7/13/23, indicated the resident had experienced serious trauma during his lifetime related to childhood abuse/mistreatment, neglect, and verbal abuse with a goal the staff would avoid inadvertently acting insensitively towards the resident. Interventions included providing culturally competent, sensitive, trauma informed care in accordance with professional standards accounting for the person's experiences and preferences to eliminate or migrate triggers that may cause re-traumatization in the resident.</p> <p>Certified Nursing Assistant (CNA) 3's statement, dated 1/8/24, indicated she was providing care to Resident B's roommate with CNA 2. Resident B was upset because the room's heat had been turned down and began yelling and arguing with CNA 2. CNA 3 indicated she heard CNA 2 curse at Resident B and felt the interaction was inappropriate and reported the interaction.</p> <p>Resident B's statement dated 1/8/24, indicated CNA 2 walked in his room, started swearing how hot his room was, and turned down his heat. The resident indicated he asked that his heat be turned backed up when CNA 2 called him a "ret**d", made fun of him that he could not walk, and left the room. Resident B indicated he turned on his call light twice for a staff member to turn the heat back up. CNA 2 returned to the room twice and turned off the call light without acknowledging him. Resident B indicated felt he was being disrespected.</p> <p>In an interview, on 2/6/24 at 10:40 AM, the Administrator indicated CNA 2 was terminated following the completion of the investigation and</p>				<p>follow up completed by Social Service Director on 1/18/2024 with no negative psychosocial affects noted from alleged abuse. 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 that currently reside in the facility have the potential to be affected by the alleged deficient practice. A facility wide skin sweep was completed on 1/18/2024 on residents with a Bim's of 12 or less. Abuse questionnaires were completed on 1/18/2024 for all residents with a Bim's score of 13 or higher. Any concerns for addressed or reported as needed.</p> <p>What measures will be put in place and what systemic changes will be made to ensure that the deficient practice does not recur. The DON or designee completed education with facility staff on the Abuse Prevention Program including ensuring residents were free from abuse on 1/18/2024. Additionally, any employee who fails to comply with the points of the in-service may be further educated and/or progressively disciplined as indicated.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e what quality assurance program will be put into place.</p>		

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	<p>a CNA Referral Form was sent to the appropriate agency.</p> <p>2. An Indiana report, dated 1/18/24, provided by the facility indicated a staff member had spoken to the Resident B in inappropriate words and tone.</p> <p>Resident C's statement dated 1/12/24 indicated she had an audio recording of CNA 4 speaking inappropriately to Resident B on 12/19/23, but did not report it to the DON until 1/12/24. The Administrator, DON, Assistant Director of Nursing (ADON), and SSD listened to the audio recording. The audio recording confirmed CNA 4 said "f**k you" to Resident B and urged him to argue with her.</p> <p>In an interview, on 2/6/24 at 10:40 AM, the Administrator indicated CNA 4 was terminated following the completion of the investigation and a CNA Referral Form was sent to the appropriate agency.</p> <p>A current policy titled "Abuse Prevention Program", undated, provided the Administrator ,on 2/6/24 at 1:22 PM ,indicated the facility would not tolerate resident abuse or treatment by anyone including staff. Abuse included mental abuse defined as, but not limited to, demeaning, humiliating, or harassing residents. The policy indicated all new employees and as well as all staff on a yearly basis would receive education on the sensitivity of resident rights and needs and what constitutes physical, mental, sexual, and verbal abuse.</p> <p>This citation is related to complaint IN00425818 and IN00426133.</p> <p>3.1-27(a)(b)</p>				<p>The activity director or designee will conduct interviews on 5 random residents five times a week x 4 weeks, then 3 random residents once a week x 4 weeks, then 3 random residents once a month x 4 months. Results forwarded to QAPI committee for further recommendations and resolution as necessary. If the facility is within 95% compliance at the end of the 6 months; then monitoring can be stopped. Results of the monitoring will be reviewed at the monthly QAPI meeting. Any concerns will have been addressed. However, any patterns will be identified. Any needed Action Plan will be written by the QAPI committee. Any written Action Plan will be monitored by the Administrator weekly until resolved. By what date the systemic changes for each deficient will be completed. Date: 2/7/2024</p>		

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