

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

PRINTED: 11/09/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155828		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/20/2023	
NAME OF PROVIDER OR SUPPLIER HERITAGE POINTE OF FORT WAYNE				STREET ADDRESS, CITY, STATE, ZIP COD 5250 HERITAGE PARKWAY FORT WAYNE, IN 46835			
(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 Investigation of Complaint IN00418966.</p> <p>Complaint IN00418966-Deficiencies related to the allegations are cited at F0726.</p> <p>Survey dates: October 20, 2023</p> <p>Facility number: 012931 Provider number: 155 AIM number: 201278730</p> <p>Census Bed Type: SNF:38 SNF/NF:20 Total: 58</p> <p>Census Payor Type: Medicare: 6 Medicaid: 16 Other: 36 Total: 58</p> <p>Heritage Pointe of Fort Wayne was found to be in noncompliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaint IN00418966.</p> <p>Quality review completed October 23, 2023</p>			F 0000			
F 0726 SS=D Bldg. 00	<p>483.35(a)(3)(4)(c) Competent Nursing Staff §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or</p>						

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

TITLE

(X6) DATE

Matthew Souder

Executive Director

10/30/2023

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.

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	<p>maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).</p> <p>§483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.</p> <p>§483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs.</p> <p>§483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.</p> <p>Based on interview and record review the facility failed to ensure staff competency for 1 of 1 staff reviewed. (Activity Assistant)</p> <p>In an interview with Activity Assistant 1, on 10/20/23 at 11:38 AM, he indicated on 10/4/23 he was attempting to assist Resident Q to scoot forward in her seat to transfer to her wheelchair, to go to an activity. He indicated he was aware he was not to assist in transfers for residents. He identified a transfer was from sitting to standing or from laying to sitting. The Activity Assistant</p>			F 0726	This Plan of Correction is submitted as required under Federal and State regulation and statutes applicable to long term care providers. This Plan of Correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of the plan does not constitute an agreement by the facility that the surveyor's findings		10/30/2023

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	<p>indicated, "I wish I would have stopped and thought prior to assisting her". The Activity Assistant indicated he was simply attempting to give her a steady hand while she scooted forward in her chair. He indicated he was unable to complete the transfer and got a CNA from the hall to do the task.</p> <p>The Activity Assistant indicated he did not have any prior training as a home health aid, CNA (Certified Nurse Assistant), or any other training on transfers or direct patient care.</p> <p>In an interview with Resident Q, on 10/20/23 at 12:31 PM, she indicated on 10/4/23 the activity guy was assisting her from her chair into her wheelchair. Resident Q indicated he was not trained to assist. Resident Q stated she was unaware she was bleeding until later when she was in an activity.</p> <p>Resident Q sustained a skin tear during the attempted transfer. The skin tear measurements were 6 cm x 8 cm.</p> <p>Resident Q's record review, began on 10/20/23 at 2:10PM, indicated diagnoses included hypertension, muscle weakness, and anxiety.</p> <p>In an interview with the Executive Director (ED), on 10/20/23 at 1:36PM, he indicated he was unable to produce a completed job specific orientation for Activity Assistant 1 from the incident on 10/4/23.</p> <p>The job description for Activity Assistant did not include assisting with transfers. The job description was signed by Activity Assistant 1 on 4/10/22.</p> <p>Activity Assistance l's references indicated he</p>				<p>constitute a deficiency, or that the scope or severity regarding any of the deficiencies cited are correctly applied.</p> <p>The Facility respectfully requests paper compliance for these citations.</p> <p>F726</p> <p>All non-nursing employees will be in-serviced on the prohibition of transferring any resident. In-service will include processes and procedures for non-nursing employees to seek out nursing staff for all transfers. Non-nursing staff education completed on 10/31/2023 (ITEM B).</p> <p>Residents requiring assistance with transfers were identified as potentially to be affected by this deficient practice. Upon investigation, no other residents were affected by this deficiency.</p> <p>New orientation material implemented for all non-nursing employees onboarding with the facility with education emphasis on practicing out of their scope (i.e. transferring, feeding,</p>		

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	<p>worked previously at a nursing home with excellent reviews. Activity Assistant 1's resume did not include any certifications for CNA, HHA (Home Health Aid), or any other related certifications.</p> <p>Activity Assistant 1's resume indicated 3 years experience in a skilled nursing facility in the activities department.</p> <p>No policy or procedure for transfers by Activity Assistants was made available at time of exit.</p> <p>Thos citation is related IN00418966</p> <p>3,1-17(a)</p>				<p>position, toileting of residents) (ITEM C).</p> <p>IDT, or designee, will conduct weekly spot audits on affected unit to ensure all non-nursing staff interactions are compliant with facility standards. 100% goal for compliance will be observed through random weekly spot audits by the IDT, or designee. 100% compliance should be observed. If 100% compliance is not achieved, findings will be submitted to QA committee for further interventions. (ITEM A)</p> <p>10/30/2023</p>		